

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
 benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
COMMUNITY FOUNDATION SANTA CRUZ COUNTY
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7807 SOQUEL DRIVE
 City or town, state or country, and ZIP + 4
APTOS, CA 95003

D Employer identification number
94-2808039

E Telephone number
831-662-2000

G Gross receipts \$ **19,237,683.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

F Name and address of principal officer: **SUSAN FARRAR**
SAME AS C ABOVE

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

J Website: ▶ **WWW.CFSCC.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1982** **M** State of legal domicile: **CA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FOUNDED IN 1982, THE COMMUNITY FOUNDATION OF SANTA CRUZ COUNTY IS A PUBLIC, NONPROFIT ORGANIZATION	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 18
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 12
6 Total number of volunteers (estimate if necessary)	6 0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,675,144. Current Year 5,416,590.
9 Program service revenue (Part VIII, line 2g)	0. 0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	619,526. 1,796,811.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,361. 123,793.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,341,031. 7,337,194.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,941,866. 4,131,948.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,053,060. 1,056,727.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 237,734.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	379,058. 478,254.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,373,984. 5,666,929.
19 Revenue less expenses. Subtract line 18 from line 12	967,047. 1,670,265.
20 Total assets (Part X, line 16)	Beginning of Current Year 45,414,676. End of Year 50,596,841.
21 Total liabilities (Part X, line 26)	4,442,330. 6,476,881.
22 Net assets or fund balances. Subtract line 21 from line 20	40,972,346. 44,119,960.

Part II Signature Block

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

Sign Here
 Signature of officer: *Susan Farrar* Date: **9/14/11**
SUSAN FARRAR, FINANCE AND ADMINISTRATOR DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **DIANE M. RUBIN** Preparer's signature: *Diane Rubin* Date: **9/14/11** Check if self-employed: PTIN:
 Firm's name: **NOVOGRADAC & COMPANY LLP** Firm's EIN:
 Firm's address: **PO BOX 7833 SAN FRANCISCO, CA 94120-7833** Phone no.: **(415) 356-8000**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: TO PROMOTE PHILANTHROPY TO MAKE SANTA CRUZ COUNTY A BETTER PLACE TO LIVE, NOW AND IN THE FUTURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,250,896. including grants of \$ 4,131,948.) (Revenue \$ 5,540,383.) DONOR-ADVISED AND DISCRETIONARY FUNDS HELD AT THE FOUNDATION PROVIDED GRANTS TO TAX-EXEMPT 501(C)(3) NONPROFIT ORGANIZATIONS, CHARITABLE ORGANIZATIONS AND PUBLIC SECTOR SERVICE AGENCIES IN SANTA CRUZ COUNTY AND BEYOND IN SIX BROAD FIELDS OF INTEREST DESIGNATED BY OUR BOARD OF DIRECTORS AS CORE TO OUR MISSION. THESE ARE: ARTS, HISTORY AND CULTURE; COMMUNITY DEVELOPMENT; EDUCATION/YOUTH SERVICES; ENVIRONMENT; HEALTH, AND; HUMAN SERVICES.

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

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

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

4e Total program service expenses 5,250,896.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 19		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
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 other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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? 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? If "No," provide an explanation in Schedule O	14b	

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		18
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 831-662-2000**
7807 SOQUEL DRIVE, APTOS, CA 95003

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RALPH MILJANICH PRESIDENT	1.00	X		X				0.	0.	0.
RACHEL WEDEEN VICE PRESIDENT	1.00	X		X				0.	0.	0.
CEIL CIRILLO SECRETARY	1.00	X		X				0.	0.	0.
MICHAEL F. MEARA TREASURER	1.00	X		X				0.	0.	0.
TOM BREZSNY DIRECTOR	1.00	X						0.	0.	0.
MARTIN M. CHEMERS DIRECTOR	1.00	X						0.	0.	0.
CYNTHIA DRULEY DIRECTOR	1.00	X						0.	0.	0.
LINDA FAWCETT DIRECTOR	1.00	X						0.	0.	0.
DINA HOFFMAN DIRECTOR	1.00	X						0.	0.	0.
LEOLA LAPIDES DIRECTOR	1.00	X						0.	0.	0.
MARIO MALDONADO DIRECTOR	1.00	X						0.	0.	0.
RACHEL MAYO DIRECTOR	1.00	X						0.	0.	0.
GINNY SOLARI MAZRY DIRECTOR	1.00	X						0.	0.	0.
TERRY MEDINA DIRECTOR	1.00	X						0.	0.	0.
MICHAEL K. O'FARRELL DIRECTOR	1.00	X						0.	0.	0.
ERIC MENDELSON DIRECTOR	1.00	X						0.	0.	0.
ROBERT RIDINO DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA ZIEL DIRECTOR	1.00	X					0.	0.	0.	
IAN MCPHAIL DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
JACK BASKIN DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
SUSAN FARRAR FINANCE AND ADMINSTRATION DIRECTOR	40.00			X			95,000.	0.	4,704.	
LANCE LINARES EXECUTIVE DIRECTOR	40.00			X	X		127,300.	0.	5,910.	
CHRISTINA CUEVAS PROGRAM DIRECTOR	40.00				X		101,283.	0.	5,064.	
1b Sub-total							323,583.	0.	15,678.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							323,583.	0.	15,678.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
MARK CAVAGNERO ASSOCIATES, 1045 SANSOME STREET, SUITE 200, SAN FRANCISCO, CA 94111	ARCHITECTURE FOR NEW OFFICE	201,563.
NOVA PARTNERS, INC., 855 EL CAMINO REAL # 307, PALO ALTO, CA 94301	CONSTRUCTION MANAGEMENT SERVICES	131,500.

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5416590.			
	g	Noncash contributions included in lines 1a-1f: \$		1327050.			
	h	Total. Add lines 1a-1f		5416590.			
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1110196.		1,110,196.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	12,587,104.			
		Less: cost or other basis and sales expenses	(ii) Other	11,900,489.			
		Gain or (loss)		686615.			
		Net gain or (loss)		686,615.			686,615.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	OTHER INCOME	900099	85,534.	85,534.			
b	FEES FOR SERVICE	900099	38,259.	38,259.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		123,793.				
12	Total revenue. See instructions.		7337194.	123,793.	0.	1,796,811.	

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

Form 990 (2010)

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Part IX Statement of Functional Expenses

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).*

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,131,948.	4,131,948.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	339,261.	247,310.	39,407.	52,544.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	519,365.	378,599.	60,328.	80,438.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	132,223.	96,386.	15,359.	20,478.
10 Payroll taxes	65,878.	48,023.	7,652.	10,203.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	19,884.	14,494.	2,310.	3,080.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	80,812.	58,909.	9,387.	12,516.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,143.	23,431.	3,734.	4,978.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,979.	30,601.	4,876.	6,502.
23 Insurance	8,530.	6,218.	991.	1,321.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a GENERAL AND ADMINISTRATIVE	116,738.	85,098.	13,560.	18,080.
b PROFESSIONAL SERVICES	111,098.	80,987.	12,905.	17,206.
c REPAIRS AND MAINTENANCE	67,070.	48,892.	7,790.	10,388.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,666,929.	5,250,896.	178,299.	237,734.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

Form 990 (2010)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	1,424,558.	2	754,753.	
	3 Pledges and grants receivable, net	1,036,984.	3	759,359.	
	4 Accounts receivable, net		4	1,407.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	37,854.	9	23,888.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,332,740.			
	b Less: accumulated depreciation	10b 94,242.	902,454.	10c 9,238,498.	
	11 Investments - publicly traded securities	38,763,985.	11	39,071,383.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14	17,230.	
	15 Other assets. See Part IV, line 11	3,248,841.	15	730,323.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	45,414,676.	16	50,596,841.		
Liabilities	17 Accounts payable and accrued expenses	570,343.	17	404,814.	
	18 Grants payable	547,150.	18	379,250.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	3,324,837.	25	5,692,817.	
	26 Total liabilities. Add lines 17 through 25	4,442,330.	26	6,476,881.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	6,889,110.	27	7,867,753.	
	28 Temporarily restricted net assets	13,672,969.	28	15,613,736.	
	29 Permanently restricted net assets	20,410,267.	29	20,638,471.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	40,972,346.	33	44,119,960.	
34 Total liabilities and net assets/fund balances	45,414,676.	34	50,596,841.		

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,337,194.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,666,929.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,670,265.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,972,346.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,477,349.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	44,119,960.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY**

Employer identification number
94-2808039

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,899,864.	8,093,491.	7,674,905.	5,675,144.	5,692,972.	34,036,376.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,899,864.	8,093,491.	7,674,905.	5,675,144.	5,692,972.	34,036,376.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,298,633.
6 Public support. Subtract line 5 from line 4.						19,737,743.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,899,864.	8,093,491.	7,674,905.	5,675,144.	5,692,972.	34,036,376.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,021,797.	1,274,228.	1,472,363.	1,138,627.	1,110,196.	6,017,211.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	37,874.	107,140.	53,504.	32,275.	123,793.	354,586.
11 Total support. Add lines 7 through 10						40,408,173.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	48.85	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	48.40	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

Employer identification number

94-2808039

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Employer identification number 94-2808039
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DONOR A N/A N/A, CA 99999	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DONOR B N/A N/A, CA 99999	\$ 480,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DONOR C N/A N/A, CA 99999	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DONOR D N/A N/A, CA 99999	\$ 1,082,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DONOR E N/A N/A, CA 99999	\$ 246,702.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DONOR F N/A N/A, CA 99999	\$ 646,020.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Employer identification number 94-2808039
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DONOR G N/A N/A, CA 99999	\$ 150,002.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	DONOR H N/A N/A, CA 99999	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	DONOR I N/A N/A, CA 99999	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	DONOR J N/A N/A, CA 99999	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	DONOR K N/A N/A, CA 99999	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Employer identification number 94-2808039
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	EQUITY SECURITIES <hr/> <hr/> <hr/> <hr/>	\$ 246,702.	02/23/10
6	EQUITY SECURITIES <hr/> <hr/> <hr/> <hr/>	\$ 646,020.	12/02/10
7	EQUITY SECURITIES <hr/> <hr/> <hr/> <hr/>	\$ 150,002.	12/07/10
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Employer identification number 94-2808039
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY**

Employer identification number
94-2808039

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	71	301
2 Aggregate contributions to (during year)	3,202,171.	4,288,572.
3 Aggregate grants from (during year)	2,528,180.	4,822,494.
4 Aggregate value at end of year	13,117,635.	30,927,699.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,896,810.	19,377,434.	24,693,271.		
b Contributions	225,923.	1,005,815.	1,735,125.		
c Net investment earnings, gains, and losses	2,565,873.	4,591,229.	<5,862,457.>		
d Grants or scholarships	749,439.	736,527.	783,497.		
e Other expenditures for facilities and programs					
f Administrative expenses	434,146.	341,141.	405,008.		
g End of year balance	25,505,021.	23,896,810.	19,377,434.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 0.00 %
 - b Permanent endowment 80.92 %
 - c Term endowment 19.08 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,083,604.		1,083,604.
b Buildings		7,333,572.	30,138.	7,303,434.
c Leasehold improvements		317,093.	2,607.	314,486.
d Equipment		598,471.	61,497.	536,974.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,238,498.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) AGENCY FUNDS	2,996,745.
(3) CHARITABLE GIFT ANNUITY LIABILITY	376,874.
(4) CONSTRUCTION LOAN	2,319,198.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	5,692,817.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,337,194.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,666,929.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,670,265.
4	Net unrealized gains (losses) on investments	4	1,477,349.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,477,349.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,147,614.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	12,027,513.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,477,349.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	3,212,970.
e	Add lines 2a through 2d	2e	4,690,319.
3	Subtract line 2e from line 1	3	7,337,194.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,337,194.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,924,066.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	3,257,137.
e	Add lines 2a through 2d	2e	3,257,137.
3	Subtract line 2e from line 1	3	5,666,929.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,666,929.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY

WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE FOUNDATION TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE FOUNDATION. MANAGEMENT HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAS MEASURED THE FOUNDATION'S EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE FOUNDATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES.

Part XIV Supplemental Information (continued)

FEDERAL TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS OF TAX RETURNS FILED. CALIFORNIA TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS FOUR YEARS OF TAX RETURNS FILED. ANY INTEREST OR PENALTIES ASSESSED TO THE FOUNDATION ARE RECORDED IN OPERATING EXPENSES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REGIONAL WATER MANAGEMENT FOUNDATION ACTIVITY	3,364,942.
INTERENTITY ACTIVITY	-151,972.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,212,970.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

REGIONAL WATER MANAGEMENT FOUNDATION ACTIVITY	3,409,109.
INTERENTITY ACTIVITY	-151,972.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	3,257,137.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY** Employer identification number **94-2808039**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION COUNCIL OF MONTEREY COUNTY 369 MAIN STREET, SUITE 201 SALINAS, CA 93901	77-0357101	501(C)(3)	5,000.	0.			FOR GIRLS INC. AND THE ECHO LEADERSHIP PROGRAM AT NORTH MONTEREY COUNTY HIGH SCHOOL
AG AGAINST HUNGER PO BOX 7051 SPRECKELS, CA 93962	77-0311596	501(C)(3)	15,000.	0.			FOR PURCHASE OF A REFRIGERATED TRAILER TO TRANSPORT PRODUCE TO AREA FOOD BANKS AND TO EXPAND
ASSOCIATION OF ZOOS AND AQUARIUMS 8403 COLESVILLE RD., SUITE 710 SILVER SPRING, MD 20910	55-0526930	501(C)(3)	5,000.	0.			TO SUPPORT THE ADVANCEMENT OF ACCREDITED ZOOS AND AQUARIUMS IN THE AREAS OF ANIMAL CARE,
AUDUBON CALIFORNIA 4225 HOLLIS STREET EMERYVILLE, CA 94608	95-1856339	501(C)(3)	100,000.	0.			TO SUPPORT THE CONSERVATION AND RESTORATION OF CALIFORNIA'S NATURAL
BEAT WITHIN 275 NINTH STREET SAN FRANCISCO, CA 94103	94-1709509	501(C)(3)	15,000.	0.			TO CONDUCT CREATIVE WRITING WORKSHOPS FOR YOUTH IN SANTA CRUZ COUNTY JUVENILE HALL
BLUE OCEAN INSTITUTE PO BOX 250 EAST NORWICH, NY 11732	61-1406022	501(C)(3)	10,000.	0.			TO PROMOTE OCEAN CONSERVATION AND EDUCATION THROUGH SCIENCE, ART, AND

