

Form **990**

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)

OMB No. 1545-0047

2007

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 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization VENTURA COUNTY COMMUNITY FOUNDATION		D Employer identification number 77-0165029
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1317 DEL NORTE ROAD 150		E Telephone number 805-988-0196
		City or town, state or country, and ZIP + 4 CAMARILLO, CA 93010		F 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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **21,191,668.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a	1,425,350.		
	b Direct public support (not included on line 1a)	1b	3,625,310.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 3,308,643. noncash \$ 1,742,017.)	1e			5,050,660.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			259,924.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			255,461.
	5 Dividends and interest from securities	5			1,696,795.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	13,863,856.	8a			
	11,961,507.	8b			
	1,902,349.	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1		1,902,349.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	64,972.			
b Less: direct expenses other than fundraising expenses	9b	33,225.			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 2		31,747.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			9,196,936.	
Expenses	13 Program services (from line 44, column (B))	13		5,055,750.	
	14 Management and general (from line 44, column (C))	14		1,122,160.	
	15 Fundraising (from line 44, column (D))	15		136,423.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			6,314,333.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		2,882,603.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		90,791,792.	
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	<13,954,531.>	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			79,719,864.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>734,241.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	734,241.	734,241.	STATEMENT 5	
22b Other grants and allocations (attach schedule) (cash \$ <u>3464040.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	3,464,040.	3,464,040.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	164,646.	91,063.	71,336.	2,247.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	969,636.	505,896.	363,028.	100,712.
27 Pension plan contributions not included on lines 25a, b, and c	33,456.	17,640.	12,727.	3,089.
28 Employee benefits not included on lines 25a - 27	39,453.	19,749.	16,087.	3,617.
29 Payroll taxes	87,835.	46,178.	33,657.	8,000.
30 Professional fundraising fees				
31 Accounting fees	18,235.	10,507.	6,779.	949.
32 Legal fees				
33 Supplies	15,829.	10,034.	5,236.	559.
34 Telephone	10,687.	4,845.	5,143.	699.
35 Postage and shipping	20,993.	9,808.	9,786.	1,399.
36 Occupancy	108,113.	59,507.	42,773.	5,833.
37 Equipment rental and maintenance				
38 Printing and publications	76,786.	49,266.	24,050.	3,470.
39 Travel	7,543.	3,779.	3,314.	450.
40 Conferences, conventions, and meetings	33,051.	25,437.	7,362.	252.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	24,680.	15,672.	7,280.	1,728.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	505,109.	<11,912.>	513,602.	3,419.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,314,333.	5,055,750.	1,122,160.	136,423.

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

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? ► SEE STATEMENT 7	Program Service Expenses (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.)	
a MANAGING ENDOWMENT AND OTHER FUNDS AND DISTRIBUTING GRANTS TO NONPROFITS TO PRESERVE DONOR INTENT, INCLUDING AGENCY AND DESIGNATED FUNDS TO PROVIDE OPERATING SUPPORT FOR AREA NONPROFITS. (Grants and allocations \$ <u>3,064,473.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,283,080.
b PROVIDING GRANTMAKING TO ADDRESS COMMUNITY NEEDS, INCLUDING INITIATIVES ON NURSING, STRENGTHENING THE ARTS AND ADDRESSING THE NEEDS OF LOCAL NONPROFITS, SUPPORTED IN PART BY UNRESTRICTED VCCF GRANT FUNDS AND BY CONTRIBUTIONS FROM FUNDERS. (Grants and allocations \$ <u>1,133,808.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c CENTER FOR NONPROFIT LEADERSHIP PROVIDES LEADERSHIP TRAINING FOR LOCAL VENTURA COUNTY BOARD AND STAFF MEMBERS, WITH AN EMPHASIS ON BOARD LEADERSHIP, ENHANCING TECHNOLOGY SKILLS AND INCREASING PLANNED & DEFERRED GIVING. ALSO INCLUDES WORKSHOPS, ACCESS TO ONLINE AND LIBRARY DATA AND SUPPORTING LOCAL NONPROFIT LEADERS. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	464,732.
d SUSTAINING COMMUNITY LEADERSHIP AROUND ISSUES OF REGIONAL IMPORTANCE, INCLUDING DEVELOPING STRATEGIES AROUND SUSTAINABLE DEVELOPMENT, LIVABLE COMMUNITIES AND ENHANCING WORKFORCE TRAINING AS WELL AS PROVIDING RESEARCH ON VENTURA COUNTY AND REGIONAL PRIORITIES. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	5,055,750.

