

**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)

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>VENTURA COUNTY COMMUNITY FOUNDATION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1317 DEL NORTE ROAD 150</b> City or town, state or country, and ZIP + 4 <b>CAMARILLO, CA 93010</b>	<b>D</b> Employer identification number <b>77-0165029</b>  <b>E</b> Telephone number <b>805-988-0196</b>  <b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
---	---	---	---

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

**H(b)** If "Yes," enter number of affiliates ▶ **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No  
(If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ **WWW.VCCF.ORG**

**J** Organization type (check only one)  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**I** Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **18,535,765.**

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
	<b>a</b>	Direct public support	<b>1a</b>	<b>5,278,883.</b>	
	<b>b</b>	Indirect public support	<b>1b</b>		
	<b>c</b>	Government contributions (grants)	<b>1c</b>		
	<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>4,751,067.</b> noncash \$ <b>527,816.</b> )	<b>1d</b>	<b>5,278,883.</b>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>785,298.</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>248,384.</b>	
	<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>1,402,978.</b>	
	<b>6a</b>	Gross rents	<b>6a</b>		
	<b>6b</b>	Less: rental expenses	<b>6b</b>		
	<b>6c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>			
<b>Revenue</b>	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
			<b>10,572,361.</b>	<b>8a</b>	
		Less: cost or other basis and sales expenses	<b>8,332,834.</b>	<b>8b</b>	
		Gain or (loss) (attach schedule)	<b>2,239,527.</b>	<b>8c</b>	
<b>8d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>STMT 2</b>	<b>8d</b>	<b>2,239,527.</b>	
<b>Revenue</b>	<b>9a</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
		Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>247,861.</b>	<b>9a</b>	
		Less: direct expenses other than fundraising expenses	<b>59,781.</b>	<b>9b</b>	
<b>9c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>SEE STATEMENT 3</b>	<b>9c</b>	<b>188,080.</b>	
<b>Revenue</b>	<b>10a</b>	Gross sales of inventory, less returns and allowances			
		Less: cost of goods sold		<b>10b</b>	
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>10,143,150.</b>		
<b>Expenses</b>	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>4,527,313.</b>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>1,424,192.</b>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>135,463.</b>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>	<b>6,086,968.</b>	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>4,056,182.</b>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>68,842,114.</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 4</b>	
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>80,799,018.</b>	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>3,765,773.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22	3,765,773.	3,765,773.	<b>STATEMENT 7</b>	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc. **	25	142,268.	78,247.	52,639.	11,382.
26 Other salaries and wages	26	641,840.	355,414.	234,022.	52,404.
27 Pension plan contributions	27	22,103.	12,224.	8,081.	1,798.
28 Other employee benefits	28	32,449.	17,946.	11,863.	2,640.
29 Payroll taxes	29	57,415.	31,754.	20,990.	4,671.
30 Professional fundraising fees	30				
31 Accounting fees	31	16,357.	10,415.	5,942.	
32 Legal fees	32	20,122.	140.	19,982.	
33 Supplies	33	55,310.	34,831.	14,623.	5,856.
34 Telephone	34	8,272.	7,064.	1,208.	
35 Postage and shipping	35				
36 Occupancy	36	86,967.	53,078.	33,889.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	37,017.	24,115.	3,808.	9,094.
39 Travel	39	8,068.	2,487.	5,581.	
40 Conferences, conventions, and meetings	40	14,816.	9,517.	5,299.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	18,428.	10,651.	6,155.	1,622.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g <b>SEE STATEMENT 5</b>	43g	1,159,763.	113,657.	1,000,110.	45,996.
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	6,086,968.	4,527,313.	1,424,192.	135,463.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 6