2 Enter total number of section 501(c)(3) and government organizations **154.**

3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

COMMUNITY FOUNDATION SANTA CRUZ

Schedule I (Form 990)

COUNTY

94-2808039

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF SANTA CRUZ 543 CENTER STREET SANTA CRUZ, CA 95060	94-6129075	501(C)(3)	15,000.	0.			TO COORDINATE YOUTH DEVELOPMENT PROGRAMS IN THE BEACH FLATS COMMUNITY AND TO SUPPORT
BOYS AND GIRLS CLUB OF SANTA CRUZ 543 CENTER STREET SANTA CRUZ, CA 95060	94-6129075	501(C)(3)	5,500.	0.			TO SUPPORT PROGRAMS FOR CHILDREN AND YOUTH
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DRIVE APTOS, CA 95003	94-6121953	501(C)(3)	20,000.	0.			FOR CABRILLO ADVANCEMENT PROGRAM SCHOLARSHIPS AND THE PRESIDENT'S CIRCLE PROGRAM
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DRIVE APTOS, CA 95003	94-6121953	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT AND TO SUPPORT CABRILLO ADVANCEMENT PROGRAM (CAP)
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DRIVE APTOS, CA 95003	94-6121953	501(C)(3)	22,912.	0.			FOR VARIOUS SCHOLARSHIPS
CABRILLO COLLEGE STROKE AND DISABILITY LEARNING CENTER - 6500 SOQUEL DRIVE - APTOS, CA 95003	94-6121953	501(C)(3)	5,000.	0.			FOR REHABILITATION ACTIVITIES FOR DISABLED INDIVIDUALS
CABRILLO FESTIVAL OF CONTEMPORARY MUSIC - 147 SOUTH RIVER STREET, SUITE 232 - SANTA CRUZ, CA 95060	94-6123298	501(C)(3)	22,500.	0.			A THREE-YEAR GRANT TO SUPPORT PROGRAM ACTIVITIES
CABRILLO FESTIVAL OF CONTEMPORARY MUSIC - 147 SOUTH RIVER STREET, SUITE 232 - SANTA CRUZ, CA 95060	94-6123298	501(C)(3)	11,050.	0.			FOR YOUTH PROGRAMS TO SUPPORT THE FREE FAMILY CONCERT SERIES AND FOR GENERAL OPERATING SUPPORT
CADENZA PO BOX 8103 SANTA CRUZ, CA 95061	94-1748316	501(C)(3)	5,000.	0.			TO INCREASE THE ORGANIZATION'S VISIBILITY AND CONCERT AUDIENCE

LHA

Schedule I (Form 990)

COMMUNITY FOUNDATION SANTA CRUZ

Schedule I (Form 990)

COUNTY

94-2808039

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA GREY BEARS, INC. 2710 CHANTICLEER AVENUE SANTA CRUZ, CA 95065	94-2298681	501(C)(3)	7,300.	0.			TO INCREASE REFRIGERATED FOOD STORAGE CAPACITY FOR THE SENIOR NUTRITION PROGRAM AND TO SUPPORT
CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO STREET, SUITE 110 SAN FRANCISCO, CA 94133	94-1707583	501(C)(3)	7,000.	0.			TO SUPPORT THE MAINTENANCE AND IMPROVEMENT OF CALIFORNIA'S STATE PARKS
CAMPUS KIDS CONNECTION, INC. 820 BAY AVENUE, SUITE 109 CAPITOLA, CA 95010	94-2478136	501(C)(3)	10,000.	0.			TO SUPPORT DAY CARE PROGRAMS FOR CHILDREN IN PRESCHOOL THROUGH SIXTH GRADE
CASA DE LA CULTURA CENTER 225 SALINAS ROAD, #4A WATSONVILLE, CA 95076	30-0586010	501(C)(3)	48,796.	0.			FOR TAEKWONDO CLASSES FOR PAJARO YOUTH AND TO PROVIDE SOCIAL, EDUCATIONAL, AND HEALTH
CENTER FOR COMMUNITY ADVOCACY 22 WEST GABILAN STREET. SALINAS, CA 93901	77-0192068	501(C)(3)	25,000.	0.			TO EXPAND A VIOLENCE PREVENTION PROGRAM IN PAJARO VALLEY
CENTER FOR COMMUNITY ADVOCACY 22 WEST GABILAN STREET. SALINAS, CA 93901	77-0192068	501(C)(3)	7,000.	0.			TO INCREASE THE CAPACITY AND REACH OF THE STRONG FAMILIES PROGRAM IN SALINAS AND THE PAJARO
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH - 1600 GREEN HILLS ROAD, SUITE 101 - SCOTTS VALLEY, CA 95066	77-0395311	501(C)(3)	753,950.	0.			TO SUPPORT HEALTHY KIDS INSURANCE PREMIUM COSTS FOR AUGUST TO DECEMBER 2009
CENTRAL COAST VISITING NURSE ASSOCIATION FOUNDATION - PO BOX 2480 - MONTEREY, CA 93942	77-0441676	501(C)(3)	6,000.	0.			FOR FLU IMMUNIZATIONS FOR MIGRANT FIELD WORKERS FOR FLU IMMUNIZATIONS FOR MIGRANT FIELD WORKERS
CHILDREN'S HOSPICE AND PALLIATIVE CARE COALITION - 65 NIELSON STREET, SUITE 108 - WATSONVILLE, CA 95076	02-0646450	501(C)(3)	11,750.	0.			FOR COORDINATED CARE AND CASE MANAGEMENT SERVICES FOR FAMILIES OF CHILDREN WITH LIFE-THREATENING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY IMPACT PO BOX 5678 OXNARD, CA 93031		501(C)(3)	6,000.	0.			TO SUPPORT THE FAMILY LITERACY RESOURCE CENTER
CITY OF WATSONVILLE ENVIRONMENTAL SCIENCE WORKSHOP - 120 SECOND STREET - WATSONVILLE, CA 95076		501(C)(3)	40,000.	0.			A TWO-YEAR GRANT TO EXPAND YOUTH ENVIRONMENTAL EDUCATION PROGRAMMING TO NEW SITES
COASTAL KIDS HOME CARE 11 QUAIL RUN CIRCLE SUITE 201 SALINAS, CA 93907	20-2549984	501(C)(3)	10,000.	0.			FOR PEDIATRIC HOME CARE SERVICES TO INFANTS AND CHILDREN FROM CENTRAL COAST MIGRANT FAMILIES
COASTAL WATERSHED COUNCIL 345 LAKE AVE SUITE F SANTA CRUZ, CA 95062	68-0368798	501(C)(3)	18,500.	0.			FOR THE TREES TO SEA EXPLORERS SUMMER WATERSHED EDUCATION PROGRAM IN PARTNERSHIP
COLLEGE TRACK 436 14TH STREET, SUITE 500 OAKLAND, CA 94612	94-3279613	501(C)(3)	5,000.	0.			TO HELP STUDENTS WHO HAVE THE DESIRE BUT LACK THE RESOURCES AND SUPPORT TO ACHIEVE THEIR HIGHER
COMMUNITIES ORGANIZED FOR RELATIONAL POWER IN ACTION - 95 ALTA VISTA AVENUE - WATSONVILLE, CA 95076	77-0557460	501(C)(3)	25,000.	0.			TO DEVELOP LEADERSHIP AMONG LATINO IMMIGRANTS IN WATSONVILLE TO MAINTAIN THEIR HOMES, TO
COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY - 406 MAIN STREET, SUITE 207 - WATSONVILLE, CA 95076	94-2523780	501(C)(3)	29,065.	0.			TO SUPPORT THE DAVENPORT RESOURCE SERVICE CENTER AND THE LIVE OAK FAMILY RESOURCE CENTER'S CAPITAL
COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY - 406 MAIN STREET, SUITE 207 - WATSONVILLE, CA 95076	94-2523780	501(C)(3)	6,000.	0.			TO SUPPORT THE SANTA CRUZ COUNTY IMMIGRATION PROJECT
COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY - 406 MAIN STREET, SUITE 207 - WATSONVILLE, CA 95076	94-2523780	501(C)(3)	5,000.	0.			TO SUPPORT TRAINING IN NONTRADITIONAL CAREERS FOR WOMEN THROUGH WOMEN'S VENTURES

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COMMUNITY BRIDGES 236 SANTA CRUZ AVENUE APTOS, CA 95003	94-2460211	501(C)(3)	23,745.	0.			FOR SERVICES FOR LOW-INCOME FAMILIES AT LA MANZANA COMMUNITY RESOURCES AND LIVE OAK
COMMUNITY BRIDGES 236 SANTA CRUZ AVENUE APTOS, CA 95003	94-2460211	501(C)(3)	11,700.	0.			FOR THE CHILD AND ADULT CARE FOOD PROGRAM, IN MEMORY OF ED & ROZ FAKUNDING AND FOR THE
COMMUNITY BRIDGES 236 SANTA CRUZ AVENUE APTOS, CA 95003	94-2460211	501(C)(3)	30,000.	0.			TO MAINTAIN SERVICES AT BEACH FLATS COMMUNITY CENTER, LIVE OAK FAMILY RESOURCE CENTER AND LA
COMMUNITY BRIDGES 236 SANTA CRUZ AVENUE APTOS, CA 95003	94-2460211	501(C)(3)	10,000.	0.			TO SUPPORT MEALS ON WHEELS AND THE WOMEN, INFANT, AND CHILDREN'S NUTRITION PROGRAM
COMMUNITY FOOD BANK OF SAN BENITO COUNTY - 1133 SAN FELIPE ROAD - HOLLISTER, CA 95023	77-0306871	501(C)(3)	5,000.	0.			FOR THE BACK PACK PROGRAM
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN ROAD - MONTEREY, CA 93940	94-1615897	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN ROAD - MONTEREY, CA 93940	94-1615897	501(C)(3)	14,000.	0.			FOR THE PODER POPULAR PROGRAM TO IMPROVE COMMUNITY HEALTH IN SALINAS, SPECIFICALLY FOR
COMMUNITY MUSIC SCHOOL OF SANTA CRUZ - PO BOX 531 - SANTA CRUZ, CA 95061	77-0308416	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY OF WRITERS, INC. 1500 SW 12TH AVENUE PORTLAND, OR 97201	36-4542690	501(C)(3)	5,000.	0.			TO SUPPORT EDUCATIONAL PROGRAMS TO IMPROVE WRITING INSTRUCTION IN K-12 CLASSROOMS AND TO

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COMMUNITY TELEVISION OF SANTA CRUZ COUNTY - 816 PACIFIC AVENUE - SANTA CRUZ, CA 95060	77-0369318	501(C)(3)	15,000.	0.			TO DEVELOP A VIDEO PRODUCTION TRAINING PROGRAM FOR SOUTH COUNTY LATINO YOUTH
COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ - CASA - 813 FREEDOM BOULEVARD - WATSONVILLE, CA 95076	77-0305354	501(C)(3)	10,200.	0.			FOR THE BUILDING FUTURES EDUCATIONAL SUCCESS PROJECT SERVING CHILDREN AND YOUTH IN FOSTER CARE
COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ - CASA - 813 FREEDOM BOULEVARD - WATSONVILLE, CA 95076	77-0305354	501(C)(3)	20,000.	0.			TO EXPAND EDUCATIONAL SERVICES AND ADVOCACY FOR FOSTER YOUTH
COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ - CASA - 813 FREEDOM BOULEVARD - WATSONVILLE, CA 95076	77-0305354	501(C)(3)	30,000.	0.			TO EXPAND TRAINING AND MENTORING OF CASA ADVOCATES TO HELP CASA CHILDREN DEAL WITH
COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ - CASA - 813 FREEDOM BOULEVARD - WATSONVILLE, CA 95076	77-0305354	501(C)(3)	28,500.	0.			TO SUPPORT THE CASA FOR CASA CAPITAL CAMPAIGN
CULTURAL COUNCIL OF SANTA CRUZ COUNTY - 2400 CHANTICLEER AVENUE, SUITE G - SANTA CRUZ, CA 95062	94-2600140	501(C)(3)	10,000.	0.			TO ESTABLISH THE GAIL RICH ENDOWMENT, SUPPORTING THE ANNUAL GAIL RICH AWARDS CEREMONY
CULTURAL COUNCIL OF SANTA CRUZ COUNTY - 2400 CHANTICLEER AVENUE, SUITE G - SANTA CRUZ, CA 95062	94-2600140	501(C)(3)	10,000.	0.			TO IMPROVE STAFF PRODUCTIVITY BY UPGRADING AGING TECHNOLOGY INFRASTRUCTURE
CULTURAL COUNCIL OF SANTA CRUZ COUNTY - 2400 CHANTICLEER AVENUE, SUITE G - SANTA CRUZ, CA 95062	94-2600140	501(C)(3)	4,750.	0.			TO SUPPORT A SPECTRA PROGRAM SERIES EXAMINING THE HOLOCAUST AND WORLD WAR II AND TO SUPPORT
CYSTIC FIBROSIS RESEARCH, INC. 2672 BAYSHORE PKWY, SUITE 520 MOUNTAIN VIEW, CA 94043	51-0169988	501(C)(3)	5,000.	0.			TO SUPPORT CYSTIC FIBROSIS RESEARCH IN THE NAME OF TESS DUNN