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
Assets	45 Cash - non-interest-bearing	250.	45 250.
	46 Savings and temporary cash investments	7,741,031.	46 9,880,470.
	47 a Accounts receivable	47a 31,894.	47c 31,894.
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a 8,321,368.	48c 8,295,163.
	b Less: allowance for doubtful accounts	48b 26,205.	
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	34,386.	53 42,039.
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	16,998,975.	54a 13,346,497.
	b Investments - other securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54,899,302.	54b 46,950,556.
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 217,022.	57c 70,574.
b Less: accumulated depreciation	57b 146,448.		
58 Other assets, including program-related investments (describe SEE STATEMENT 8)	2,482,692.	58 2,907,534.	
59 Total assets (must equal line 74). Add lines 45 through 58	92,877,474.	59 81,524,977.	
Liabilities	60 Accounts payable and accrued expenses	86,026.	60 133,731.
	61 Grants payable	1,797,788.	61 1,392,447.
	62 Deferred revenue	39,846.	62 37,921.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe PLANNED GIVING LIABILITY)	162,022.	65 241,014.
66 Total liabilities. Add lines 60 through 65	2,085,682.	66 1,805,113.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	77,536,222.	67 68,231,209.
	68 Temporarily restricted	13,255,570.	68 11,488,655.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	90,791,792.	73 79,719,864.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	92,877,474.	74 81,524,977.	

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 <i>quid pro quo</i> 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 a	501(c)(4), (5), or (6). 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		
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		
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 a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
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
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.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
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, 2007	90b	19
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 CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country **N/A**

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 FUND ADMINISTRATION FEE					74,999.
b ORG. ADMINISTRATION FEE					84,057.
c RESOURCE CENTER					
d WORKSHOPS					100,868.
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	255,461.	
96 Dividends and interest from securities			14	1,696,795.	
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	1,902,349.	
101 Net income or (loss) from special events			01	31,747.	
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.		3,886,352.	259,924.
105 Total (add line 104, columns (B), (D), and (E))					4,146,276.

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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 _____	Date _____	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 MCGOWAN GUNTERMANN 509 E. MONTECITO ST., 2ND FLOOR SANTA BARBARA, CA 93103-3293	Preparer's SSN or PTIN (See Gen. Inst. X) EIN _____	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

2007

Name of the organization VENTURA COUNTY COMMUNITY FOUNDATION	Employer identification number 77 0165029
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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
<u>ILANA R. ORMOND</u> 1317 DEL NORTE ROAD, SUITE #150, CAMA	DIRECTOR, PLAN GIVNG 40.00	102,500.	3,075.	
<u>CLARE M. BROWN</u> 1317 DEL NORTE ROAD, SUITE #150, CAMA	V.P. CONTROLLER 40.00	90,075.	2,702.	
<u>MARK A. COOPER</u> 1317 DEL NORTE ROAD, SUITE #150, CAMA	DIRECTOR, FUND DEV 40.00	89,182.	2,675.	
<u>DENA C. JENSON</u> 1317 DEL NORTE ROAD, SUITE #150, CAMA	RESOURCE CTR DIR. 40.00	72,060.	2,162.	
<u>TINA M. KNIGHT</u> 1317 DEL NORTE ROAD, SUITE #150, CAMA	PROG & GRANTS 40.00	72,060.	2,162.	
Total number of other employees paid over \$50,000 ▶	3			

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
NONE		

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?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 14	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d	Enter the total number of donor advised funds owned at the end of the tax year	118	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	13638710.	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,322,593.	5,278,883.	14,577,708.	9,671,155.	35,850,339.
16 Membership fees received					
17 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	967,820.	785,298.	644,359.	802,430.	3,199,907.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,104,112.	1,651,362.	1,304,596.	690,710.	5,750,780.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	9,394,525.	7,715,543.	16,526,663.	11,164,295.	44,801,026.
24 Line 23 minus line 17	8,426,705.	6,930,245.	15,882,304.	10,361,865.	41,601,119.
25 Enter 1% of line 23	93,945.	77,155.	165,267.	111,643.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 832,022.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 16,880,243.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 41,601,119.
d Add: Amounts from column (e) for lines: 18 <u>5,750,780.</u> 19 _____ 22 _____ 26b <u>16,880,243.</u> ▶					26d 22,631,023.
e Public support (line 26c minus line 26d total) ▶					26e 18,970,096.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 45.6000%
27 Organizations described on line 12: 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: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					27d N/A
e Public support (line 27c total minus line 27d total) ▶					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 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 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
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	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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 14 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

