# Form **990**

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

2018
Open to Public
Unspection

Form **990** (2018)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 catendar year, or tax year beginning JUL 1, and ending JUN 30, 2018 Check if applicable: C Name of organization D Employer identification number Address change CABRILLO COLLEGE FOUNDATION Name change 94-6121953 Initia) return Number and street (or P.O. box if mall is not delivered to street address) Room/suite E Telephone number ]Final 6500 SOQUEL DRIVE 831-479-5032 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 9.294.137 APTOS, CA 95003-3198 H(a) is this a group return Applica-F Name and address of principal officer: Owen Brown for subordinates? ..... Yes X No same as C above H(b) Are all subordinates included? \_\_\_\_\_Yes \_\_\_\_ No Tax-exempt status: X 501(c)(3) 501(c) ( ) (Insert no.) 4947(a)(1) or [ If "No," attach a list, (see instructions) J Website: WWW. FOUNDATION. CABRILLO. EDU H(c) Group exemption number Form of organization: X Corporation Trust Association Other 📂 L Year of formation: 1965 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: To provide student scholarships, Governance increase student success, & support of academic programs. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 27 Number of independent voting members of the governing body (Part VI, line 1b) 27 Activities & 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 23 5 Total number of volunteers (estimate if necessary) 121 7 a Total unrelated business revenue from Part VIII, column (C), line 12 574,489. b Net unrelated business taxable income from Form 990-T, line 38 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 4,044,050. 5,044,912. Program service revenue (Part VIII, line 2g) 9 623,211. 574,489. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 701,855. 3,674,736. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 188,417. -5.156.12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,557,533. 9,288,981. Grants and similar amounts paid (Part iX, column (A), lines 1-3) 2,097,110. 2,528,857. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 754,496. 744,104. 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. b Total fundralsing expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 246,945. 804,434. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,098,551. 4,077,395. 19 Revenue less expenses. Subtract line 18 from line 12 4,458,982. 5,211,586. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) <u>34,832,964.</u> 37,887,467. 21 Total liabilities (Part X, line 26) 1,989,220. 2,605,364. Net assets or fund balances. Subtract line 21 from line 20 32,843,744. 35,282,103. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Owen Brown, President Type or print name and title Preparer's signature Print/Type preparer's name. Date Paid <u>Theresa Montgomery</u> Theresa Montgomery 05/12/20 P00232100 Preparer Firm's name \_ Eide Bailly LLP Firm's EIN ➤ 45-0250958 Use Only Firm's address 3130 Crow Canyon Pl., Ste. 300 <u>San Ramon, CA 94583-1386</u> Phone no. 925-480-4000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

CABRILLO COLLEGE FOUNDATION

94-6121953

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Form 990 (2018)

Form 990 (2018)

Form 990 (2018) CABRILLO COLLEGE FOUNDATION
Part IV Checklist of Required Schedules

			Yes	Nο
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	18.78		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7,5
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			₹.
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
1Z#	· ,		v	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
IJ		40.	~	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	_ <u>x</u> _	X
	Did the examination maintain by office applications of application of the United Output			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
.,	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u>≯D</u>		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_, <u>,,</u>		
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ <del></del> _
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? /f "Yes." complete Schedule I, Parts I and II	21	х	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	i		
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	10.000	Z Zovi	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	14V11575	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
••	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- Ca.		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		l x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
Ψ.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	,50a		<del></del>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00.5		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<del></del>
	Note. All Form 990 filers are required to complete Schedule O	38	х	l
Par		- 50		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23	350		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1376; (A)
-	(gambling) winnings to prize winners?	1c	X	
832004	12-31-18			(2018)

V 1 /4	(continued)			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return 23		turkiya Yurusi	
<b>.</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1421.075
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-2 <b>2</b> - 12/2	₹ÿ¥v.
За	metallic and at the control of the c		Det.Book	X
		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		$\vdash$
44	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)?	4		x
h	If "Yes," enter the name of the foreign country:	<u>4a</u>	10.00g	
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			遵守
5a		E	FL.577	х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
Ua		C-		x
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
IJ		Ob.		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b	, Takene	1900
7			X	Partie.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a	X	
b	Did the organization notity the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	Λ	
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		V March	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1000	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	F. S. S.		<b>第五章</b>
	sponsoring organization have excess business holdings at any time during the year?	8	24 - 67 4.91	X
9	Sponsoring organizations maintaining donor advised funds,			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		125
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			10.75
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	2.		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			y4.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1751s 1895
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	14.7	频数	
C	Enter the amount of reserves on hand		1,469 h.c.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	X
	If "Yes," see instructions and file Form 4720, Schedule N.	STAX.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	5.		