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DELTA SCHOOL 343 SOQUEL AVENUE #44 SANTA CRUZ, CA 95062	77-0384662	501(C)(3)	5,500.	0.			TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR AT-RISK, HIGH SCHOOL-AGED STUDENTS IN SANTA CRUZ
DEVELOPMENT ENGINEERING RESEARCH INSTITUTE - PO BOX DD - CARMEL, CA 93921	77-0348521	501(C)(3)	5,000.	0.			TO SUPPORT THE BUILDING OF SCHOOLS IN AFRICA AND CENTRAL AMERICA
DIENOTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 95065	77-0311752	501(C)(3)	20,000.	0.			CORE OPERATING SUPPORT FOR CLINICAL AND EDUCATIONAL ORAL HEALTH ACTIVITIES
DIENOTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 95065	77-0311752	501(C)(3)	9,500.	0.			TO PROVIDE DENTAL EDUCATION, PREVENTION, AND TREATMENT TO LOW-INCOME RESIDENTS OF
DIVERSITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967	501(C)(3)	9,000.	0.			TO BUILD A DIVERSE COMMUNITY, PROMOTING HEALTH AND WELL-BEING, AND ADVANCING SOCIAL
DIVERSITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967	501(C)(3)	15,000.	0.			TO EXPAND AND DIVERSIFY THE CENTER'S FUND DEVELOPMENT CAPACITY
DUCKS UNLIMITED, INC. 1 WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	10,000.	0.			TO SUPPORT THE KLAMATH BASIN INITIATIVE OF OREGON DUCKS UNLIMITED, IN MEMORY OF TODD MICHAEL
ECOLOGY ACTION PO BOX 1188 SANTA CRUZ, CA 95061	94-2584236	501(C)(3)	16,000.	0.			TO SUPPORT THE ECOCRUIZ.ORG INFORMATION PORTAL AND THE BIKE TO SCHOOL DAY PROGRAM
EL CENTRITO FAMILY LEARNING CENTERS - PO BOX 1613 - OXNARD, CA 93032	31-1652255	501(C)(3)	7,500.	0.			TO SUPPORT THE ADELANTE HOMEWORK PROGRAM AND AFTER SCHOOL COMMUNITY TECHNOLOGY PROGRAM

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ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 95039	94-2823247	501(C)(3)	26,000.	0.			TO CONSERVE AND RESTORE ELKHORN SLOUGH AND ITS WATERSHED
EXPANDING YOUR HORIZONS - ACE PROGRAM - UC SANTA CRUZ 1156 HIGH ST - SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	5,000.	0.			TO SUPPORT A CONFERENCE AND SCHOOL OUTREACH PROGRAMS DESIGNED TO PROMOTE SCIENCE AND MATH
FAMILIA CENTER 711 EAST CLIFF DRIVE SANTA CRUZ, CA 95060	77-0071589	501(C)(3)	18,170.	0.			TO PROVIDE DIRECT ASSISTANCE TO AND REFERRALS FOR LOW-INCOME LATINO RESIDENTS IN SANTA
FAMILIA CENTER 711 EAST CLIFF DRIVE SANTA CRUZ, CA 95060	77-0071589	501(C)(3)	8,000.	0.			TO SUSTAIN THE COMMUNITY BUILDING ASPECT OF THE FOOD DISTRIBUTION PROGRAM
FAMILY SERVICE AGENCY OF THE CENTRAL COAST - 104 WALNUT AVENUE, SUITE 208 - SANTA CRUZ, CA 95060	94-1716354	501(C)(3)	15,000.	0.			TO CONTINUE FREE AND/OR VERY LOW-COST COUNSELING TO PEOPLE UNABLE TO AFFORD THE SLIDING SCALE
FILM BIZ RECYCLING 540 PRESIDENT STREET- BA BROOKLYN, NY 11215	80-0313371	501(C)(3)	10,000.	0.			TO SUPPORT THE REUSE AND RECYCLING OF MATERIALS IN THE FILM AND MEDIA INDUSTRY
FOOD BANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE. SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	5,500.	0.			TO PURCHASE AND DISTRIBUTE CULTURALLY APPROPRIATE FOOD FOR THE MIGRANT WORKER POPULATION
FOOD BANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE. SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	5,000.	0.			TO SUPPORT THE MOBILE FARMER'S MARKET DISTRIBUTION TO THE LOS ADOBES DE MARIA HOUSING
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	11,800.	0.			TO FACILITATE THE DISTRIBUTION OF FOOD FOR THE HUNGRY IN VENTURA COUNTY

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FRIENDS OF HOPKINS MARINE STATION 120 OCEANVIEW BOULEVARD PACIFIC GROVE, CA 93950	94-1156365	501(C)(3)	5,000.	0.			TO SUPPORT THE PROGRAM OF TEACHING AND RESEARCH AT HOPKINS MARINE STATION
FRIENDS OF LONG MARINE LAB - SEYMOUR CENTER - 100 SHAFFER ROAD - SANTA CRUZ, CA 95060	23-7394590	501(C)(3)	11,000.	0.			FOR THE SEYMOUR CENTER'S 10TH ANNIVERSARY CAMPAIGN
FRIENDS OF LONG MARINE LAB - SEYMOUR CENTER - 100 SHAFFER ROAD - SANTA CRUZ, CA 95060	23-7394590	501(C)(3)	28,250.	0.			TO ENCOURAGE, DEVELOP, AND SUPPORT MARINE SCIENCE RESEARCH AND EDUCATION
FRIENDS OF SANTA CRUZ STATE PARKS 144 SCHOOL STREET SANTA CRUZ, CA 95060	51-0183410	501(C)(3)	6,250.	0.			TO SUPPORT THE PRESERVATION AND INTERPRETIVE PROGRAMS OF COASTAL STATE PARKS IN
FRIENDS OF THE RAIL TRAIL 703 PACIFIC AVENUE #B SANTA CRUZ, CA 95060	31-1748056	501(C)(3)	8,500.	0.			FOR GENERAL OPERATING SUPPORT AND TO MATCH FUNDS PLEDGED TO SUPPORT THE FRIENDS OF THE RAIL
FRIENDS OF THE SANTA CRUZ PUBLIC LIBRARIES - PO BOX 8472 - SANTA CRUZ, CA 95061	94-2612557	501(C)(3)	6,000.	0.			TO SUPPORT SANTA CRUZ COUNTY PUBLIC LIBRARIES
FRIENDS, ARTISTS AND NEIGHBORS OF ELKHORN SLOUGH - PO BOX 180 - MOSS LANDING, CA 95039	94-2190378	501(C)(3)	10,000.	0.			TO SUPPORT PUBLIC EDUCATION AND ADVOCACY DEDICATED TO PRESERVING AND ENHANCING THE ELKHORN
GEORGIANA BRUCE KIRBY PREPARATORY SCHOOL - 425 ENCINAL STREET - SANTA CRUZ, CA 95060	68-0413959	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
GEORGIANA BRUCE KIRBY PREPARATORY SCHOOL - 425 ENCINAL STREET - SANTA CRUZ, CA 95060	68-0413959	501(C)(3)	20,000.	0.			TO SUPPORT THE ANNUAL FUND

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GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST - 801 SOUTH VICTORIA AVENUE, SUITE 202 - VENTURA, CA 93003	94-1567162	501(C)(3)	10,000.	0.			TO CONTINUE AND EXPAND THE UNIQUELY ME! (
GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST - 801 SOUTH VICTORIA AVENUE, SUITE 202 - VENTURA, CA 93003	94-1567162	501(C)(3)	20,000.	0.			TO PROVIDE AFTER SCHOOL PROGRAMMING AND MENTORING FOR PRIMARILY LOW-INCOME LATINA GIRLS FROM
GREENBELT ALLIANCE 631 HOWARD STREET, SUITE 510 SAN FRANCISCO, CA 94105	94-1676747	501(C)(3)	5,000.	0.			TO SUPPORT LAND CONSERVATION AND URBAN PLANNING IN THE GREATER SAN FRANCISCO BAY AREA
H.I. MISSION 1031 LINDEN AVE. #102 GLENDAL, CA 91201	26-0879760	501(C)(3)	18,755.	0.			FOR NON-SECTARIAN DISASTER RELIEF SERVICES AND OUTREACH FOR PEOPLE AFFECTED BY FLOODS IN
HALL DISTRICT ELEMENTARY SCHOOL 300 SILL ROAD WATSONVILLE, CA 95076	77-0375541	501(C)(3)	10,000.	0.			FOR PLAYGROUND EQUIPMENT AND IMPROVEMENTS
HARTNELL COLLEGE FOUNDATION 411 CENTRAL AVENUE SALINAS, CA 93901	94-2781664	501(C)(3)	6,000.	0.			TO PURCHASE BOOKS FOR THE DIGITAL BRIDGE ACADEMY'S BOOK LENDING PROGRAM AND FOR THE "PARTY IN THE
HAVEN- HEALTH ADVENTURES VISIONING EDUCATION NETWORK - 7740 ATKINSON ROAD - SEBASTOPOL, CA 95472	68-0433170	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT AND THE CANCER RECOVERY PROGRAM
HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY - 1600 GREEN HILLS ROAD, SUITE 101 - SCOTTS VALLEY, CA 95066	01-0826156	501(C)(3)	12,000.	0.			FOR A PILOT PROGRAM ASSISTING PATIENTS' TRANSITION FROM THE HOSPITAL TO A SAFETY NET
HOMELESS GARDEN PROJECT PO BOX 617 SANTA CRUZ, CA 95061	77-0475165	501(C)(3)	27,916.	0.			TO HELP FUND AN AMERICORPS POSITION AND FOR GENERAL OPERATING SUPPORT TO TRAIN AND

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HOMELESS SERVICES CENTER 115 CORAL STREET SANTA CRUZ, CA 95060	77-0334183	501(C)(3)	40,950.	0.			FOR THE REBELE FAMILY SHELTER
HOMELESS SERVICES CENTER 115 CORAL STREET SANTA CRUZ, CA 95060	77-0334183	501(C)(3)	31,000.	0.			TO PROVIDE SHELTER AND OTHER ESSENTIAL SERVICES FOR THE HOMELESS IN SANTA CRUZ COUNTY
HOPE SERVICES 220 LINCOLN STREET SANTA CRUZ, CA 95060	94-1399287	501(C)(3)	10,000.	0.			TO SUPPORT COMMUNITY EMPLOYMENT SERVICES FOR THE DEVELOPMENTALLY DISABLED
HOSPICE OF SANTA CRUZ COUNTY 940 DISC DRIVE SCOTTS VALLEY, CA 95066	94-2497618	501(C)(3)	9,450.	0.			FOR GENERAL OPERATING SUPPORT, IN MEMORY OF MARK, ED AND ROZ FAKUNDING
HOSPICE OF SANTA CRUZ COUNTY 940 DISC DRIVE SCOTTS VALLEY, CA 95066	94-2497618	501(C)(3)	6,000.	0.			FOR THE GRIEF SUPPORT PROGRAM FOR HIGH SCHOOL AND MIDDLE SCHOOL TEENS IN THE PAJARO VALLEY
HOSPICE OF SANTA CRUZ COUNTY 940 DISC DRIVE SCOTTS VALLEY, CA 95066	94-2497618	501(C)(3)	15,000.	0.			FOR THE TRANSITIONS PROGRAM, TO ADDRESS THE SOCIAL AND PRACTICAL NEEDS OF TERMINALLY ILL
HOSPICE OF SANTA CRUZ COUNTY 940 DISC DRIVE SCOTTS VALLEY, CA 95066	94-2497618	501(C)(3)	62,300.	0.			TO PROVIDE SOCIAL AND HEALTH SERVICES FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES
INDEPENDENT WORLD TELEVISION INC. 4224 FLOWER VALLEY DRIVE ROCKVILLE, MD 20853	01-0808098		25,000.	0.			TO SUPPORT INDEPENDENT JOURNALISM
JACOB'S HEART CHILDREN'S CANCER ASSOCIATION - 2007 FREEDOM BOULEVARD - FREEDOM, CA 95019	68-0413822	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT

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JACOB'S HEART CHILDREN'S CANCER ASSOCIATION - 2007 FREEDOM BOULEVARD - FREEDOM, CA 95019	68-0413822	501(C)(3)	16,500.	0.			TO PROVIDE FINANCIAL ASSISTANCE TO FAMILIES WITH CHILDREN DIAGNOSED WITH CANCER IN SANTA CRUZ
JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA - 1401 PARKMOOR AVENUE, SUITE 110 - SAN JOSE, CA 95126	94-1322179	501(C)(3)	5,000.	0.			TO PROVIDE FINANCIAL LITERACY, ENTREPRENEURSHIP, AND WORK READINESS
KAZU 100 CAMPUS CENTER BUILDING 201 SEASIDE, CA 93955	77-0387459	501(C)(3)	6,000.	0.			FOR UNDERWRITING OF CAR TALK, ON THE MEDIA, AND PRAIRIE HOME COMPANION
KIDPOWER TEENPOWER FULLPOWER PO BOX 1212 SANTA CRUZ, CA 95061	77-0226712	501(C)(3)	8,000.	0.			TO INTEGRATE THE PEOPLE SAFETY SKILLS INTO A VARIETY OF MIGRANT EDUCATION AND YOUTH AND
KUSP-FM 203 EIGHTH AVENUE SANTA CRUZ, CA 95062	94-1748316	501(C)(3)	10,000.	0.			TO BROADCAST SANTA CRUZ COUNTY MUSIC FESTIVALS AND CONCERT SERIES AS PART OF THE "KUSP
KUSP-FM 203 EIGHTH AVENUE SANTA CRUZ, CA 95062	94-1748316	501(C)(3)	6,000.	0.			TO SUPPORT THE CAMPAIGN FOR CHANGE, FOR UNDERWRITING OF WEEKEND PROGRAMMING, AND FOR
KUUMBWA JAZZ CENTER 320-2 CEDAR STREET SANTA CRUZ, CA 95060	51-0159252	501(C)(3)	15,250.	0.			TO SUPPORT JAZZ PERFORMANCE AND EDUCATIONAL YOUTH PROGRAMMING
LAND TRUST OF SANTA CRUZ COUNTY 617 WATER STREET SANTA CRUZ, CA 95060	94-2431856	501(C)(3)	15,000.	0.			TO EXPAND DONATION, COMMUNICATIONS, AND OUTREACH EFFORTS
LAND TRUST OF SANTA CRUZ COUNTY 617 WATER STREET SANTA CRUZ, CA 95060	94-2431856	501(C)(3)	20,000.	0.			TO SUPPORT THE MONITORING, REPORTING AND ENFORCEMENT OF ANY CONSERVATION EASEMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAND TRUST OF SANTA CRUZ COUNTY 617 WATER STREET SANTA CRUZ, CA 95060	94-2431856	501(C)(3)	164,916.	0.			TO SUPPORT THE PROTECTION AND MANAGEMENT OF LANDS WITH SIGNIFICANT NATURAL RESOURCE, AGRICULTURAL,
LANDWATCH MONTEREY COUNTY PO BOX 1876 SALINAS, CA 93902	91-1862145	501(C)(3)	5,000.	0.			TO PROMOTE SOUND LAND USE POLICY THROUGHOUT MONTEREY COUNTY
LATINO OUTREACH OF TEHAMA COUNTY PO BOX 395 RED BLUFF, CA 96080	80-0032597	501(C)(3)	7,500.	0.			FOR HEALTH EDUCATION AND OUTREACH ACTIVITIES AT THE 2010 CINCO DE MAYO CELEBRATION AND TO FUND
LIFE IS FOR EVERYONE 721 LEMOS AVENUE SALINAS, CA 93901	77-0501692	501(C)(3)	5,000.	0.			FOR THE LIFE AFTER SCHOOL CENTER, OFFERING ACADEMIC ENRICHMENT, YOUTH DEVELOPMENT AND
LIFE LAB SCIENCE PROGRAM 1156 HIGH STREET SANTA CRUZ, CA 95064	94-2778848	501(C)(3)	5,500.	0.			TO PROVIDE STIPENDS FOR YOUTH PARTICIPATING IN FOOD WHAT? PROGRAM
LOAVES AND FISHES 150 SECOND STREET WATSONVILLE, CA 95076	77-0319247	501(C)(3)	11,500.	0.			TO PURCHASE FOOD FOR PANTRY AND LUNCH PROGRAMS AND TO SUPPORT THE DISTRIBUTION OF FOOD TO
MARIAN MEDICAL CENTER FOUNDATION 1400 EAST CHURCH STREET SANTA MARIA, CA 93454	95-3818027	501(C)(3)	19,000.	0.			FOR GIRAFFE BEDS IN THE NEONATAL INTENSIVE CARE UNIT
MARIAN MEDICAL CENTER FOUNDATION 1400 EAST CHURCH STREET SANTA MARIA, CA 93454	95-3818027	501(C)(3)	10,000.	0.			TO SUPPORT THE CREATION OF AN INFORMATIONAL DVD FOR OAXACAN FAMILIES AS PART OF THE HOSPITAL'S
MARIPOSA'S ART 2400 CHANTICLEER AVENUE SUITE G SANTA CRUZ, CA 95062	77-0506592	501(C)(3)	8,550.	0.			FOR ARTS EDUCATION, AFTERSCHOOL PROGRAMS, AND LEADERSHIP OPPORTUNITIES FOR PAJARO VALLEY YOUTH