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 8</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a GRANTMAKING: USING INCOME GENERATED FROM ENDOWMENTS AND CONTRIBUTIONS, GRANTS AND SCHOLARSHIPS TO IMPROVE THE HUMAN CONDITION AND STRENGTHEN THE COMMUNITY</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b RESOURCE CENTER FOR NONPROFIT MANAGEMENT: PROVIDES LIBRARY AND EDUCATIONAL WORKSHOPS TO INCREASE THE EFFECTIVENESS OF THE 2,900 CHARITABLE ORGANIZATIONS IN VENTURA COUNTY.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c COMMUNITY SERVICES: PROVIDE A COMMUNITY CONVENOR AND EDUCATIONAL LEADERSHIP ROLE TO HELP THE COMMUNITY IDENTIFY AND ADDRESS SIGNIFICANT AND EMERGING LOCAL ISSUES IN VENTURA COUNTY.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>4,527,313.</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	151.	249.
	46 Savings and temporary cash investments .....	5,536,121.	7,472,637.
	47 a Accounts receivable .....	42,267.	
	b Less: allowance for doubtful accounts .....		
		35,843.	42,267.
	48 a Pledges receivable .....	7,820,842.	
	b Less: allowance for doubtful accounts .....	2,000.	
		10,133,555.	7,818,842.
	49 Grants receivable .....		
	50 Receivables from officers, directors, trustees, and key employees .....		
	51 a Other notes and loans receivable .....		
	b Less: allowance for doubtful accounts .....		
	52 Inventories for sale or use .....		
	53 Prepaid expenses and deferred charges .....	54,060.	29,042.
54 Investments - securities <b>STMT 9 STMT 11</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	51,504,978.	64,834,505.	
55 a Investments - land, buildings, and equipment: basis .....			
b Less: accumulated depreciation .....			
56 Investments - other .....			
57 a Land, buildings, and equipment: basis .....	172,879.		
b Less: accumulated depreciation .....	120,510.		
	51,338.	52,369.	
58 Other assets (describe <b>▶ SEE STATEMENT 10</b> )	2,254,967.	2,355,721.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	<b>69,571,013.</b>	<b>82,605,632.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	50,229.	80,523.
	61 Grants payable .....	461,575.	1,516,526.
	62 Deferred revenue .....	41,069.	40,574.
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities .....		
	b Mortgages and other notes payable .....		
	65 Other liabilities (describe <b>▶ PLANNED GIVING LIABILITY</b> )	176,026.	168,991.
<b>66 Total liabilities.</b> Add lines 60 through 65)	<b>728,899.</b>	<b>1,806,614.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	66,225,263.	70,867,178.
	68 Temporarily restricted .....	2,616,851.	9,931,840.
	69 Permanently restricted .....		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21)	<b>68,842,114.</b>	<b>80,799,018.</b>	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	<b>69,571,013.</b>	<b>82,605,632.</b>	





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts 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?	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	15
91 a	The books are in care of HUGH J. RALSON, PRESIDENT & CEO Telephone no. 805-988-0196 Located at 1317 DEL NORTE ROAD, STE #150, CAMARILLO, CA ZIP + 4 93010		
b	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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>FUND ADMINISTRATION FEE</b>					650,711.
b <b>ORG. ADMINISTRATION FEE</b>					104,834.
c <b>RESOURCE CENTER</b>					
d <b>WORKSHOPS</b>					29,753.
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments ...			14	248,384.	
96 Dividends and interest from securities .....			14	1,402,978.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....			18	2,239,527.	
101 Net income or (loss) from special events .....			01	188,080.	
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		4,078,969.	785,298.
105 Total (add line 104, columns (B), (D), and (E)) .....					4,864,267.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	MANAGEMENT FEES TO ENSURE GRANTS ARE AWARDED WHERE NEED IS GREATEST.
93B	FEES FOR OTHER COMMUNITY PROGRAMS TO STRENGTHEN THE COMMUNITY.
93C	FEES FOR WORKSHOP COSTS TO INCREASE EFFECTIVENESS OF NONPROFIT SECTOR

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: **MCGOWAN GUNTERMANN** Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **509 E. MONTECITO ST., 2ND FLOOR SANTA BARBARA, CA 93103-3293** EIN: \_\_\_\_\_