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

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
ACCT 8901	4,785,445.	4,296,286.	0.	489,159.
ACCT 8904	2,855,111.	2,789,224.	0.	65,887.
ACCT 8906	587,100.	771,733.	0.	<184,633.>
ACCT 5900	3,194,839.	2,985,113.	0.	209,726.
ACCT 8905	350,222.	394,949.	0.	<44,727.>
EUROPACIFIC	1,562,741.	0.	0.	1,562,741.
INTECH	0.	56,327.	0.	<56,327.>
OAKTREE CAPITAL VII	13,372.	0.	0.	13,372.
OAKTREE CAPITAL VIIB	1,919.	0.	0.	1,919.
PIMCO TOTAL RETURN	157,756.	0.	0.	157,756.
WESTCLIFF	0.	667,875.	0.	<667,875.>
TIMES SQUARE	238,958.	0.	0.	238,958.
TYGH CAPITAL	110,920.	0.	0.	110,920.
PIMCO LOW DURATION	2,377.	0.	0.	2,377.
MERRILL LYNCH	3,096.	0.	0.	3,096.
TO FORM 990, PART I, LINE 8	13,863,856.	11,961,507.	0.	1,902,349.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
TROOP GOLF TOURNAMENT	1,865.		1,865.	4,191.	<2,326.>
DESTINO 10 ANNIV GALA	3,345.		3,345.	1,100.	2,245.
O'NEIL GOLF TOURNAMENT	59,762.		59,762.	27,934.	31,828.
TO FM 990, PART I, LINE 9	64,972.		64,972.	33,225.	31,747.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
CHANGE IN VALUE - SPLIT INTEREST AGREEMENTS	<465,037.>
CHANGE IN VALUE - INVESTMENTS	<13,489,494.>
TOTAL TO FORM 990, PART I, LINE 20	<13,954,531.>

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS AND PROFESSIONAL FEES	160,992.	127,586.	31,428.	1,978.
INSURANCE	38,660.	6,576.	30,443.	1,641.
WORKSHOP EXPENSES	48,308.	48,308.		
MARKETING AND DONOR RELATIONS	31,689.	23,256.	7,716.	717.
ADMIN/BANK FEES	416,570.	3,114.	412,853.	603.
MEMBERSHIP	35,237.	11,751.	20,668.	2,818.
SUBSCRIPTIONS	8,439.	7,969.	414.	56.
MISCELLANEOUS	89,649.	79,239.	10,080.	330.
FUNDRAISING	28,501.			28,501.
RETURNED/RESCINDED GRANTS	<319,711.>	<319,711.>		
SPECIAL EVENTS	<33,225.>			<33,225.>
TOTAL TO FM 990, LN 43	505,109.	<11,912.>	513,602.	3,419.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS FROM DONOR ADVISED FUNDS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE #1	734,241.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22A	734,241.
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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE #1	3,464,040.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	3,464,040.
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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

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

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH SURRENDER VALUE LIFE INSURANCE	308,391.	333,713.
INTEREST IN PLANNED GIFTS	2,174,301.	2,573,821.
TOTAL TO FORM 990, PART IV, LINE 58	2,482,692.	2,907,534.

FORM 990 OTHER SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	28,135,811.
INVESTMENT COMPANIES	FMV	17,857,535.
REAL ESTATE INVESTMENTS	FMV	957,210.
TO FORM 990, LINE 54B, COL B		46,950,556.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	FMV	13,346,497.			13,346,497.
TO FORM 990, LINE 54A, COL B		13,346,497.			13,346,497.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
CHANGE IN VALUE - SPLIT INTEREST AGREEMENTS	<465,037.>
SMITH FOUNDATION REVENUE	<2,351,746.>
TOTAL TO FORM 990, PART IV-A	<2,816,783.>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

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	159,850.	4,796.	2,400.
MARY L. SCHWABAUER 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 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	CHAIR 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.
MICHAEL D. BRADBURY 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
GARY E. ERICKSON 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
ROZ MCGRATH 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.	0.	0.
TIM GALLAGHER 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>159,850.</u>	<u>4,796.</u>	<u>2,400.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 13
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 14
PART III, LINE 3A

SEE ATTACHED SCHEDULE #2

2007

California Exempt Organization Annual Information Return

199

For calendar year 2007 or fiscal year beginning month OCTOBER day 1 year 2007, and ending month SEPTEMBER day 30 year 2008.

IMPORTANT: Your number is required.