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MARIPOSA'S ART 2400 CHANTICLEER AVENUE SUITE G SANTA CRUZ, CA 95062	77-0506592	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE ANNUAL FUNDRAISING EVENT
MARIPOSA'S ART 2400 CHANTICLEER AVENUE SUITE G SANTA CRUZ, CA 95062	77-0506592	501(C)(3)	15,000.	0.			TO SUPPORT AFTER-SCHOOL ARTS AND YOUTH DEVELOPMENT PROGRAMS IN WATSONVILLE
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT - PO BOX 20543 - OXNARD, CA 93034	30-0045901	501(C)(3)	5,000.	0.			FOR THE MONTHLY MIXTEC COMMUNITY MEETING PROGRAM IN OXNARD AND EL RIO
MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624	81-0369262	501(C)(3)	5,000.	0.			TO SUPPORT LAND CONSERVATION THROUGHOUT MONTANA
MONTEREY BAY NATIONAL MARINE SANCTUARY EXPLORATION CENTER - 99 PACIFIC STREET BUILDING 200 SUITE K - MONTEREY, CA 93940	94-3370994	501(C)(3)	10,000.	0.			TO SUPPORT EXHIBITS AND EDUCATION AT THE NEW EXPLORATION CENTER
MOUNTAIN COMMUNITY RESOURCES 236 SANTA CRUZ AVENUE APTOS, CA 95003	77-0193866	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MOUNTAIN COMMUNITY RESOURCES 236 SANTA CRUZ AVENUE APTOS, CA 95003	77-0193866	501(C)(3)	14,015.	0.			TO PROVIDE ESSENTIAL SERVICES FOR LOW-INCOME SAN LORENZO VALLEY RESIDENTS
MOUNTAIN COMMUNITY RESOURCES 236 SANTA CRUZ AVENUE APTOS, CA 95003	77-0193866	501(C)(3)	20,000.	0.			TO SUPPORT INFORMATION, REFERRAL AND ADVOCACY ACTIVITIES SERVING LATINO CLIENTS IN THE SAN
MOUNTAIN PARKS FOUNDATION 525 NORTH BIG TREES PARK ROAD FELTON, CA 95018	23-7275572	501(C)(3)	11,000.	0.			TO PROVIDE RESOURCES THAT ENHANCE THAT ENHANCE THE EXPERIENCE OF PARK VISITORS

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MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER - 705 FRONT STREET - SANTA CRUZ, CA 95060	94-2718861	501(C)(3)	25,000.	0.			A FIVE-YEAR GRANT TO CONTINUE SUPPORT FOR A CLASSROOM AT THE MUSEUM FOR THE EDUCATION OF
MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER - 705 FRONT STREET - SANTA CRUZ, CA 95060	94-2718861	501(C)(3)	7,000.	0.			TO SUPPORT THE JIM DOLKAS HISTORY AWARD TO PROVIDE EDUCATIONAL AND ART EXHIBITS FOR THE
NATIONAL PARK FOUNDATION 1201 EYE STREET, NW SUITE 550B WASHINGTON, DC 20005	52-1086761	501(C)(3)	5,000.	0.			TO SUPPORT OUR NATIONAL PARKS
NATIVE ANIMAL RESCUE PO BOX 1001 SANTA CRUZ, CA 95061	94-2711748	501(C)(3)	23,416.	0.			TO PROVIDE CARE AND PROTECTION OF NATIVE ANIMALS
NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINDAS, CA 93912	77-0194989	501(C)(3)	10,500.	0.			FOR THE CULTURAL COMPETENCY INITIATIVE PROGRAM IN HONOR OF MILES REITER AND THE
NATURE CONSERVANCY 201 MISSION ST. FOURTH FLOOR SAN FRANCISCO, CA 94105	53-0242652	501(C)(3)	5,500.	0.			TO PROTECT ECOLOGICALLY IMPORTANT LANDS AND WATERS FOR NATURE AND PEOPLE
NONVIOLENT COMMUNICATION SANTA CRUZ - 255 ROONEY STREET - SANTA CRUZ, CA 95065	20-1966378	501(C)(3)	5,000.	0.			TO OFFER NONVIOLENT COMMUNICATION TRAININGS FOR MONOLINGUAL SPANISH SPEAKING PARENTS IN SANTA
ONE WORLD CHILDREN'S FUND 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	77-0479205	501(C)(3)	15,000.	0.			TO SUPPORT GRASSROOTS ORGANIZATIONS THAT SERVE DISADVANTAGED CHILDREN AROUND THE WORLD
O'NEILL SEA ODYSSEY 2222 EAST CLIFF DRIVE #222 SANTA CRUZ, CA 95062	77-0464784	501(C)(3)	16,600.	0.			FOR GENERAL OPERATING SUPPORT AND FOR OUTDOOR MARINE SCIENCE EDUCATION

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O'NEILL SEA ODYSSEY 2222 EAST CLIFF DRIVE #222 SANTA CRUZ, CA 95062	77-0464784	501(C)(3)	15,000.	0.			TO CONTINUE SUPPORT FOR ENVIRONMENTAL STEWARDSHIP PROGRAMS FOR PAJARO VALLEY SCHOOLS
PAJARO VALLEY ARTS COUNCIL 37 SUDDEN STREET WATSONVILLE, CA 95076	77-0107201	501(C)(3)	27,850.	0.			TO MAINTAIN AND EXPAND THE ARTS EDUCATION PROGRAM AND TO SUPPORT THE ARTS IN PAJARO VALLEY
PAJARO VALLEY COMMUNITY HEALTH TRUST - 37 SUDDEN STREET - WATSONVILLE, CA 95076	94-1149702	501(C)(3)	15,000.	0.			TO SUPPORT THE FIGHT AGAINST DIABETES IN THE PAJARO VALLEY
PALAST INVESTIGATIVE FUND 860 VIA DE LA PAZ, SUITE B-1 PACIFIC PALISADES, CA 90272	33-0767921	501(C)(3)	5,000.	0.			TO SUPPORT INVESTIGATIVE JOURNALISM
PALO ALTO MEDICAL FOUNDATION 2025 SOQUEL AVENUE SANTA CRUZ, CA 95062	94-1156581	501(C)(3)	6,000.	0.			TO SUPPORT THE SANTA CRUZ STUDENT ATHLETE CARDIAC SCREENING PROGRAM
PLANNED PARENTHOOD MAR MONTE 1119 PACIFIC AVENUE SUITE 210 SANTA CRUZ, CA 95060	94-1583439	501(C)(3)	13,750.	0.			TO EXPAND THE FARM WORKER OUTREACH PROGRAM INTO WATSONVILLE, TO PURCHASE BOOKS FOR THE HEALTHY
PROLITERACY WORLDWIDE 1320 JAMESVILLE AVE. SYRACUSE, NY 13210	16-6076384	501(C)(3)	5,000.	0.			TO SUPPORT EDUCATIONAL PROGRAMS THAT CHAMPION THE LIFE-CHANGING BENEFITS OF LITERACY FOR
RESOURCE CONSERVATION DISTRICT OF SANTA CRUZ COUNTY - 820 BAY AVENUE, SUITE 128 - CAPITOLA, CA 95010	94-6000534	501(C)(3)	15,000.	0.			TO CREATE FUND DEVELOPMENT AND MARKETING PLANS TO SUSTAIN PROGRAMS
RICE PLUS PROJECT PO BOX 1264 CARMEL, CA 93921	01-0550293	501(C)(3)	9,800.	0.			TO PURCHASE AND DISTRIBUTE CULTURALLY APPROPRIATE FOOD FOR THE MIGRANT WORKER POPULATION

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ROBERT LOUIS STEVENSON SCHOOL 3152 FOREST LAKE ROAD PEBBLE BEACH, CA 93953	94-1218745	501(C)(3)	6,000.	0.			FOR THE STEVENSON FUND
ROBERT MOSES' KIN 870 MARKET STREET SUITE 567 SAN FRANCISCO, CA 94102	47-0926561	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
ROBERT MOSES' KIN 870 MARKET STREET SUITE 567 SAN FRANCISCO, CA 94102	47-0926561	501(C)(3)	10,000.	0.			FOR SAN FRANCISCO BOYS CHORUS PARTICIPATION IN THE "FABLE AND FAITH" PRODUCTION
SALVATION ARMY - RED BLUFF PO BOX 935 RED BLUFF, CA 96080	94-1156347	501(C)(3)	5,000.	0.			TO EMPLOY A HISPANIC OUTREACH COORDINATOR
SANTA CRUZ AIDS PROJECT PO BOX 557 SANTA CRUZ, CA 95061	77-0129193	501(C)(3)	15,000.	0.			A FIVE-YEAR GRANT TO SUPPORT THE HARM REDUCTION AND NEEDLE EXCHANGE PROGRAM
SANTA CRUZ AIDS PROJECT PO BOX 557 SANTA CRUZ, CA 95061	77-0129193	501(C)(3)	15,500.	0.			FOR HIV/AIDS EDUCATION AND PREVENTION PROGRAMS TARGETING YOUTH AGES 14 TO 18 AND FOR THE FOOD
SANTA CRUZ BALLET THEATER 2800 SOUTH RODEO GULCH ROAD SOQUEL, CA 95073	77-0076069	501(C)(3)	10,000.	0.			FOR BOARD DEVELOPMENT AND SUPPORT FOR AN EXISTING ADMINISTRATIVE POSITION
SANTA CRUZ CHILDREN'S SCHOOL 366 GAULT STREET SANTA CRUZ, CA 95062	77-0331230	501(C)(3)	6,000.	0.			FOR THE PURCHASE OF IPADS AND WIRELESS NETWORKING EQUIPMENT AND FOR GENERAL OPERATING SUPPORT
SANTA CRUZ COMMUNITY VENTURES PO BOX 1877 SANTA CRUZ, CA 95060	77-0247648	501(C)(3)	15,000.	0.			TO CONTINUE AND EXPAND A FINANCIAL EDUCATION AND ASSET BUILDING PROGRAM FOR FOSTER YOUTH

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SANTA CRUZ COUNTY SYMPHONY 307 CHURCH STREET SANTA CRUZ, CA 95060	94-2373284	501(C)(3)	6,000.	0.			TO SUPPORT THE FUNDRAISING CAMPAIGN AND GENERAL OPERATING SUPPORT
SANTA CRUZ COUNTY SYMPHONY 307 CHURCH STREET SANTA CRUZ, CA 95060	94-2373284	501(C)(3)	5,000.	0.			TO SUPPORT THE MAY 1, 2011 CONCERT AND CABRILLO CHORUS AT THE MELLO CENTER
SANTA CRUZ COUNTY YOUTH SYMPHONY PO BOX 566 SANTA CRUZ, CA 95061	94-2186687	501(C)(3)	7,500.	0.			TO INCREASE PARTICIPATION IN AND EXPAND AUDIENCE FOR THE YOUTH SYMPHONY
SANTA CRUZ EDUCATION FOUNDATION P.O. BOX 8501 SANTA CRUZ, CA 95061	20-0239163	501(C)(3)	6,000.	0.			FOR MUSIC PROGRAMS IN SANTA CRUZ CITY SCHOOLS
SANTA CRUZ FILM FESTIVAL PO BOX 638 SANTA CRUZ, CA 95061	30-0053845	501(C)(3)	25,000.	0.			FOR PARTIAL SUPPORT OF DEVELOPMENT STAFF DURING MAJOR LEADERSHIP TRANSITION
SANTA CRUZ HIGH SCHOOL PTA 415 WALNUT AVENUE SANTA CRUZ, CA 95060	94-6174400	501(C)(3)	5,000.	0.			TO SUPPORT THE ANNUAL GIVING CAMPAIGN
SANTA CRUZ MONTESSORI SCHOOL 6230 SOQUEL DRIVE APTOS, CA 95003	94-1573507	501(C)(3)	5,000.	0.			FOR SCHOLARSHIPS FOR LOW-INCOME FAMILIES
SANTA CRUZ MONTESSORI SCHOOL 6230 SOQUEL DRIVE APTOS, CA 95003	94-1573507	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATIONAL PROGRAMS AND ACTIVITIES AND TO SUPPORT THE ARTS PROGRAM
SANTA CRUZ MOUNTAINS ART CENTER 9341 MILL STREET BEN LOMOND, CA 95005	91-1877043	501(C)(3)	22,000.	0.			TO EXTEND YOUTH ART EDUCATION PROGRAMS IN THE SAN LORENZO VALLEY