523163 02-03-06 Phone no. **805-962-9175**

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2005**

Name of the organization **VENTURA COUNTY COMMUNITY FOUNDATION** Employer identification number **77 0165029**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VIRGINIA K. WEBER 1317 DEL NORTE ROAD, SUITE #150, CAMA	PROGRAM OFFICER 40.00	51,187.	3,336.	
CLARE M. BROWN 1317 DEL NORTE ROAD, SUITE #150, CAMA	V.P. CONTROLL 40.00	82,221.	4,267.	
DENA C. JENSON 1317 DEL NORTE ROAD, SUITE #150, CAMA	RESOURCE CTR DIR. 40.00	65,000.	3,750.	
TINA M. KNIGHT 1317 DEL NORTE ROAD, SUITE #150, CAMA	PROG & GRANTS DIR. 40.00	63,466.	3,704.	
SUSAN A. CLEMENTS -----	DONOR REL DIR. 40.00	55,272.	3,458.	
Total number of other employees paid over \$50,000 ▶	1			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KAREN J. SCHMIDT -----	INTERIM DIRECTOR OF CIVIC ALLIANCE	53,466.
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	X	
e	Transfer of any part of its income or assets? .....		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) ..... <b>SEE STATEMENT 15</b>	X	
b	Do you have a section 403(b) annuity plan for your employees? .....		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	X	
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	14,577,708.	9,671,155.	5,851,800.	5,328,732.	35,429,395.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	644,359.	802,430.	556,888.	441,451.	2,445,128.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,304,596.	690,710.	661,292.	770,338.	3,426,936.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	16,526,663.	11,164,295.	7,069,980.	6,540,521.	41,301,459.
<b>24</b> Line 23 minus line 17	15,882,304.	10,361,865.	6,513,092.	6,099,070.	38,856,331.
<b>25</b> Enter 1% of line 23	165,267.	111,643.	70,700.	65,405.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 ▶					<b>26a</b> 777,127.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					<b>26b</b> 4,907,755.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					<b>26c</b> 38,856,331.
d Add: Amounts from column (e) for lines: 18 <u>3,426,936.</u> 19 _____ 22 _____ 26b <u>4,907,755.</u> ▶					<b>26d</b> 8,334,691.
e Public support (line 26c minus line 26d total) ▶					<b>26e</b> 30,521,640.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> ▶					<b>26f</b> 78.5500%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b> (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b> (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total) ▶					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					<b>27f</b> N/A
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> ▶					<b>27g</b> N/A %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> ▶					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? ..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

**N/A**

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



## FOOTNOTES

STATEMENT 1

FOOTNOTE FOR DONOR ADVISED FUNDS:

DID ORGANIZATION MAINTAIN DONOR ADVISED FUNDS? YES

DID ORGANIZATION MAKE TAXABLE DISTRIBUTIONS UNDER  
SECTION 4966? NO

DID ORGANIZATION MAKE DISTRIBUTIONS TO DONOR, DONOR ADVISOR  
OR RELATED PERSON? NO

NUMBER OF DONOR ADVISED FUNDS OWNED AT YEAR END? 110

AGGREGATE VALUE OF DONOR ADVISED FUNDS? \$12,314,890

TOTAL NUMBER OF SEPARATE FUNDS/ACCOUNTS AT YEAR END WHERE  
DONORS HAVE RIGHT TO PROVIDE ADVICE ON DISTRIBUTION? \$0

AGGREGATE VALUE OF ASSETS IN ALL SEPARATE FUNDS ABOVE? \$0

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
DETAILS AVAILBLE UPON REQUEST	10,572,361.	8,332,834.	0.	2,239,527.
TO FORM 990, PART I, LINE 8	10,572,361.	8,332,834.	0.	2,239,527.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BENEDETTO	7,525.		7,525.		7,525.
RYAN ONEIL	58,747.		58,747.	28,779.	29,968.
TROOP REALTY	126,842.		126,842.	16,778.	110,064.
DIRAIMONDO	54,747.		54,747.	14,224.	40,523.
TO FM 990, PART I, LINE 9	247,861.		247,861.	59,781.	188,080.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
CHANGE IN VALUE - SPLIT INTEREST AGREEMENTS	139,007.
CHANGE IN VALUE - INVESTMENTS	372,131.
UNRECORDED BEQUESTS FROM PRIOR YEARS 2004 AND 2005	7,389,584.
TOTAL TO FORM 990, PART I, LINE 20	7,900,722.