Form 990 (2018) CABRILLO COLLEGE FOUNDATION 54-014155 ray

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management	***************************************	,	X
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 27	1/2	1000	
	If there are material differences in voting rights among members of the governing body, or if the governing		F. YELL	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			initi ( e i
b	Enter the number of voting members included in line 1a, above, who are independent1b27	3	Sylvi	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	23.		
	officer, director, trustee, or key employee?	2	to /do.	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.00		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>3</b>		Mark
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>	Х	<u> </u>
b	Other officers or key employees of the organization	15b	7027.79	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		LANGUA LANGUA	
	taxable entity during the year?	16a	Subject to	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ie Nie X	Jan 9	
<u> </u>	exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
45	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	iai	
0.0	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  Name v. Machado = 931 479 5032			
	Nancy Machado - 831-479-5032 6500 SOQUEL DRIVE, APTOS, CA 95003-3198			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

<b>(A)</b> Name and Title	(B) Average hours per week	box	not ci , unles	s per	ition more son l	than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Alan Aman	5.00							_	_	_
Director		X		X				0.	0.	0.
(2) Amy Newell	2.00	<b> </b>								
Director		Х	H					0.	0.	0.
(3) Rachel Wedeen	2.00	<b> </b>								_
Director		Х	<u> </u>			_		0.	0.	0.
(4) Ceil Cirillo	2.00	<b> </b>								_
Director		X	ļ	_		<u> </u>		0.	0.	0.
(5) Claire Biancalana	2.00	<u> </u>								
Director		X				_		0.	0.	0.
(6) David Heald	2.00									
Director	2 00	X	Н		_	<u> </u>		0.	0.	0.
(7) Donna Zeil	2.00									_
Director		X	Щ	_	_	<u> </u>		0.	0.	0.
(8) Enrique Buelna	2.00	<b>-</b> _ ⊦							26 722	
Director	40.00	X	_			<u> </u>		0.	96,720.	26,083.
(9) Rob Allen	2.00	l								_
Director		X				<u> </u>		0.	0.	0.
(10) Gun Ruder	2.00	<b>-</b>								_
Director		X						0.	0.	0.
(11) June Padilla Ponce	2.00								_ `	
Director		X	Ш			<b> </b>		0.	0.	0.
(12) Kate Terrel1	2.00	<b>-</b>								
Director		X	<u> </u>				<u> </u>	0.	0.	0.
(13) Kathleen Welch	2.00								400 757	40.000
Director	40.00	X	Н			<del> </del>	<u> </u>	0.	180,757.	49,023.
(14) Kelly Nesheim	2.00	<b> </b>							_	_
Director		X	$\vdash \vdash$		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(15) Ed Banks	2.00	-							_	_
Director		X	$\vdash\vdash$		<u> </u>			0.	0.	0.
(16) Leola Lapides	5.00	١.,			l					_
President	1 2 22	X		X	-	_	<u> </u>	0.	0.	0.
(17) Linda Burroughs	2.00	١.,			l				_	_
Director		Х						0.	0.	0 a