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SANTA CRUZ MUSEUM ASSOCIATION 1305 EAST CLIFF DRIVE SANTA CRUZ, CA 95062	94-2427733	501(C)(3)	15,000.	0.			TO CONDUCT A SEARCH FOR AN EXECUTIVE DIRECTOR
SANTA CRUZ MUSEUM ASSOCIATION 1305 EAST CLIFF DRIVE SANTA CRUZ, CA 95062	94-2427733	501(C)(3)	20,000.	0.			TO SUPPORT EDUCATIONAL PROGRAMS AND EXHIBITS
SANTA CRUZ PUBLIC LIBRARIES 117 UNION STREET SANTA CRUZ, CA 95060		501(C)(3)	12,000.	0.			TO DEVELOP A MARKETING PLAN AND STRATEGIC COMMUNICATION CAMPAIGN
SANTA CRUZ TEEN CENTER 323 CHURCH STREET SANTA CRUZ, CA 95060	94-6000427	501(C)(3)	15,100.	0.			TO SUSTAIN AND EXPAND SAFE YOUTH PROGRAMS AND RECREATIONAL ACTIVITIES FOR TEENS AND FOR GENERAL
SANTA CRUZ WOMEN'S HEALTH CENTER 250 LOCUST STREET SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	21,000.	0.			TO HELP SUBSIDIZE VISITS FOR UNINSURED AND UNDERINSURED PATIENTS AND TO PROVIDE ACCESS TO
SANTA CRUZ WOMEN'S HEALTH CENTER 250 LOCUST STREET SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	11,300.	0.			TO SUPPORT MEDICAL AND HEALTH CARE SERVICES
SANTA MARIA VALLEY YMCA 3400 SKYWAY DRIVE SANTA MARIA, CA 93455	95-2158363	501(C)(3)	5,000.	0.			FOR BOYS AND GIRLS CLUB SWIM PROGRAM AND CAMP SCHOLARSHIPS FOR CHILDREN IN GUADALUPE AND NORTHERN
SAVE OUR SHORES 345 LAKE AVENUE, SUITE A SANTA CRUZ, CA 95062	94-2745941	501(C)(3)	7,050.	0.			TO SUPPORT MARINE ENVIRONMENTAL EDUCATION PROGRAMS AND FOR THE OCEAN AWARENESS PROGRAM
SAVE THE REDWOODS LEAGUE 114 SANSOME STREET ROOM 1200 SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	10,500.	0.			TO PRESERVE CALIFORNIA'S ANCIENT REDWOOD FORESTS THROUGH LAND ACQUISITION AND PROTECTION,

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SCOTTS VALLEY EDUCATIONAL FOUNDATION - 4444 SCOTTS VALLEY DR. #5B - SCOTTS VALLEY, CA 95066	77-0006718	501(C)(3)	10,000.	0.			TO SUPPORT EDUCATIONAL PROGRAMS AND ACTIVITIES AT SCOTTS VALLEY MIDDLE SCHOOL
SEACOLOGY 1623 SOLANO AVE. BERKELEY, CA 94707	97-0495235	501(C)(3)	5,000.	0.			TO PROTECT THREATENED ISLAND BIODIVERSITY THROUGHOUT THE WORLD
SECOND HARVEST FOOD BANK 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	9,500.	0.			FOR THE MESA VERDE GARDENS PROJECT AND TO SUPPORT THE 2010 HOLIDAY FOOD DRIVE AND FOR
SECOND HARVEST FOOD BANK 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	25,000.	0.			TO EXPAND NUTRITION EDUCATION AND THE FOOD FOR CHILDREN PROGRAM
SECOND HARVEST FOOD BANK 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	44,000.	0.			TO FACILITATE THE DISTRIBUTION OF FOOD FOR THE HUNGRY
SECOND HARVEST FOOD BANK 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	6,800.	0.			TO PURCHASE AND DISTRIBUTE CULTURALLY APPROPRIATE FOOD FOR THE MIGRANT WORKER POPULATION
SENIOR NETWORK SERVICES 1777-A CAPITOLA ROAD SANTA CRUZ, CA 95062	94-2259716	501(C)(3)	15,350.	0.			TO SUPPORT PROGRAMS AND SERVICES THAT ENABLE SENIORS AND DISABLED INDIVIDUALS TO LIVE
SENIORS COUNCIL 234 SANTA CRUZ AVENUE APTOS, CA 95003	94-2662950	501(C)(3)	5,000.	0.			TO SUSTAIN THE FOSTER GRANDPARENT CLASSROOM VOLUNTEERS
SHAKESPEARE SANTA CRUZ THEATER ARTS/ UCSC 1156 HIGH STREET SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	8,000.	0.			TO SUPPORT THE PRESENTATION OF THEATRICAL PERFORMANCES AND FOR GENERAL OPERATING

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SHARED ADVENTURES 90 GRANDVIEW STREET, SUITE B101 SANTA CRUZ, CA 95060	77-0366565	501(C)(3)	10,000.	0.			TO SUSTAIN RECREATIONAL PROGRAMS FOR THE DISABLED COMMUNITY
SPECIAL PARENTS INFORMATION NETWORK (SPIN) - PO BOX 2367 - SANTA CRUZ, CA 95063	77-0508686	501(C)(3)	5,000.	0.			TO CONTINUE THE MENTOR PARENT PROGRAM
STAR EDUCATION INC. 10117 W. JEFFERSON BOULEVARD CULVER CITY, CA 90232	95-4430228	501(C)(3)	5,000.	0.			TO SUPPORT THE STAR EDUCATION PROGRAM AT FOUR OXNARD DISTRICT SCHOOLS
STUDENT CONSERVATION ASSOCIATION 689 RIVER ROAD CHARLESTOWN, NH 03603	91-0880684	501(C)(3)	10,000.	0.			TO INVOLVE STUDENT INTERNS AND VOLUNTEERS IN NATURAL CONSERVATION PROJECTS THROUGHOUT THE
SURVIVORS HEALING CENTER 104 WALNUT AVENUE SUITE 208 SANTA CRUZ, CA 95060	77-0218396	501(C)(3)	5,000.	0.			TO PROVIDE EDUCATION, INFORMATION, REFERRALS, HIGH QUALITY SERVICES, AND SUPPORT TO SURVIVORS
SURVIVORS HEALING CENTER 104 WALNUT AVENUE SUITE 208 SANTA CRUZ, CA 95060	77-0218396	501(C)(3)	5,000.	0.			TO PROVIDE SERVICES TO GANG AFFILIATED YOUTH, CHILDREN OF FARM WORKERS AND SPANISH SPEAKING
SUSTAINABLE CONSERVATION 98 BATTERY STREET, SUITE 302 SAN FRANCISCO, CA 94111	94-3232437	501(C)(3)	20,000.	0.			FOR THE BRAKE PAD PARTNERSHIP PROGRAM
TANNERY ARTS CENTER 337 LOCUST STREET SANTA CRUZ, CA 95060	75-3134282	501(C)(3)	6,250.	0.			FOR THE PERFORMING ARTS CAPITAL CAMPAIGN AND TO SUPPORT A LECTURE SERIES FOR THE ARTSPACE TANNERY
TUOLUMNE RIVER TRUST 111 NEW MONTGOMERY SUITE 205 SAN FRANCISCO, CA 94105	94-2834151	501(C)(3)	5,000.	0.			TO PROMOTE STEWARDSHIP OF THE TUOLUMNE RIVER AND ITS TRIBUTARIES TO ENSURE A HEALTHY WATERSHED

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UC SANTA CRUZ FOUNDATION UNIVERSITY RELATIONS 1156 HIGH STRE SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	10,000.	0.			FOR CONTINUED SUPPORT FOR AN ASSISTANTSHIP POSITION AND AS NEEDED WITH THIS YEAR'S PACIFIC RIM MUSIC
UC SANTA CRUZ FOUNDATION UNIVERSITY RELATIONS 1156 HIGH STRE SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	10,000.	0.			FOR THE WELLNESS CENTER AT THE UCSC LIBRARY
UC SANTA CRUZ FOUNDATION UNIVERSITY RELATIONS 1156 HIGH STRE SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	10,000.	0.			TO RECRUIT AND OVERSEE THE WORK OF EIGHT ADDITIONAL STUDENTS FOR THE ENVIRONMENTAL PROGRAM
UC SANTA CRUZ FOUNDATION UNIVERSITY RELATIONS 1156 HIGH STRE SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	9,000.	0.			TO SUPPORT THE ARTS AND LECTURES PROGRAM, THE UCSC WIND ENSEMBLE, AND THE UNDER-GRADUATE
UC SANTA CRUZ FOUNDATION UNIVERSITY RELATIONS 1156 HIGH STRE SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	5,000.	0.			TO SUPPORT THE GREEN TEACHING KITCHEN AT THE UCSC SUSTAINABLE LIVING CENTER
UC SANTA CRUZ FOUNDATION UNIVERSITY RELATIONS 1156 HIGH STRE SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	5,000.	0.			TO SUPPORT THE SANTA CRUZ PREDATORY BIRD RESEARCH GROUP
UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 95010	94-1422471	501(C)(3)	7,300.	0.			TO OPERATE A 2-1-1 INFORMATION AND REFERRAL SYSTEM FOR HEALTH AND HUMAN SERVICES AND TO
UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 95010	94-1422471	501(C)(3)	14,000.	0.			TO SUPPORT J=VENES SANOS, A WATSONVILLE-BASED LEADERSHIP AND ADVOCACY PROGRAM FOR HIGH
UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 95010	94-1422471	501(C)(3)	5,000.	0.			TO CONTINUE THE INTEGRATION OF THE HOMELESS SERVICE DELIVERY SYSTEM IN SANTA CRUZ

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COMMUNITY FOUNDATION SANTA CRUZ

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTANA WILDLIFE SOCIETY 19045 PORTOLA DRIVE, SUITE F1 SALINAS, CA 93908	94-2795935	501(C)(3)	20,000.	0.			TO SUPPORT THE CALIFORNIA CONDOR RECOVERY PROGRAM AND OTHER CONSERVATION ACTIVITIES
VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 413 LAUREL STREET - SANTA CRUZ, CA 95060	94-2694801	501(C)(3)	5,000.	0.			TO PROVIDE SERVICES THAT HELP VISUALLY IMPAIRED PEOPLE MAINTAIN THEIR INDEPENDENCE
WATSONVILLE BROWN BERETS 735 PINE STREET SANTA CRUZ, CA 95062	23-7209584	501(C)(3)	5,000.	0.			A TWO-YEAR GRANT TO SUSTAIN THE WATSONVILLE BIKE SHACK'S BIKE MECHANIC TRAINING PROGRAM
WATSONVILLE HIGH SCHOOL 250 EAST BEACH STREET WATSONVILLE, CA 95076	77-0375541	501(C)(3)	13,500.	0.			TO SUPPORT THE DRAMA DEPARTMENT'S SPRING MUSICAL PRODUCTION OF FOOTLOOSE AND TO SUPPORT
WATSONVILLE LAW CENTER 315 MAIN STREET, SUITE 207 WATSONVILLE, CA 95076	20-8157214	501(C)(3)	21,000.	0.			FOR COORDINATION OF THE MORTGAGE FORECLOSURE COLLABORATIVE AND TO SUPPORT LEGAL SERVICES
WATSONVILLE WETLANDS WATCH PO BOX 1239 FREEDOM, CA 95019	77-0519882	501(C)(3)	15,500.	0.			A THREE-YEAR GRANT TO PROTECT, RESTORE AND APPRECIATE THE WETLANDS OF PAJARO VALLEY
WATSONVILLE WETLANDS WATCH PO BOX 1239 FREEDOM, CA 95019	77-0519882	501(C)(3)	25,000.	0.			TO PARTIALLY FUND THE WETLAND STEWARDS AFTERSCHOOL PROGRAM IN MIDDLE SCHOOLS
WATSONVILLE WETLANDS WATCH PO BOX 1239 FREEDOM, CA 95019	77-0519882	501(C)(3)	5,000.	0.			TO SUPPORT THE WETLANDS STEWARDS PROGRAM AND TO SUPPORT THE WETLANDS EDUCATIONAL RESOURCE
WHARF TO WHARF RACE P.O. BOX 307 CAPITOLA, CA 95010	77-0061106	501(C)(3)	10,000.	0.			TO SUPPORT THE OTIS CHANDLER MEMORIAL SCHOLARSHIP

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COMMUNITY FOUNDATION SANTA CRUZ

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE HAWK INDIAN COUNCIL 330 ZURICH AVENUE WATSONVILLE, CA 95076	77-0250055	501(C)(3)	5,000.	0.			TO PARTIALLY SUPPORT THE DANCE PROGRAM IN PAJARO VALLEY
WILDAID ACAP 744 MONTGOMERY STREET, SUITE 300 SAN FRANCISCO, CA 94111	20-3644441	501(C)(3)	50,000.	0.			TO SUPPORT THE ELIMINATION OF ILLEGAL WILDLIFE TRADE, ALLOWING THE RECOVERY OF
WOMENCARE 2901 PARK AVENUE, SUITE A1 SOQUEL, CA 95073	77-0410099	501(C)(3)	10,000.	0.			FOR THE ENTRE NOSOTRAS PROGRAM SERVING LATINA WOMEN WITH CANCER
WOMEN'S CRISIS SUPPORT - DEFENSA DE MUJERES - 233 EAST LAKE AVENUE - WATSONVILLE, CA 95076	94-2462783	501(C)(3)	12,000.	0.			TO ASSIST CLIENTS TO PREPARE FOR AND TESTIFY AT DOMESTIC VIOLENCE RESTRAINING ORDER
YES! 2584 MARTIN LUTHER KING JR. WAY BERKELEY, CA 94704	77-0467495	501(C)(3)	10,500.	0.			FOR A SCHOLARSHIP FUND FOR LOW-INCOME YOUNG CHANGEMAKERS AND TO SUPPORT YOUTH LEADERSHIP
YWCA MONTEREY COUNTY 457 WEBSTER STREET CARMEL, CA 93940	94-1732598	501(C)(3)	6,000.	0.			TO SUPPORT THE YOUTH ADVOCACY AND EDUCATION COORDINATOR FOR THE KEEPING CHILDREN SAFE
YWCA OF WATSONVILLE 340 EAST BEACH STREET WATSONVILLE, CA 95076	94-1212142	501(C)(3)	15,000.	0.			TO SUPPORT A PROGRAM TO BUILD YOUTH ASSETS AND PREVENT TEENAGE PREGNANCY