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS AND PROFESSIONAL FEES	159,217.	132,806.	1,159.	25,252.
INSURANCE	22,739.	19,419.	3,320.	
RC WORKSHOP EXPENSES	8,441.	8,441.		
MARKETING AND DONOR RELATIONS	40,727.	19,233.	750.	20,744.
ADMIN/BANK FEES	967,381.	7,274.	960,107.	
MEMBERSHIP	32,150.	3,040.	29,110.	
PLANNED GIFT PREMIUMS	11,765.	11,765.		
PRIOR YEAR RESCINDED GRANTS	<127,835.>	<127,835.>		
SUBSCRIPTIONS	2,158.	926.	1,232.	
MISCELLANEOUS	43,020.	38,588.	4,432.	
<b>TOTAL TO FM 990, LN 43</b>	<b>1,159,763.</b>	<b>113,657.</b>	<b>1,000,110.</b>	<b>45,996.</b>

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 6  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HUGH J. RALSTON	142,268.	5,769.	2,787.	150,824.
A. PROGRAM SERVICES	78,248.	3,173.	1,541.	82,962.
B. MANAGEMENT AND GENERAL	52,639.	2,135.	1,019.	55,793.
C. FUNDRAISING	11,381.	461.	227.	12,069.
TOTAL PROGRAM SERVICES				82,962.
TOTAL MANAGEMENT AND GENERAL				55,793.
TOTAL FUNDRAISING				12,069.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				150,824.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE ATTACHED SCHEDULE #1	SEE ATTACHED SCHEDULE #1	SEE ATTACHED SCHEDULE #1	SEE ATTACHED SCHEDULE #1	3765773.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				3765773.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8  
PART III

EXPLANATION

ENABLE AND PROMOTE PHILANTHROPY TO IMPROVE OUR COMMUNITY FOR GOOD AND FOR EVER.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	FMV	19,174,385.			19,174,385.
TO FORM 990, LINE 54, COL B		19,174,385.			19,174,385.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	AMOUNT
CASH SURRENDER VALUE LIFE INSURANCE	291,233.
INTEREST IN PLANNED GIFTS	2,064,488.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,355,721.

FORM 990 OTHER SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	30,710,129.
INVESTMENT COMPANIES	FMV	14,589,154.
REAL ESTATE INVESTMENTS	FMV	360,837.
TO FORM 990, LINE 54, COL B		45,660,120.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
CHANGE IN VALUE - SPLIT INTEREST AGREEMENT'S	139,007.
SMITH FOUNDATION REVENUE	1,105,312.
TOTAL TO FORM 990, PART IV-A	1,244,319.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HUGH J. RALSTON 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	PRESIDENT AND CEO 40.00	142,268.	5,769.	2,787.
MARY L. SCHWABAUER 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	CHAIR 3.00	0.	0.	0.
ROBERT J. KATCH 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
HENRY L. LACAYO 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
TERRI LISAGOR 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
TIMOTHY J. MCCALLION 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
M. CARMEN RAMIREZ 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
STACY A. ROSCOE 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	VICE CHAIR 1.00	0.	0.	0.
SCOTT B. SAMSKY 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	SECRETARY/TREASURER 1.00	0.	0.	0.
PIERRE Y. TADA 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	VICE CHAIR 1.00	0.	0.	0.
ROBIN C. WOODWORTH 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.

SALLY S. YOUNT 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	VICE CHAIR 1.00	0.	0.	0.
CHARLES MAXEY, PHD 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
ALFREDO PLASCENCIA 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL L. SILACCI 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>142,268.</u>	<u>5,769.</u>	<u>2,787.</u>

---

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 14  
PART VI, LINE 80B

---

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
MARTIN V. AND MARTHA K. SMITH FOUNDATION #77-0048451	X	

---

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 15  
PART III, LINE 3A

---

SEE ATTACHED SCHEDULE #2

**VENTURA COUNTY COMMUNITY FOUNDATION**  
**77-0165029**

**FORM 990 SCHEDULE A**  
**PART III LINE 3a**  
**GRANTEE QUALIFICATIONS**

For organizational grants made by the Ventura County Community Foundation, we require that the donee submit a copy of their tax exemption determination letter from the IRS, a list of their Board of Directors, a statement of their organizational purpose, a copy of their current budget and their most recent financial statements. When the grant is for a specified project, we also require a description of the project, what they hope to accomplish and a project budget. This information is examined by a committee to determine that the use of the funds is consistent with our charitable purposes as stated in our Articles of Incorporation and with the terms of applicable restricted gifts.