California corporation number 1595255 Federal employer identification number (FEIN) 77-0165029

Corporation/Organization name
VENTURA COUNTY COMMUNITY FOUNDATION

Address (including suite, room, or PMB no.)
1317 DEL NORTE ROAD, NO. 150
City State ZIP Code
CAMARILLO, CA 93010

A Final return? Check applicable box. Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

B Check forms filed this year: State: 109 100 100S 100W
 Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.**

D Is this a group filing? See General Instruction N Yes No

E Accounting method used **ACCRUAL**

F Type of organization Exempt under Section 23701 **d** (insert letter)
 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	16,141,008.00
	2	Gross dues and assessments from members and affiliates	•	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions STMT 1	•	3	5,050,660.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 This line must be completed. If the result is less than \$25,000, see General Instruction C	•	4	21,191,668.00
	5	Cost of goods sold		5	00
	6	Cost or other basis, and sales expenses of assets sold		6	11,961,507.00
	7	Total costs. Add line 5 and line 6		7	11,961,507.00
	8	Total gross income. Subtract line 7 from line 4		8	9,230,161.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	5,615,717.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	3,614,444.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F		11	10.00
	12	Penalty for failure to file on time. See General Instruction L		12	00
	13	Use tax. See "General Instruction M"	•	13	00
	14	Balance due. Add line 11, line 12, and line 13		14	10.00

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? Yes No
 If "Yes," enter amount of total income reported \$ _____
- 19** The financial records are in care of HUGH J. RALSON, PRESIDENT & CEO Daytime telephone 805-988-0196
 located at 1317 DEL NORTE ROAD, STE #150, CAMARILLO, CA 93010

Please Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____ Daytime telephone _____

Paid Preparer's Use Only

Paid Preparer's signature _____ Date _____ Check if self-employed Paid preparer's SSN or PTIN **P00025230**

Firm's name (or yours, if self-employed) and address **MCGOWAN GUNTERMANN** FEIN **95-3680171**
509 E. MONTECITO ST., 2ND FLOOR
SANTA BARBARA, CA 93103-3293 Daytime telephone **805-962-9175**

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

728951/12-14-07

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	64,972.00
	2	Interest	2	255,461.00
	3	Dividends	3	1,696,795.00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets	6	13,863,856.00
	7	Other income	7	259,924.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	16,141,008.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	3,464,040.00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	167,046.00
	12	Other salaries and wages	12	969,636.00
	13	Interest	13	00
	14	Taxes	14	87,835.00
	15	Rents	15	108,113.00
	16	Depreciation and depletion	16	24,680.00
	17	Other	17	794,367.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	5,615,717.00

Schedule L Balance Sheets

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		7,741,281.		9,880,720.
2 Net accounts receivable		35,654.		31,894.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 7		16,998,975.		13,346,497.
8 Mortgage loans (number of loans)				
9 Other investments STMT 8		54,899,302.		46,950,556.
10 a Depreciable assets	192,468.		217,022.	
b Less accumulated depreciation	(123,742.)	68,726.	(146,448.)	70,574.
11 Land				
12 Other assets STMT 9		13,133,536.		11,244,736.
13 Total assets		92,877,474.		81,524,977.
Liabilities and net worth				
14 Accounts payable		86,026.		133,731.
15 Contributions, gifts, or grants payable		1,797,788.		1,392,447.
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 10		201,868.		278,935.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		90,791,792.		79,719,864.
22 Total liabilities and net worth		92,877,474.		81,524,977.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	3,614,444.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	3,614,444.
6 Total.	3,614,444.		

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
ACCT 8901	VARIOUS	VARIOUS	PURCHASED	4,296,286.	0.	0.	4,785,445.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
ACCT 8904	VARIOUS	VARIOUS	PURCHASED	2,789,224.	0.	0.	2,855,111.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
ACCT 8906	VARIOUS	VARIOUS	PURCHASED	771,733.	0.	0.	587,100.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
ACCT 5900	VARIOUS	VARIOUS	PURCHASED	2,985,113.	0.	0.	3,194,839.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
ACCT 8905	VARIOUS	VARIOUS	PURCHASED	394,949.	0.	0.	350,222.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
EUROPACIFIC	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	0.	0.	0.	1,562,741.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
INTECH	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	56,327.	0.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
OAKTREE CAPITAL VII	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	0.	0.	0.	13,372.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
OAKTREE CAPITAL VIIB	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	0.	0.	0.	1,919.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
PIMCO TOTAL RETURN	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	0.	0.	0.	157,756.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
WESTCLIFF	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	667,875.	0.	0.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
TIMES SQUARE	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	0.	0.	0.	238,958.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
TYGH CAPITAL	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	0.	0.	0.	110,920.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
PIMCO LOW DURATION	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	0.	0.	0.	2,377.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
MERRILL LYNCH	VARIOUS	VARIOUS	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	0.	0.	0.	3,096.