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Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE FOUNDATION CONDUCTS A THOROUGH DUE DILIGENCE PROCESS IN REVIEWING AND MONITORING ALL GRANTS APPROVED AND AWARDED BY THE FOUNDATION'S BOARD OF DIRECTORS. STAFF REVIEWS ALL REQUESTS TO FIRST ENSURE THE APPLICANT ORGANIZATION IS ELIGIBLE TO RECEIVE A GRANT FROM THE FOUNDATION UNDER THE IRS GUIDELINES FOR CHARITIES AND NONPROFITS. DURING THIS INITIAL SCREENING THE APPLICANT'S FINANCIAL INFORMATION, GOVERNANCE AND PROGRAMS ARE REVIEWED AND A DETERMINATION IS MADE IF THE PROPOSAL IS CONSISTENT WITH THE FOUNDATION'S INTEREST AREAS AND STRATEGIC PRIORITIES. A BOARD APPOINTED PROGRAM COMMITTEE, COMPOSED OF BOARD MEMBERS

Part IV Supplemental Information

AND OTHER COMMUNITY VOLUNTEERS, REVIEWS ELIGIBLE REQUESTS AND RECOMMENDS AWARDS BASED ON AVAILABLE FUNDS AFTER SELECTED IN-PERSON SITE VISITS AND A MORE THOROUGH REVIEW OF EACH ORGANIZATION'S ELIGIBILITY AND PROPOSED USE OF FUNDS. THESE GRANT RECOMMENDATIONS ARE THEN REVIEWED AND VOTED ON BY THE FULL BOARD. THOSE RECOMMENDED BY DONOR-ADVISORS FROM THEIR FUNDS HELD AT THE FOUNDATION SIMILARLY RECEIVE THE SAME DUE DILIGENCE IN THE INITIAL SCREENING, BUT DO NOT GO TO THE PROGRAM COMMITTEE FOR REVIEW. THEY ARE, HOWEVER, REVIEWED AND APPROVED BY THE BOARD. IN MONITORING THE USE OF GRANT FUNDS, THE FOUNDATION REQUIRES PERIODIC WRITTEN OR ORAL REPORTS (EXCEPT FOR DONOR-ADVISED GRANTS UNDER \$5,000) AND A FINAL REPORT FROM ALL GRANTEES (INCLUDING ALL DONOR-ADVISED GRANTS) THAT INCLUDES A FINANCIAL ACCOUNTING OF HOW THE GRANT WAS SPENT. FOUNDATION STAFF ALSO MAINTAINS REGULAR COMMUNICATION WITH GRANT RECIPIENTS, WHO ARE ENCOURAGED TO ALERT THE FOUNDATION ABOUT ANY SIGNIFICANT CHANGES OR ISSUES DURING THE GRANT PERIOD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AG AGAINST HUNGER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PURCHASE OF A REFRIGERATED TRAILER TO TRANSPORT PRODUCE TO AREA FOOD BANKS AND TO EXPAND PROGRAM SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: ASSOCIATION OF ZOOS AND AQUARIUMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ADVANCEMENT OF ACCREDITED ZOOS AND AQUARIUMS IN THE AREAS OF ANIMAL CARE, WILDLIFE CONSERVATION, EDUCATION AND SCIENCE

NAME OF ORGANIZATION OR GOVERNMENT: AUDUBON CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONSERVATION AND

Part IV Supplemental Information

RESTORATION OF CALIFORNIA'S NATURAL ECOSYSTEMS, WILDLIFE, AND HABITATS

NAME OF ORGANIZATION OR GOVERNMENT: BEAT WITHIN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT CREATIVE WRITING

WORKSHOPS FOR YOUTH IN SANTA CRUZ COUNTY JUVENILE HALL FACILITIES

NAME OF ORGANIZATION OR GOVERNMENT: BLUE OCEAN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE OCEAN CONSERVATION AND

EDUCATION THROUGH SCIENCE, ART, AND LITERATURE

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF SANTA CRUZ

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COORDINATE YOUTH DEVELOPMENT

PROGRAMS IN THE BEACH FLATS COMMUNITY AND TO SUPPORT AFTER-SCHOOL

TRANSPORTATION TO THE DOWNTOWN CLUB

NAME OF ORGANIZATION OR GOVERNMENT: CABRILLO COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND TO

SUPPORT CABRILLO ADVANCEMENT PROGRAM (CAP) SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA GREY BEARS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE REFRIGERATED FOOD

STORAGE CAPACITY FOR THE SENIOR NUTRITION PROGRAM AND TO SUPPORT FOOD

DISTRIBUTION AND SERVICES FOR THE ELDERLY

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA STATE PARKS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MAINTENANCE AND

IMPROVEMENT OF CALIFORNIA'S STATE PARKS AND FOR GENERAL OPERATING SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CASA DE LA CULTURA CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TAEKWONDO CLASSES FOR PAJARO

YOUTH AND TO PROVIDE SOCIAL, EDUCATIONAL, AND HEALTH SERVICES TO

LOW-INCOME RESIDENTS OF THE PAJARO VALLEY AND TO SUPPORT DIABETES AND

HEALTH SCREENINGS FOR THE FARM WORKER COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR COMMUNITY ADVOCACY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE CAPACITY AND REACH

OF THE STRONG FAMILIES PROGRAM IN SALINAS AND THE PAJARO VALLEY

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S HOSPICE AND PALLIATIVE CARE COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COORDINATED CARE AND CASE

MANAGEMENT SERVICES FOR FAMILIES OF CHILDREN WITH LIFE-THREATENING

CONDITIONS

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF WATSONVILLE ENVIRONMENTAL SCIENCE WORKSHOP

(H) PURPOSE OF GRANT OR ASSISTANCE: A TWO-YEAR GRANT TO EXPAND YOUTH

ENVIRONMENTAL EDUCATION PROGRAMMING TO NEW SITES AND TO SUPPORT FOUR HIGH

SCHOOL ASSISTANTS

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL WATERSHED COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TREES TO SEA EXPLORERS

SUMMER WATERSHED EDUCATION PROGRAM IN PARTNERSHIP WITH THE BOYS & GIRLS

CLUB AND TO MATCH AN ENVIRONMENTAL PROTECTION AGENCY GRANT FOR THE "TREES

TO SEA EXPLORERS" YOUTH PROGRAM AND TO EXPAND WATER QUALITY MONITORING

AND IMPROVE COMMUNITY EDUCATION AND OUTREACH PROGRAMS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE TRACK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP STUDENTS WHO HAVE THE DESIRE
BUT LACK THE RESOURCES AND SUPPORT TO ACHIEVE THEIR HIGHER EDUCATION
GOALS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES ORGANIZED FOR RELATIONAL POWER IN ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP LEADERSHIP AMONG LATINO
IMMIGRANTS IN WATSONVILLE TO MAINTAIN THEIR HOMES, TO ADVOCATE FOR
AFFORDABLE HOUSING, AND TO PREPARE FOR GAINFUL EMPLOYMENT

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DAVENPORT RESOURCE
SERVICE CENTER AND THE LIVE OAK FAMILY RESOURCE CENTER'S CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY BRIDGES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SERVICES FOR LOW-INCOME FAMILIES
AT LA MANZANA COMMUNITY RESOURCES AND LIVE OAK FAMILY RESOURCE CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY BRIDGES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CHILD AND ADULT CARE FOOD
PROGRAM, IN MEMORY OF ED & ROZ FAKUNDING AND FOR THE FAMILY LITERACY
PROGRAM AND TO SUPPORT THE LIVE OAK FAMILY RESOURCE CENTER'S CAPITAL
CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY BRIDGES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAINTAIN SERVICES AT BEACH FLATS
COMMUNITY CENTER, LIVE OAK FAMILY RESOURCE CENTER AND LA MANZANA
COMMUNITY RESOURCES (PARTIALLY SUPPORTED BY DONOR-ADVISED FUNDS)

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PODER POPULAR PROGRAM TO
IMPROVE COMMUNITY HEALTH IN SALINAS, SPECIFICALLY FOR IMPROVEMENTS TO LA
PAZ NEIGHBORHOOD PARK

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY OF WRITERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATIONAL PROGRAMS TO
IMPROVE WRITING INSTRUCTION IN K-12 CLASSROOMS AND TO SUPPORT WORDSTOCK

NAME OF ORGANIZATION OR GOVERNMENT:

COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ - CASA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BUILDING FUTURES EDUCATIONAL
SUCCESS PROJECT SERVING CHILDREN AND YOUTH IN FOSTER CARE IN THE GREATER
WATSONVILLE AREA INCLUDING PAJARO, CITY OF WATSONVILLE, FREEDOM AND
CORRALITOS AND FOR THE IMAGINE "RAISE THE CHILD" REQUEST, AND TO SUPPORT
ADVOCACY FOR CHILDREN IN THE JUVENILE COURT SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT:

COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ - CASA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND TRAINING AND MENTORING OF
CASA ADVOCATES TO HELP CASA CHILDREN DEAL WITH COMPLEX EDUCATION
CHALLENGES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CULTURAL COUNCIL OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A SPECTRA PROGRAM SERIES

EXAMINING THE HOLOCAUST AND WORLD WAR II AND TO SUPPORT ART, CULTURAL AND
EDUCATIONAL ACTIVITIES IN SANTA CRUZ COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: DELTA SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATIONAL OPPORTUNITIES

FOR AT-RISK, HIGH SCHOOL-AGED STUDENTS IN SANTA CRUZ COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: DIENTES COMMUNITY DENTAL CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DENTAL EDUCATION,

PREVENTION, AND TREATMENT TO LOW-INCOME RESIDENTS OF SANTA CRUZ COUNTY

AND PAJARO VALLEY

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD A DIVERSE COMMUNITY,

PROMOTING HEALTH AND WELL-BEING, AND ADVANCING SOCIAL JUSTICE FOR LGBTIQ

INDIVIDUALS AND THEIR ALLIES IN SANTA CRUZ COUNTY AND TO SUPPORT THE

QUEER YOUTH ALLIANCE AND SENIOR SOCIAL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: DUCKS UNLIMITED, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE KLAMATH BASIN

INITIATIVE OF OREGON DUCKS UNLIMITED, IN MEMORY OF TODD MICHAEL ECKHARDT

NAME OF ORGANIZATION OR GOVERNMENT: EXPANDING YOUR HORIZONS - ACE PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A CONFERENCE AND SCHOOL

OUTREACH PROGRAMS DESIGNED TO PROMOTE SCIENCE AND MATH EDUCATION AND

CAREER INTEREST AMONG HIGH SCHOOL GIRLS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIA CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DIRECT ASSISTANCE TO AND
REFERRALS FOR LOW-INCOME LATINO RESIDENTS IN SANTA CRUZ

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SERVICE AGENCY OF THE CENTRAL COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE FREE AND/OR VERY
LOW-COST COUNSELING TO PEOPLE UNABLE TO AFFORD THE SLIDING SCALE FEES

NAME OF ORGANIZATION OR GOVERNMENT: FOOD BANK OF SANTA BARBARA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE AND DISTRIBUTE
CULTURALLY APPROPRIATE FOOD FOR THE MIGRANT WORKER POPULATION AND FOR THE
HOLIDAY FOOD/TURKEY DRIVE

NAME OF ORGANIZATION OR GOVERNMENT: FOOD BANK OF SANTA BARBARA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MOBILE FARMER'S
MARKET DISTRIBUTION TO THE LOS ADOBES DE MARIA HOUSING COMPLEX

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF SANTA CRUZ STATE PARKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PRESERVATION AND
INTERPRETIVE PROGRAMS OF COASTAL STATE PARKS IN SANTA CRUZ COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE RAIL TRAIL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND TO
MATCH FUNDS PLEDGED TO SUPPORT THE FRIENDS OF THE RAIL TRAIL STRATEGIC
PLANNING PROCESS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS, ARTISTS AND NEIGHBORS OF ELKHORN SLOUGH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC EDUCATION AND

ADVOCACY DEDICATED TO PRESERVING AND ENHANCING THE ELKHORN SLOUGH AND ITS

SURROUNDING WATERSHED

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE AFTER SCHOOL PROGRAMMING

AND MENTORING FOR PRIMARILY LOW-INCOME LATINA GIRLS FROM WATSONVILLE,

SALINAS, OXNARD, PORT HUENEME, AND SANTA MARIA, IN COLLABORATION WITH

LOCAL SCHOOLS AND YOUTH SERVING ORGANIZATIONS

NAME OF ORGANIZATION OR GOVERNMENT: H.I. MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NON-SECTARIAN DISASTER RELIEF

SERVICES AND OUTREACH FOR PEOPLE AFFECTED BY FLOODS IN BAJA MEXICO

NAME OF ORGANIZATION OR GOVERNMENT: HARTNELL COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE BOOKS FOR THE DIGITAL

BRIDGE ACADEMY'S BOOK LENDING PROGRAM AND FOR THE "PARTY IN THE LIBRARY

2010" EVENT

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A PILOT PROGRAM ASSISTING

PATIENTS' TRANSITION FROM THE HOSPITAL TO A SAFETY NET CLINIC

NAME OF ORGANIZATION OR GOVERNMENT: HOMELESS GARDEN PROJECT

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP FUND AN AMERICORPS POSITION AND FOR GENERAL OPERATING SUPPORT TO TRAIN AND EMPLOY HOMELESS PEOPLE IN SANTA CRUZ COUNTY IN A COMMUNITY-SUPPORTED ORGANIC GARDEN AND RELATED ENTERPRISES

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TRANSITIONS PROGRAM, TO ADDRESS THE SOCIAL AND PRACTICAL NEEDS OF TERMINALLY ILL PATIENTS AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

JACOB'S HEART CHILDREN'S CANCER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE TO FAMILIES WITH CHILDREN DIAGNOSED WITH CANCER IN SANTA CRUZ COUNTY (PARTIALLY SUPPORTED BY DONOR-ADVISED FUNDS)

NAME OF ORGANIZATION OR GOVERNMENT:

JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL LITERACY, ENTREPRENEURSHIP, AND WORK READINESS PROGRAMMING TO 500 ELEMENTARY SCHOOL YOUTH IN WATSONVILLE AND PAJARO VALLEY