In awarding scholarship grants to individuals, a public selection process is used which is designed to be objective and non-discriminatory and only issues awards which are within charitable, educational, and scientific purposes.

Ventura County Community Foundation  
 Capitalization/Depreciation Schedule  
 FYE September 2006

Year	Item	Cost	Prior Deprec.	Current Deprec.	Cumulative
1988	Bookshelf	74.15	74.15	0.00	74.15
	(2)Desk Chairs	20.00	20.00	0.00	20.00
	(2)Visitors' Chairs	60.00	60.00	0.00	60.00
	Credenza	75.00	75.00	0.00	75.00
	2-drawer file cabinet	25.00	25.00	0.00	25.00
	Elec.typewriter	35.00	35.00	0.00	35.00
	(5)Picture frames	50.00	50.00	0.00	50.00
	Totals - 1988	339.15	339.15	0.00	339.15
1989	File Cabinet	50.00	50.00	0.00	50.00
	File Cabinet	50.00	50.00	0.00	50.00
	File Cabinet	50.00	50.00	0.00	50.00
	Totals - 1989	150.00	150.00	0.00	150.00
1990	Totals - 1990	0.00	0.00	0.00	0.00
	Totals - 1991	0.00	0.00	0.00	0.00
	Totals - 1992	0.00	0.00	0.00	0.00
	Total - 1993	0.00	0.00	0.00	0.00

Ventura County Community Foundation  
 Capitalization/Depreciation Schedule  
 FYE September 2006

Year	Item	Cost	Prior Deprec.	Current Deprec.	Cumulative
	HP 4+ Laser Printer	1,496.14	1,496.14	0.00	1,496.14
	Credenza/Bookshelf	862.00	862.00	0.00	862.00
	<b>Total - 1995</b>	<b>2,358.14</b>	<b>2,358.14</b>	<b>0.00</b>	<b>2,358.14</b>
	<b>Total - 1996</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
96/97					
**	Upgrades for network (5/97)	714.32	714.32	0.00	714.32
	4 Lateral Files	2,384.55	2,384.55	0.00	2,384.55
	Leasehold Improvements				
	-Space Planner	449.50	449.50	0.00	449.50
	-Alarm Installation	738.00	738.00	0.00	738.00
	-Addtl Electrical/Tile	1,133.91	1,133.91	0.00	1,133.91
	-Signage	1,553.00	1,553.00	0.00	1,553.00
	<b>Total - 1997</b>	<b>6,973.28</b>	<b>6,973.28</b>	<b>0.00</b>	<b>6,973.28</b>

Ventura County Community Foundation  
 Capitalization/Depreciation Schedule  
 FYE September 2006

Year	Item	Cost	Prior Deprec.	Current Deprec.	Cumulative
	Conference Table	2,213.54	2,213.54	0.00	2,213.54
LIBR	6 Bookcases	1,065.20	1,065.20	0.00	1,065.20
LIBR	HP Laserjet 4000 + Jetdirect Cards	2,016.50	2,016.50	0.00	2,016.50
	Envelope Tray	289.00	289.00	0.00	289.00
Total - 1998		5,584.24	5,584.24	0.00	5,584.24
98/99	UW Sharp Copier (25%)	2,300.00	2,300.00	0.00	2,300.00
	Modular Office Furniture	3,678.19	3,678.19	0.00	3,678.19
	Superstack10/100 Switch	1,169.00	1,169.00	0.00	1,169.00
	FIMS Software	22,746.00	22,746.00	0.00	22,746.00
Total - 1999		29,893.19	29,893.19	0.00	29,893.19