Page 8

Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				<b>)</b>			(D)	(E)		ĺ	(F)	
Name and title	Average	(do	not of	Pos heck i			one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, un <b>l</b> es oer en	ss per	son i	s both	n an	compensation	compensatio	n	an	nount	of
	Week		oer an	aaa	1000	irus	100)	from	from related			other	
	(list any hours for	irecto						the	organization			pensa	
	related	ard	29.			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	)(U)		om th	
	organizations	nste.	trus		93	nedu		(44-2/1099-141130)			_	anizat d relat	
	below	dua! t	tiona	_	ê	st col	,					anizati	
	line)	Individual trustee or director	nstitutional trustee	ОПСег	Key employee	Highest compensated employee	Former				Jigo		
(18) Linda Downing	2.00					T	T						
Director		Х						0.		0.	ŀ		0.
(19) Maria Esther Rodriguez	2.00												
Director		X						0.		0.			0.
(20) Matt Wetstein	5.00												
Asst Secretary	40.00	Х						0.	231,74	17.	4	9,8	50.
(21) Owen Brown	5.00												
Secretary		Х		X			1	0.		0.			0.
(22) Patty Quillin	2.00												
Director		Х						0.		0.			0.
(23) Rachael Spencer	2.00												
Director		x						0.		0.			0.
(24) Karen Semingson	2.00											-	
Director		X						0.		0.			0.
(25) Sue Gochis	2.00												
Director	40.00	Х						0.	149,09	<b>)1.</b>	5	2,0	83.
(26) Victoria Lewis	5.00												
Asst Treasurer	40.00	Х		X				0.	167,93	21.	6	0,2	44.
1b Sub-total							<b>▶</b>	0.	826,23	36.	23	7,2	83.
c Total from continuation sheets to Part VII	, Section A						<b>•</b>	147,152.	44,7	77.	5	$\overline{0,4}$	40.
d Total (add lines 1b and 1c)							$\triangleright$	147,152.	871,01	L3.	28	7,7	23.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	<del>)</del>			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,				-		-							
line 1a? If "Yes," complete Schedule J for si											3	X	
4 For any individual listed on line 1a, is the su	•							·-	•		E 757	i	
and related organizations greater than \$150	,000? <i> f</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X	ļ
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedul	9 <i>J f</i>	orsu	ich i	oers	on .					5	<u></u>	X
Section B. Independent Contractors													
Complete this table for your five highest con										ensa.	tion fro	)M	
the organization, Report compensation for t	he calendar ye	ar e	endin	ıg w	ith c	or Wi	ithin T		ear.				
<b>(A)</b> Name and business	address	'nT/	INC	7				(B) Description of s	earvinge	_	(C Compe		'n
		TAY	)TAT	3				2000,1000,100			Ompo		
							_						
							一						
									1				
2 Total number of independent contractors (ir	cluding but ne	ot lir	nited	l to	thos	e lis	ted	above) who received me	ore than	9534	114 14	<del>garar</del> Griff	1 1301.5
#100 000 of				-	- 7	٠		,		[20] 2018	agift La	100	\$1.11 P

orm 990 CABRILLO									94-612	4777
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(0)	heck		ition		loA.	( <b>D)</b> Reportable compensation	(E) Reportable	(F) Estimated
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Кеу епріоуев	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
27) William Ow	5.00									
resident	40.00	Х	<u> </u>	X				0.	0.	
28) Eileen Hill	40.00							445 450		
xecutive Dir.	F 00		ļ	X		<u> </u>		147,152.	0.	44,167
29) Laurel Jones	5.00						~~		44 000	6 000
ormer Asst Secretary	40.00	_	_	_	$\vdash$	_	X	0.	44,777.	6,273
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		-								
								I	I	

Form **990** (2018)