NAME OF ORGANIZATION OR GOVERNMENT: KIDPOWER TEENPOWER FULLPOWER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INTEGRATE THE PEOPLE SAFETY SKILLS INTO A VARIETY OF MIGRANT EDUCATION AND YOUTH AND PARENT SUPPORT PROGRAMS IN THE PAJARO AND SALINAS VALLEY

NAME OF ORGANIZATION OR GOVERNMENT: KUSP-FM

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BROADCAST SANTA CRUZ COUNTY MUSIC FESTIVALS AND CONCERT SERIES AS PART OF THE "KUSP ON-SITE" WEEKLY RADIO PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: KUSP-FM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAMPAIGN FOR CHANGE, FOR UNDERWRITING OF WEEKEND PROGRAMMING, AND FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LAND TRUST OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MONITORING, REPORTING AND ENFORCEMENT OF ANY CONSERVATION EASEMENT HELD BY LTSCC AND TO CARRY OUT ITS CONSERVATION MISSION IN GENERAL

NAME OF ORGANIZATION OR GOVERNMENT: LAND TRUST OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PROTECTION AND MANAGEMENT OF LANDS WITH SIGNIFICANT NATURAL RESOURCE, AGRICULTURAL, AND CULTURAL VALUE

NAME OF ORGANIZATION OR GOVERNMENT: LATINO OUTREACH OF TEHAMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HEALTH EDUCATION AND OUTREACH ACTIVITIES AT THE 2010 CINCO DE MAYO CELEBRATION AND TO FUND SCREENINGS AND HEALTH RELATED GIVE-AWAYS AT THE BINATIONAL HEALTH WEEK FAIR

NAME OF ORGANIZATION OR GOVERNMENT: LIFE IS FOR EVERYONE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE LIFE AFTER SCHOOL CENTER, OFFERING ACADEMIC ENRICHMENT, YOUTH DEVELOPMENT AND RECREATION PROGRAMS IN EAST SALINAS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LOAVES AND FISHES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE FOOD FOR PANTRY AND LUNCH PROGRAMS AND TO SUPPORT THE DISTRIBUTION OF FOOD TO LOW-INCOME RESIDENTS OF THE PAJARO VALLEY

NAME OF ORGANIZATION OR GOVERNMENT: MARIAN MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CREATION OF AN INFORMATIONAL DVD FOR OAXACAN FAMILIES AS PART OF THE HOSPITAL'S MIXTEC OBSTETRICS SUPPORT SERVICES INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN COMMUNITY RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INFORMATION, REFERRAL AND ADVOCACY ACTIVITIES SERVING LATINO CLIENTS IN THE SAN LORENZO VALLEY

NAME OF ORGANIZATION OR GOVERNMENT:

MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: A FIVE-YEAR GRANT TO CONTINUE SUPPORT FOR A CLASSROOM AT THE MUSEUM FOR THE EDUCATION OF SANTA CRUZ COUNTY STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE JIM DOLKAS HISTORY AWARD TO PROVIDE EDUCATIONAL AND ART EXHIBITS FOR THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: NATIVIDAD MEDICAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CULTURAL COMPETENCY

Part IV Supplemental Information

INITIATIVE PROGRAM IN HONOR OF MILES REITER AND THE AGRICULTURAL
LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: NONVIOLENT COMMUNICATION SANTA CRUZ

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OFFER NONVIOLENT COMMUNICATION
TRAININGS FOR MONOLINGUAL SPANISH SPEAKING PARENTS IN SANTA CRUZ AND
WATSONVILLE

NAME OF ORGANIZATION OR GOVERNMENT: PAJARO VALLEY ARTS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAINTAIN AND EXPAND THE ARTS
EDUCATION PROGRAM AND TO SUPPORT THE ARTS IN PAJARO VALLEY AND SOUTH
SANTA CRUZ COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD MAR MONTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE FARM WORKER OUTREACH
PROGRAM INTO WATSONVILLE, TO PURCHASE BOOKS FOR THE HEALTHY READER
PROGRAM, AND TO SUPPORT REPRODUCTIVE AND FAMILY HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: PROLITERACY WORLDWIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATIONAL PROGRAMS THAT
CHAMPION THE LIFE-CHANGING BENEFITS OF LITERACY FOR ADULTS AND THEIR
FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SANTA CRUZ AIDS PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HIV/AIDS EDUCATION AND
PREVENTION PROGRAMS TARGETING YOUTH AGES 14 TO 18 AND FOR THE FOOD BOX
PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SANTA CRUZ TEEN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUSTAIN AND EXPAND SAFE YOUTH PROGRAMS AND RECREATIONAL ACTIVITIES FOR TEENS AND FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SANTA CRUZ WOMEN'S HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUBSIDIZE VISITS FOR UNINSURED AND UNDERINSURED PATIENTS AND TO PROVIDE ACCESS TO PRIMARY CARE SERVICES AND MEDICINE TO SENIOR PATIENTS

NAME OF ORGANIZATION OR GOVERNMENT: SANTA MARIA VALLEY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BOYS AND GIRLS CLUB SWIM PROGRAM AND CAMP SCHOLARSHIPS FOR CHILDREN IN GUADALUPE AND NORTHERN SANTA MARIA

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE REDWOODS LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRESERVE CALIFORNIA'S ANCIENT REDWOOD FORESTS THROUGH LAND ACQUISITION AND PROTECTION, EDUCATION, AND RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: SECOND HARVEST FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE MESA VERDE GARDENS PROJECT AND TO SUPPORT THE 2010 HOLIDAY FOOD DRIVE AND FOR WATSONVILLE-AREA FOOD FOR CHILDREN DISTRIBUTION SITES THAT SERVE FARM WORKER FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR NETWORK SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS AND SERVICES THAT ENABLE SENIORS AND DISABLED INDIVIDUALS TO LIVE INDEPENDENTLY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SHAKESPEARE SANTA CRUZ

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PRESENTATION OF
THEATRICAL PERFORMANCES AND FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: STUDENT CONSERVATION ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INVOLVE STUDENT INTERNS AND
VOLUNTEERS IN NATURAL CONSERVATION PROJECTS THROUGHOUT THE UNITED STATES

NAME OF ORGANIZATION OR GOVERNMENT: SURVIVORS HEALING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATION, INFORMATION,
REFERRALS, HIGH QUALITY SERVICES, AND SUPPORT TO SURVIVORS OF CHILDHOOD
SEXUAL ABUSE AND THEIR ALLIES

NAME OF ORGANIZATION OR GOVERNMENT: SURVIVORS HEALING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SERVICES TO GANG
AFFILIATED YOUTH, CHILDREN OF FARM WORKERS AND SPANISH SPEAKING LATINOS
IN WATSONVILLE

NAME OF ORGANIZATION OR GOVERNMENT: TANNERY ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PERFORMING ARTS CAPITAL
CAMPAIGN AND TO SUPPORT A LECTURE SERIES FOR THE ARTSPACE TANNERY LOFT
ARTISTS AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UC SANTA CRUZ FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CONTINUED SUPPORT FOR AN
ASSISTANTSHIP POSITION AND AS NEEDED WITH THIS YEAR'S PACIFIC RIM MUSIC
FESTIVAL

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UC SANTA CRUZ FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RECRUIT AND OVERSEE THE WORK OF
EIGHT ADDITIONAL STUDENTS FOR THE ENVIRONMENTAL PROGRAM AT THE UCSC
NATURAL RESERVES

NAME OF ORGANIZATION OR GOVERNMENT: UC SANTA CRUZ FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ARTS AND LECTURES
PROGRAM, THE UCSC WIND ENSEMBLE, AND THE UNDER-GRADUATE RESIDENT STRING
QUARTET AND THE OPERA PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OPERATE A 2-1-1 INFORMATION AND
REFERRAL SYSTEM FOR HEALTH AND HUMAN SERVICES AND TO PROVIDE CONTINUED
SUPPORT FOR THE COMMUNITY ASSESSMENT PROJECT, WOMEN IN PHILANTHROPY, AND
GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT J=VENES SANOS, A
WATSONVILLE-BASED LEADERSHIP AND ADVOCACY PROGRAM FOR HIGH SCHOOL-AGED
YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THE INTEGRATION OF THE
HOMELESS SERVICE DELIVERY SYSTEM IN SANTA CRUZ COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: WATSONVILLE HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DRAMA DEPARTMENT'S
SPRING MUSICAL PRODUCTION OF FOOTLOOSE AND TO SUPPORT THE SOCIEDAD

Part IV Supplemental Information

CULTURAL BILINGNE CLUB'S SCHOLARSHIP FUNDRAISING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: WATSONVILLE LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COORDINATION OF THE MORTGAGE FORECLOSURE COLLABORATIVE AND TO SUPPORT LEGAL SERVICES FOR LOW-INCOME RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: WATSONVILLE WETLANDS WATCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WETLANDS STEWARDS PROGRAM AND TO SUPPORT THE WETLANDS EDUCATIONAL RESOURCE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: WILDAID ACAP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ELIMINATION OF ILLEGAL WILDLIFE TRADE, ALLOWING THE RECOVERY OF THREATENED SPECIES

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S CRISIS SUPPORT - DEFENSA DE MUJERES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST CLIENTS TO PREPARE FOR AND TESTIFY AT DOMESTIC VIOLENCE RESTRAINING ORDER HEARINGS AND AVOID FURTHER ABUSE FOR A SCHOLARSHIP FUND FOR LOW-INCOME YOUNG CHANGEMAKERS AND TO SUPPORT YOUTH LEADERSHIP DEVELOPMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: YES!

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A SCHOLARSHIP FUND FOR LOW-INCOME YOUNG CHANGEMAKERS AND TO SUPPORT YOUTH LEADERSHIP DEVELOPMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: YWCA MONTEREY COUNTY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY**

Employer identification number
94-2808039

Part 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	(d) Method of determining noncash contribution 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	X	13	1,327,050.	ACTIVE MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Employer identification number 94-2808039
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREATED BY AREA RESIDENTS AS A PERMANENT, LOCAL RESOURCE FOR CHARITABLE
GIVING. THEIR MISSION IS TO PROMOTE PHILANTHROPY TO MAKE SANTA CRUZ
COUNTY A BETTER PLACE TO LIVE, NOW AND IN THE FUTURE.

TO FULFILL ITS MISSION, THE FOUNDATION:

*BUILDS PERMANENTLY ENDOWED FUNDS CONTRIBUTED BY MANY INDIVIDUALS AND
INSTITUTIONS;

*ENGAGES DONORS AND PROFESSIONAL ADVISORS IN CHARITABLE GIVING;

*PROVIDES GRANTS AND ASSISTANCE TO DEVELOP AND STRENGTHEN COMMUNITY
ORGANIZATIONS;

*ENCOURAGES PARTNERSHIPS WITH FOUNDATIONS, BUSINESSES, AND GOVERNMENT
TO INCREASE FUNDS DISTRIBUTED TO THE COMMUNITY; AND

*INSPIRES PHILANTHROPY AND COMMUNITY INVOLVEMENT

FORM 990, PART VI, SECTION B, LINE 11: STAFF IS RESPONSIBLE FOR COMPLETING
AND FILING THE FORM 990, WHICH IS REVIEWED BY MANAGEMENT STAFF AND THE
EXECUTIVE DIRECTOR. PRIOR TO ITS FILING, A DRAFT IS E-MAILED TO ALL BOARD
MEMBERS. THEIR COMMENTS, QUESTIONS AND CONCERNS ARE SOLICITED AND
CONSIDERED PRIOR TO BEING COMPLETED AND SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION IS COMMITTED TO THE
HIGHEST ETHICAL STANDARDS IN ALL POLICIES, PROCEDURES, AND PROGRAMS. THE
ABILITY OF THE FOUNDATION TO CARRY OUT ITS MISSION IS ENHANCED BY THE
INVOLVEMENT OF THE BOARD OF DIRECTORS, VOLUNTEER COMMITTEE MEMBERS, AND
STAFF IN THE PHILANTHROPIC LIFE AND ECONOMIC AFFAIRS OF SANTA CRUZ COUNTY.

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

Employer identification number
94-2808039

GIVEN THE ROLE OF THE FOUNDATION IN SERVING THE ENTIRE COUNTY, IT IS TO BE EXPECTED THAT FROM TIME TO TIME BOARD MEMBERS, VOLUNTEER COMMUNITY MEMBERS OR STAFF MAY ALSO HAVE RELATIONS WITH EXISTING OR PROPOSED RECIPIENTS OF GRANTS, VENDORS OR SERVICE PROVIDERS.

TO FOSTER PUBLIC CONFIDENCE IN ITS INTEGRITY AND TO REFLECT THE FOUNDATION'S INTENTION TO MAINTAIN THE HIGHEST ETHICAL STANDARDS BY AVOIDING ANY REAL OR PERCEIVED CONFLICTS OF INTEREST, THE BOARD OF DIRECTORS HAS ADOPTED FOR USE A CONFLICT OF INTEREST POLICY. THIS POLICY IS AVAILABLE FOR PUBLIC REVIEW ON OUR WEB SITE (WWW.CFSCC.ORG). A SUMMARY OF KEY ELEMENTS INCLUDE:

ALL BOARD MEMBER, VOLUNTEER COMMITTEE MEMBERS, AND STAFF YEAR ARE ANNUALLY REQUIRED TO PROVIDE A LIST OF NONPROFIT AND PROFESSIONAL PHILANTHROPIC ORGANIZATIONS WITH WHICH THEY HAVE RELATIONSHIPS, AS WELL AS ANY RELATIONSHIPS OF IMMEDIATE FAMILY MEMBERS. THEY MUST ALSO DISCLOSE ANY MATERIAL OWNERSHIP OR INVESTMENT INTEREST WITH ANY ENTITY THAT HAS NEGOTIATED A TRANSACTION WITH THE FOUNDATION WITHIN THE PAST YEAR OR OF ANY TRANSACTIONS KNOWN TO BE CURRENTLY PENDING OR PROPOSED. THIS INFORMATION IS COLLECTED BY THE EXECUTIVE DIRECTOR AND REPORTED BACK TO THE BOARD.