Ventura County Community Foundation  
Capitalization/Depreciation Schedule  
FYE September 2006

Year	Item	Cost	Prior Deprec.	Current Deprec.	Cumulative
99/00	Modular Office Furniture Upstairs	3,507.80	3,507.80	0.00	3,507.80
	2-Drawer Files/Tables	434.82	435.00	0.00	435.00
	2 Desks	854.79	854.79	0.00	854.79
	Lateral File	334.20	334.20	0.00	334.20
	5 Chairs	536.19	536.19	0.00	536.19
	Cat 5 Cable Upstairs	1,011.31	1,011.31	0.00	1,011.31
	Superstack II Switch Upstairs	1,417.36	1,417.36	0.00	1,417.36
	3 Dell Dimension P3-866 Computers	6,070.54	5,464.65	0.00	5,464.65
**	1 Dell Dimension P3-866 Computers	2,023.51	1,821.55	201.96	2,023.51
	HP LaserJet 4050 Printer /Print Server	1,758.52	1,758.52	0.00	1,758.52
	HP LaserJet 3100 Fax	335.00	335.00	0.00	335.00
	Minolta Copier	2,568.64	2,568.64	0.00	2,568.64
LIBR	3 Lateral Files/Tables	1,174.33	1,174.33	0.00	1,174.33
LIBR	6 Bookshelves	778.00	778.00	0.00	778.00
LIBR	Sharp Notevision 5 LCD Projector	4,504.50	4,504.50	0.00	4,504.50
	<b>Total - 2000</b>	<b>27,309.51</b>	<b>26,501.84</b>	<b>201.96</b>	<b>26,703.80</b>
00/01	3 Dell Dimension P3-933 Computers	6,315.35	6,315.35	0.00	6,315.35
**	1 Dell Dimension P3-933 Computers	2,105.11	2,105.11	0.00	2,105.11
	Dell Inspiron 8000 Notebook	2,364.65	2,128.50	236.15	2,364.65
	Mailbox/Pedestal	626.77	562.50	64.27	626.77
LIBR	2 Dell Dimension P3-866 Computers	3,212.84	2,893.50	319.34	3,212.84
LIBR	HP LaserJet 4050 Printer	1,496.93	1,345.50	151.43	1,496.93
	<b>Total - 2001</b>	<b>16,121.65</b>	<b>15,350.46</b>	<b>771.19</b>	<b>16,121.65</b>
01/02	Dell OptiPlex P4 Computer	1,525.14	1,068.00	305.00	1,373.00
**	HP InkJet CP1700PS + JetDirect Card	823.27	577.00	165.00	742.00
	<b>Total - 2002</b>	<b>2,348.41</b>	<b>1,645.00</b>	<b>470.00</b>	<b>2,115.00</b>
02/03	Modular Office Furniture Upstairs	1,998.10	1,000.00	400.00	1,400.00
	Modular Office Furniture Hutches	579.13	290.00	116.00	406.00
	Lateral Files Upstairs	1,769.59	885.00	354.00	1,239.00
	Crescendo Satellite System	1,729.00	865.00	346.00	1,211.00
	Founders' Room Chairs	730.86	365.00	146.00	511.00
	President's Desk/Credenza/Chair	1,618.24	810.00	324.00	1,134.00
	President's Bookshelves (4)	708.00	355.00	142.00	497.00
	President's Lateral Files (2)	637.00	318.00	127.00	445.00
	Dell OptiPlex P4 Computer	1,128.99	565.00	226.00	791.00
**	HP InkJet CP1700PS	631.94	315.00	320.09	635.09
	Credit Card Machine	550.00	275.00	110.00	385.00
LIBR	Founders' Room Tables	1,374.36	687.00	275.00	962.00
LIBR	Founders' Room Chairs	508.69	255.00	102.00	357.00
	<b>Total - 2003</b>	<b>13,963.90</b>	<b>6,985.00</b>	<b>2,988.09</b>	<b>9,973.09</b>
03/04	Dell Computer	1,719.32	344.00	344.00	688.00
	Server	11,582.00	2,316.00	2,316.00	4,632.00
	Cubicles	6,873.71	1,375.00	1,375.00	2,750.00
	HP Laser Jet Printer HP4600N	2,271.60	454.00	454.00	908.00
	Optiplex 270 W/video & 19" monitor	1,451.09	290.00	290.00	580.00
	Leasehold improv-phone wiring	1,473.37	491.00	491.00	982.00