Form 990 (2018) CABRILLO COLLEGE FOUNDATION
Part VIII Statement of Revenue

	2.1	Check if Schedule O conta	ains a response	or note to any lin			***************************************	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
र र	1 a	Federated campaigns	1a		AN 19812 SA 1971		3 4 44 5 7 7 1	
필	b	Membership dues	1b				-000 (6 a 46) 335 (6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6	18 18 A 18 17 78 19
Contributions, Gifts, Grants and Other Similar Amounts.	c	Fundraising events	10	201,049.				
業月	d	Related organizations	1d				nekken Mehrica	
S.	е	Government grants (contributi	ons) 1e			<b>基化流光</b> 级		
E Si	f	All other contributions, gifts, grant	ts, and					
절		similar amounts not included abov	ve <u>1f</u>	4,843,863.				
들임	g	Noncash contributions included in lines 1	1a-1f: \$	41,733.				
<u>8</u> €	h	Total. Add lines 1a-1f		<u></u>	5,044,912.			
				Business Code				
8	2 a	Endowment Management Fe	es	900099	446,027.		446,027.	
ا ڲ	b			900099	114,339.		114,339.	
Program Service Revenue	c	c Presidents Circle Endowment		900099	14,123.		14,123.	
E a	d					_		
8	е	·						
<u>ا</u> يه		All other program service reve						
$\rightarrow$	g	Total. Add lines 2a-2f			574,489.			
	3	Investment income (including						
		other similar amounts)		950,335.			950,335.	
	4	Income from investment of tax						
	5	Royalties	·····		Eller NAMER COLORS			Notice of the Company
			(i) Real	(ii) Personal				
	6 a	***************************************	<u> </u>	<del> </del>				
		Less: rental expenses				AN ARMADA		· 1000000000000000000000000000000000000
	C	Rental income or (loss)						社工學學學
	d		<del></del>			Kronyon eskua akuna tennalaran hari	SUCK SWILL TO PROCEED A	. New Tro Law Wester To 1
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory	2,724,401	•				
	b	Less: cost or other basis						
		and sales expenses	2,724,401					
		Gain or (loss)	<u> </u>		7 724 404			0.004.404
		Net gain or (loss)		·· <del>·····</del>	2,724,401.	\$2.000 \$2	FREE CONTRACTOR OF THE PARTY OF	2,724,401.
e e	8 a	Gross income from fundraising						
evenue		including \$ 201,						3000 L
Pe		contributions reported on line	•	0.				
Other Re	h	Part IV, line 18		*				
₹		Net income or (loss) from fund		5,100.	~5,156 <b>.</b>		Huklistik esti. Pete 88	-5,156.
		Gross income from gaming ac			20 X 3 X 3 C X 3 X 3 X			3,150 <u>.</u>
	<i>5 a</i>	Part IV, line 19						
	h							
		: Net income or (loss) from gam		` <u> </u>	Junua Cortonio de espeta de Paloco	Antinon and antique	16 6 6 CT 40	Profileration between
		Gross sales of inventory, less	-				0.000	
		and allowances		a				
	b							
		Net income or (loss) from sales		<b></b>	. ಬಾಡಲ್ಲಾ ಗರ್ವದಿಂದೆಗಳು	a was wat in the Stephen Bridg	A NEW MICHELL BOWARDS	u sumam — Wakiliya u Kini k
		Miscellaneous Revenue		Business Code				
Ì	11 a				and such such that the foliation of the At	The second of th	and the thirty will be assume	rite i All til til sill klimelli.
	b							
ļ	c		·					
Į	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions	•		9,288,981.	0,	574,489.	3,669,580.

Form 990 (2018) CABRILLO COLLEGE FOUNDATION
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A),									
Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	1,387,073.	1,387,073.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	1,141,784.	1,141,784.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	150,466.	75,233.	45,140.	30,093.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	305,673.	123,303.	105,564.	76,806.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	113,000.	56,500.	33,900.	22,600. 36,374.				
9	Other employee benefits	138,549.	53,028.	49,147.	36,374.				
10	Payroli taxes	36,416.	15,852.	12,029.	8,535.				
11	Fees for services (non-employees):								
а	Management								
b	Legal	8,658.		8,658.					
c	Accounting	18,875.		18,875.					
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees	586,978.		586,978.					
g	Other. (If line 11g amount exceeds 10% of line 25,								
-	column (A) amount, list line 11g expenses on Sch O.)	14,833.		13,783.	1,050.				
12	Advertising and promotion	41,054.			41,054.				
13	Office expenses	18,227.	8,459.	5,861.	3,907.				
14	Information technology	21,221.	10,612.	5,303.	5,306.				
15	Royalties		· ·		· · ·				
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	7,674.		3,070.	4,604.				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,211.	606.	302.	303.				
23	Insurance	6,889.	1,941.	3,978.	970.				
24	Other expenses, Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)								
	amount, list line 24e expenses on Schedule O.)								
а		41,733.		41,733.					
b	<u> </u>	18,485.	7,394.	5,545.	5,546.				
c	Postage and Delivery	9,123.	2,736.	1,369.	5,018.				
d	Bank Charges	5,655.		5,655.					
ę	All other expenses	3,818.		3,818.					
25	Tetal functional expenses. Add lines 1 through 24e	4,077,395.	2,884,521.	950,708.	242,166.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined			].					
	educational campaign and fundralsing solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
					Enr. 990 (2016				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 159,241. 411,430. Cash - non-interest-bearing 1 4,583,500. 4,137,355. Savings and temporary cash investments 2 2 820,286. 1,781,257. 3 Pledges and grants receivable, net 3 42,711. 78,539. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 24,607. 9 32,133. 10a Land, buildings, and equipment; cost or other 36,303. basis, Complete Part VI of Schedule D 10a 32,267. 5,247. Less: accumulated depreciation \_\_\_\_\_\_ 10b 4,036. 10c 29,047,861. Investments - publicly traded securities 31,377,451. 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 113,683. 101,094. Other assets. See Part IV, line 11 15 15 34,832,964. 1,871,767. 37,88<u>7,467.</u> Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,484,609. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 jabilities. key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 117,453. 120,755. 25 ..... 989,220. ,605,364. 26 26 Total liabilities. Add lines 17 through 25 ..... Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Fund Balances 717,395 905,128. 27 Unrestricted net assets 9,219,845. 8,751,418. Temporarily restricted net assets 28 28 22,906,504. 25,625,557. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets or Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 32,843,744 35,282,103. Total net assets or fund balances 33 34,832,964 37,887,467. Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