IN ALL SITUATIONS IN WHICH THERE IS A REAL OR PERCEIVED CONFLICT OF INTEREST, THOSE INDIVIDUALS MUST RECUSE THEMSELVES FROM DISCUSSION AND DECISION MAKING THAT INVOLVES THE PARTIES IN QUESTION. THIS INCLUDES THE REVIEW, DISCUSSION OR DECISION OF ANY AND ALL GRANT PROPOSALS AS WELL AS THE SELECTION OR CONTRACTING OF VENDORS OR SERVICE PROVIDERS.

EXAMPLES OF POTENTIAL CONFLICTS IN REGARDS TO THE FOUNDATION'S GRANTMAKING

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY**

Employer identification number
94-2808039

INCLUDE, BUT ARE NOT LIMITED TO, SERVING AS A BOARD MEMBER, EMPLOYEE, OR CONSULTANT TO A CURRENT OR POTENTIAL GRANTEE; DOING BUSINESS WITH A CURRENT OR POTENTIAL GRANTEE; OR HAVING IMMEDIATE FAMILY MEMBERS SERVING AS A BOARD MEMBER OF APPLICANT ORGANIZATIONS. ANYONE WITH SUCH CONFLICTS MUST RECUSE THEMSELVES FROM ANY DISCUSSION OR DECISION INVOLVING THOSE PARTIES.

IF IT IS UNCLEAR WHETHER A CONFLICT OF INTEREST EXISTS, THE EXECUTIVE DIRECTOR WILL MAKE THAT DETERMINATION IN REGARDS TO STAFF AND THE BOARD PRESIDENT IN REGARDS TO THE EXECUTIVE DIRECTOR. FOR BOARD MEMBER OR COMMITTEE MEMBER, THE BOARD PRESIDENT OR COMMITTEE CHAIR SHALL MAKE THAT DETERMINATION. ANY BOARD MEMBER OR COMMITTEE MEMBER MAY RECOMMEND THAT THE AFFECTED BOARD MEMBER OR COMMITTEE MEMBER BE EXCUSED FROM THE MEETING WHILE THE IMPLICATIONS OF THE AFFILIATION ARE CONSIDERED.

FOR ALL MATTERS BEFORE THE BOARD WHERE A REAL OR PERCEIVED CONFLICT OF INTEREST EXISTS, THE STEPS TAKEN UNDER THE FOUNDATION'S CONFLICT OF INTEREST POLICY SHALL BE NOTED AND RECORDED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION IS COMMITTED TO ATTRACTING AND RETAINING A QUALIFIED, DIVERSE WORKFORCE THROUGH A COMPETITIVE COMPENSATION PROGRAM WITHIN THE FOUNDATION'S LABOR MARKET. THE FOUNDATION PROVIDES A NON-DISCRIMINATORY MERIT-BASED COMPENSATION PROGRAM THAT IS CAREFUL TO BALANCE THESE OBJECTIVES WITH PRUDENT USE OF THE FINANCIAL RESOURCES WHICH HAVE BEEN ENTRUSTED TO THE FOUNDATION BY ITS DONORS. TO GUIDE THIS PROCESS, THE FOUNDATION HAS ADOPTED AND PUT INTO PRACTICE A COMPENSATION POLICY THAT ALSO ADDRESSES THE ANNUAL EVALUATION PROCESS FOR KEY STAFF.

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

Employer identification number
94-2808039

THE FOUNDATION CONSIDERS BEST PRACTICES AS WELL AS THE FOLLOWING IN SETTING COMPENSATION FOR ITS KEY EMPLOYEES: INTERNAL EQUITY, WHICH STRIVES TO PROVIDE EQUIVALENT COMPENSATION FOR POSITIONS OF COMPARABLE SCOPE AND RESPONSIBILITY WITHIN THE FOUNDATION; AND EXTERNAL EQUITY, INCLUDING AN ANNUAL MARKET ANALYSIS OF COMPARABLE POSITIONS IN THE COMMUNITY FOUNDATION INDUSTRY, MARKET TRENDS AND EVALUATION OF SALARY SURVEYS. ATTENTION IS ALSO GIVEN TO THE CONSUMER PRICE INDEX, BUDGETARY RESTRICTIONS AND FINANCIAL STATUS OF THE FOUNDATION.

KEY EMPLOYEES RECEIVE AN ANNUAL SALARY REVIEW BY THEIR SUPERVISORS (OR BY THE BOARD IN THE CASE OF THE EXECUTIVE DIRECTOR) AS PART OF THE PERFORMANCE RECOGNITION PLAN ANNUAL ASSESSMENT EACH YEAR. THESE REVIEWS MAY OR MAY NOT RESULT IN A SALARY INCREASE. SALARY INCREASES ARE PROVIDED ON THE BASIS OF MERIT, SUBJECT TO BUDGETARY RESTRICTIONS AND AT THE SOLE DISCRETION OF THE FOUNDATION. ALSO, AT THE FOUNDATION'S SOLE DISCRETION, A LUMP-SUM MERIT AWARD MAY BE GRANTED TO AN EMPLOYEE WHO HAS REMAINED IN THEIR POSITION FOR MANY YEARS, IN LIEU OF AN INCREASE IN SALARY.

FOR THE EXECUTIVE DIRECTOR, AN ANNUAL PERFORMANCE EVALUATION IS ONE OF THE MAJOR RESPONSIBILITIES OF THE BOARD OF DIRECTORS. THE BOARD HAS ADOPTED EVALUATION PROCEDURES ESTABLISHED BY THE COUNCIL OF FOUNDATIONS AS PART OF ITS COMMUNITY FOUNDATIONS NATIONAL STANDARDS THAT PROVIDES FOR A CONSISTENT, FAIR, SUPPORTIVE AND WELL-DOCUMENTED PROCESS.

SPECIFIC STEPS IN THE EXECUTIVE DIRECTOR'S EVALUATION PROCESS INCLUDE A REVIEW AND DISCUSSION OF A SELF-PERFORMANCE EVALUATION AND DEVELOPMENT PLAN WITH PRIOR YEAR'S GOALS AND OBJECTIVES; AN EXECUTIVE SESSION OF THE BOARD TO DISCUSS ANY ISSUES OR CONCERNS AND TO SET NEW GOALS AND OBJECTIVES FOR THE FOLLOWING YEAR; A BOARD SESSION WITH THE EXECUTIVE DIRECTOR PRESENT FOR AN OVERALL ASSESSMENT AND GOAL SETTING, AS WELL AS DISCUSSION OF SALARY

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

Employer identification number
94-2808039

COMPENSATION BASED ON A REVIEW OF COMPARABLE SALARIES FOR COMMUNITY FOUNDATIONS OF OUR SIZE; AND, FINALLY, A SUMMARY OF THE ASSESSMENT, PLAN AND ANY SALARY INCREASE TO BE SIGNED BY BOTH THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT.

THE FOUNDATION USES THIS EVALUATION TOOL AS A WAY TO ENHANCE THE COMMUNICATION BETWEEN THE BOARD AND THE EXECUTIVE DIRECTOR, MEASURES SPECIFIC, ANNUAL OBJECTIVES, GAUGE JOB PERFORMANCE AND LEADERSHIP AND SERVES AS A BASIS FOR SALARY COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION AS PART OF ITS DUE DILIGENCE, COMMITMENT TO TRANSPARENCY AND IN KEEPING WITH THE COUNCIL OF FOUNDATION'S COMMUNITY FOUNDATIONS NATIONAL STANDARDS MAKES AVAILABLE FOR PUBLIC INSPECTION AT ITS OFFICE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS. THESE ARE ALSO AVAILABLE 24/7 ON THE FOUNDATION'S WEB SITE. IN ADDITION, THE FOUNDATION'S ANNUAL FINANCIAL STATEMENTS ARE PUBLISHED IN ITS ANNUAL REPORT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,477,349.

FORM 990, PART XI, LINE 2C:

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT AND THIS PROCESS HAS REMAINED CONSISTENT WITH PRIOR YEAR.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY** Employer identification number **94-2808039**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
REGIONAL WATER MANAGEMENT FOUNDATION - 38-3763365, 7807 SOQUEL DRIVE, APTOS, CA 95003	MANAGE THE INTEGRATED REGIONAL WATER MGMNT PROGRAM-SANTA CRUZ COUNTY	CALIFORNIA	501(C)(3)	170(B)(1)(A)			X

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) REGIONAL WATER MANAGEMENT FOUNDATION	C	151,972.	AMT PAID OR REIMBURSED DIRECTLY
(2)			
(3)			
(4)			
(5)			
(6)			

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
16	LAND							
	04/21/06	L			900,000.			0.
20	LAND							
	10/28/10		.000	16	183,604.			0.
	* 990 PAGE 10 TOTAL -							
					1,083,604.	0.	0.	0.
5	FURNITURE							
	07/01/92	SL	5.00	17	4,134.		4,134.	0.
6	FURNITURE							
	03/01/97	SL	5.00	17	15,683.		15,683.	0.
7	COMPUTER EQUIPMENT							
	07/01/98	SL	5.00	17	30,692.		30,692.	0.
8	COMPUTER EQUIPMENT							
	07/01/99	SL	5.00	17	13,447.		13,447.	0.
9	COMPUTER EQUIPMENT							
	09/01/00	SL	3.00	17	50,502.		50,502.	0.
10	COMPUTER EQUIPMENT							
	07/01/01	SL	5.00	17	34,520.		34,520.	0.
11	FURNITURE							
	07/01/02	SL	5.00	17	30,869.		30,867.	0.
12	COMPUTER EQUIPMENT							
	07/01/03	SL	5.00	17	8,230.		8,229.	0.
13	COMPUTER EQUIPMENT							
	07/01/04	SL	3.00	17	7,423.		7,423.	0.
14	COMPUTER EQUIPMENT							
	07/01/05	SL	3.00	17	18,779.		18,779.	0.
15	COMPUTER EQUIPMENT							
	06/01/07	SL	3.00	17	6,015.		5,186.	829.
17	COMPUTER EQUIPMENT							
	11/10/09	SL	3.00	17	1,669.		47.	563.
18	FURNITURE							
	10/28/10	SL	10.00	16	543,750.			7,842.
	* 990 PAGE 10 TOTAL -							
					765,713.	0.	219,509.	9,234.
1	(D) LEASEHOLD IMPROVEMENTS							
	07/01/98	SL	3.00	17	12,381.		12,381.	0.
2	(D) LEASEHOLD IMPROVEMENTS							
	07/01/99	SL	3.00	17	1,268.		1,268.	0.
3	(D) LEASEHOLD IMPROVEMENTS							
	07/01/01	SL	5.00	17	57,571.		57,571.	0.
4	(D) LEASEHOLD IMPROVEMENTS							
	07/01/02	SL	5.00	17	40,606.		40,606.	0.
	* 990 PAGE 10 TOTAL -							
					111,826.	0.	111,826.	0.
19	BUILDING							
	10/28/10	SL	40.00	16	7,333,572.			30,138.
	* 990 PAGE 10 TOTAL -							
					7,333,572.	0.	0.	30,138.
21	LAND IMPROVEMENT							
	10/28/10	SL	20.00	16	317,093.			2,607.
	* 990 PAGE 10 TOTAL -							
					317,093.	0.	0.	2,607.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					9,611,808.	0.	331,335.	41,979.

Depreciation and Amortization 990 (Including Information on Listed Property)

2010

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

FORM 990 PAGE 10

94-2808039

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Section 179 election details, including maximum amount, total cost, threshold, and carryover amounts.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation, including amounts for qualified property and other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A MACRS Deductions, including amounts for assets placed in service before 2010 and a checkbox for general asset accounts.

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows for Section B assets, detailing classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns and 3 rows for Section C assets, detailing class life, month placed in service, recovery period, convention, method, and depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV Summary, including listed property amount, total depreciation, and section 263A costs.

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

:	:	%	:	:	:	:	:

27 Property used 50% or less in a qualified business use:

:	:	%	:	:	S/L -	:	:

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
16	LAND							
	042106	L			900,000.			0.
20	LAND							
	102810		.000	16	183,604.			0.
	* 990 PAGE 10 TOTAL -							
					1,083,604.	0.	0.	0.
5	FURNITURE							
	070192	SL	5.00	17	4,134.		4,134.	0.
6	FURNITURE							
	030197	SL	5.00	17	15,683.		15,683.	0.
7	COMPUTER EQUIPMENT							
	070198	SL	5.00	17	30,692.		30,692.	0.
8	COMPUTER EQUIPMENT							
	070199	SL	5.00	17	13,447.		13,447.	0.
9	COMPUTER EQUIPMENT							
	090100	SL	3.00	17	50,502.		50,502.	0.
10	COMPUTER EQUIPMENT							
	070101	SL	5.00	17	34,520.		34,520.	0.
11	FURNITURE							
	070102	SL	5.00	17	30,869.		30,867.	0.
12	COMPUTER EQUIPMENT							
	070103	SL	5.00	17	8,230.		8,229.	0.
13	COMPUTER EQUIPMENT							
	070104	SL	3.00	17	7,423.		7,423.	0.
14	COMPUTER EQUIPMENT							
	070105	SL	3.00	17	18,779.		18,779.	0.
15	COMPUTER EQUIPMENT							
	060107	SL	3.00	17	6,015.		5,186.	829.
17	COMPUTER EQUIPMENT							
	111009	SL	3.00	17	1,669.		47.	563.
18	FURNITURE							
	102810	SL	10.00	16	543,750.			7,842.
	* 990 PAGE 10 TOTAL -							
					765,713.	0.	219,509.	9,234.
1	(D) LEASEHOLD IMPROVEMENTS							
	070198	SL	3.00	17	12,381.		12,381.	0.
2	(D) LEASEHOLD IMPROVEMENTS							
	070199	SL	3.00	17	1,268.		1,268.	0.
3	(D) LEASEHOLD IMPROVEMENTS							
	070101	SL	5.00	17	57,571.		57,571.	0.
4	(D) LEASEHOLD IMPROVEMENTS							
	070102	SL	5.00	17	40,606.		40,606.	0.
	* 990 PAGE 10 TOTAL -							
					111,826.	0.	111,826.	0.
19	BUILDING							
	102810	SL	40.00	16	7,333,572.			30,138.
	* 990 PAGE 10 TOTAL -							
					7,333,572.	0.	0.	30,138.
21	LAND IMPROVEMENT							
	102810	SL	20.00	16	317,093.			2,607.
	* 990 PAGE 10 TOTAL -							
					317,093.	0.	0.	2,607.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					9,611,808.	0.	331,335.	41,979.