Ventura County Community Foundation  
Capitalization/Depreciation Schedule  
FYE September 2006

Year	Item	Cost	Prior Deprec.	Current Deprec.	Cumulative
	Leasehold improv-architect fee	1,813.72	605.00	605.00	1,210.00
	Leasehold improv-construction	8,132.78	2,711.00	2,711.00	5,422.00
LIBR	Video system	8,108.27	1,622.00	1,622.00	3,244.00
LIBR	Inspiron Laptop	1,984.78	397.00	397.00	794.00
LIBR	Optiplex 270 W/video & 19" monitor	1,388.89	278.00	278.00	556.00
LIBR	Optiplex 270 W/video & 17" monitor	1,324.54	265.00	<u>265.00</u>	530.00
	<b>Total - 2004</b>	<u>48,124.07</u>	<u>11,148.00</u>	<u>11,148.00</u>	<u>22,296.00</u>
04/05					
	Telephone system with 21 phones&attenda	4,605.00	460.50	921.00	1,381.50
	Optiplex 170L W/ external floppy	<u>1,061.78</u>	<u>106.00</u>	<u>212.00</u>	<u>318.00</u>
	<b>Total - 2005</b>	<u>5,666.78</u>	<u>566.50</u>	<u>1,133.00</u>	<u>1,699.50</u>
05/06					
Talon	OptiPlex GX 620 W/ wide screen flat mon	1,515.44	0.00	303.00	303.00
Hugh	Wide screen flat monitor	268.12	0.00	54.00	54.00
Hugh	OptiPlex 170L Computer	713.22	0.00	143.00	143.00
Barb	OptiPlex 170L Computer	713.22	0.00	143.00	143.00
COMM	OptiPlex GX 620 W/ flat monitor	1,515.44	0.00	303.00	303.00
Susan	OptiPlex 170L Computer	713.22	0.00	143.00	143.00
Susan	Flat screen monitor	268.12	0.00	54.00	54.00
Tina	OptiPlex 170L Computer	713.21	0.00	143.00	143.00
	3 36" 4 drawer lateral files	1,286.91	0.00	257.00	257.00
	3 5 drawer lateral files	1,991.79	0.00	398.00	398.00
	NBX Upgrade for phone system	1,480.00	0.00	296.00	296.00
	Netopia R9100 Router	482.63	0.00	97.00	97.00
	Seagate 250GB tape drive	324.50	0.00	65.00	65.00
Claud	36" modular desk	171.59	0.00	34.00	34.00
Fisca	4 drawer legal file cabinet	246.66	0.00	49.00	49.00
Hugh	Exec Chair	203.76	0.00	41.00	41.00
LIBR	11 Chairs for Tech Center	471.78	0.00	0.00	0.00
LIBR	Lectern 2 Pieces	386.07	0.00	0.00	0.00
LIBR	Cart	176.95	0.00	0.00	0.00
LIBR	Lateral file	363.57	0.00	0.00	0.00
LIBR	3 drawer file	230.57	0.00	0.00	0.00
LIBR	Keyboard shelf	58.33	0.00	0.00	0.00
LIBR	Instructor chair	171.59	0.00	0.00	0.00
LIBR	Monitors	2,278.24	0.00	0.00	0.00
LIBR	Computers (in kind)	3,600.00	0.00	0.00	0.00
		<u>20,344.93</u>	<u>0.00</u>	<u>2,523.00</u>	<u>2,523.00</u>
TOTALS		179,177.25	107,494.80	19,235.24	126,730.04
* DISPOSALS		6,298.15	5,532.98	687.05	6,220.03
GRAND TOTAL		<u>172,879.10</u>	<u>101,961.82</u>	<u>18,548.19</u>	<u>120,510.01</u>