TOTAL TO FORM 199, PAGE 2, LN 6	<u>11,961,507.</u>	<u>0.</u>	<u>0.</u>	<u>13,863,856.</u>
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FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
FUND ADMINISTRATION FEE	74,999.
ORG. ADMINISTRATION FEE	84,057.
RESOURCE CENTER WORKSHOPS	100,868.
TOTAL TO FORM 199, PART II, LINE 7	259,924.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
HUGH J. RALSTON 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	PRESIDENT AND CEO 40.00	167,046.
MARY L. SCHWABAUER 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 3.00	0.
ROBERT J. KATCH 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
HENRY L. LACAYO 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
TERRI LISAGOR 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
TIMOTHY J. MCCALLION 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
M. CARMEN RAMIREZ 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
STACY A. ROSCOE 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	VICE CHAIR 1.00	0.

SCOTT B. SAMSKY 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	SECRETARY/TREASURER 1.00	0.
PIERRE Y. TADA 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	CHAIR 1.00	0.
SALLY S. YOUNT 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	VICE CHAIR 1.00	0.
CHARLES MAXEY, PHD 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
ALFREDO PLASCENCIA 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
MICHAEL L. SILACCI 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
MICHAEL D. BRADBURY 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
GARY E. ERICKSON 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
ROZ MCGRATH 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.
TIM GALLAGHER 1317 DEL NORTE ROAD, SUITE #150 CAMARILLO, CA 93010	BOARD MEMBER 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

167,046.

FORM 199 OTHER EXPENSES STATEMENT 6

DESCRIPTION	AMOUNT
CONSULTANTS AND PROFESSIONAL FEES	160,992.
INSURANCE	38,660.
WORKSHOP EXPENSES	48,308.
MARKETING AND DONOR RELATIONS	31,689.
ADMIN/BANK FEES	416,570.
MEMBERSHIP	35,237.
SUBSCRIPTIONS	8,439.
MISCELLANEOUS	89,649.
FUNDRAISING	28,501.
RETURNED/RESCINDED GRANTS	<319,711.>
SPECIAL EVENTS	<33,225.>
DIRECT EXPENSES OF FUNDRAISING EVENTS	33,225.
PENSION PLAN CONTRIBUTIONS	33,456.
OTHER EMPLOYEE BENEFITS	39,453.
ACCOUNTING FEES	18,235.
SUPPLIES	15,829.
TELEPHONE	10,687.
POSTAGE AND SHIPPING	20,993.
PRINTING AND PUBLICATIONS	76,786.
TRAVEL	7,543.
CONFERENCES, CONVENTIONS AND MEETINGS	33,051.
TOTAL TO FORM 199, PART II, LINE 17	794,367.

FORM 199 INVESTMENTS IN STOCK STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CORPORATE STOCKS	16,998,975.	13,346,497.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	16,998,975.	13,346,497.

FORM 199 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS	33,696,276.	28,135,811.
INVESTMENT COMPANIES	21,145,286.	17,857,535.
REAL ESTATE INVESTMENTS	57,740.	957,210.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	54,899,302.	46,950,556.

FORM 199 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE	10,616,458.	8,295,163.
PREPAID EXPENSES AND DEFERRED CHARGES	34,386.	42,039.
CASH SURRENDER VALUE LIFE INSURANCE	308,391.	333,713.
INTEREST IN PLANNED GIFTS	2,174,301.	2,573,821.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	13,133,536.	11,244,736.

FORM 199 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLANNED GIVING LIABILITY	162,022.	241,014.
DEFERRED REVENUE	39,846.	37,921.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	201,868.	278,935.

FORM 199 FUND BALANCES STATEMENT 11

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	77,536,222.	68,231,209.
TEMPORARILY RESTRICTED ASSETS	13,255,570.	11,488,655.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	90,791,792.	79,719,864.

MAIL TO:
 Registry of Charitable Trusts
 P. O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <u>CT 66973</u> VENTURA COUNTY COMMUNITY FOUNDATION <small>Name of Organization</small> <u>1317 DEL NORTE ROAD, NO. 150</u> <small>Address (Number and Street)</small> <u>CAMARILLO, CA 93010</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1595255</u> Federal Employer I.D. No. <u>77-0165029</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/2007 ending 09/30/2008) list:
 Gross annual revenue \$ 9,196,936. Total assets \$ 81,524,977.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 805-988-0196

Organization's e-mail address WWW.VCCF.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____	Printed Name _____	Title _____	Date _____
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