<u>Tot</u>al

# Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

### Name of the organization Employer identification number CABRILLO COLLEGE FOUNDATION 94-6121953 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Nο above (see Instructions))

Schedule A (Form 990 or 990-EZ) 2018 CABRILLO COLLEGE FOUNDATION 94-6121953 Page 2

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

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2566054.	4170832.	2352345.	4194811.	5044912.	18328954.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
-	furnished by a governmental unit to									
	the organization without charge	16,344.	16,344.	13,320.	23,556.	23,556.	93,120.			
4	Total. Add lines 1 through 3	2582398.	4187176.	2365665.	4218367.		18422074.			
	The portion of total contributions		Arreger Sciences							
-	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,			李孝 医多类定义						
	column (f)									
6	Public support. Subtract line 5 from line 4.			P S S S S S S S S S S S S S S S S S S S			18422074.			
Sec	ction B. Total Support	Burner State Co. State Service State Control of the	Pr. 15 - 4 15 15 15 14 14 14 14 14 14 14 14 14 14 14 14 14	A STATE OF S	Bangayag, na Pinaka ka kutu san		201220,11			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	2582398.	4187176.	2365665.	4218367.		18422074.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	976,927.	770,725.	1342060.	2701855.	950,335.	6741902.			
9	Net income from unrelated business	·				<u> </u>				
	activities, whether or not the									
	business is regularly carried on									
10	Other income, Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	-5,380.	-5,721.	-6,657.	-6,203.	-5.156.	-29,117.			
11	Total support. Add lines 7 through 10						25134859.			
	Gross receipts from related activities,	etc. (see instruction	ons)				,356,932.			
	First five years, If the Form 990 is for	•	/				,			
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2018 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	73.29 %			
	Public support percentage from 2017					15	69.82 %			
	33 1/3% support test - 2018. If the					ore, check this box				
	stop here. The organization qualifies	as a publicly suppo	orted organization	***************************************			<b>▶</b> X			
b	33 1/3% support test - 2017. If the									
	and stop here. The organization qual	lifies as a publicly s	supported organiza	tion			▶□			
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	rere. Explain in Pa	rt VI how the organ	nization			
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test									
	more, and if the organization meets the	_				•				
	organization meets the "facts-and-circ				-		▶□			
18	Private foundation. If the organization						· · · · · · · · · · · · · · · · · · ·			
						dule A (Form 990				

# Schedule A (Form 990 or 990-EZ) 2018 CABRILLO COLLEGE FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities						,		
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support	_							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
C	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is					1			
	regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	tion,		
	check this box and stop here	,					<b>&gt;</b>		
Sec	ction C. Computation of Publi	ic Support Per	centage						
15	Public support percentage for 2018 (	line 8, column (f), d	livided by line 13, o	olumn (f))		15	%		
	Public support percentage from 2017					16	%		
	ction D. Computation of Inves		·	····					
17	Investment income percentage for 20	<b>018</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%		
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%		
19a	33 1/3% support tests - 2018. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	is not		
	more than 33 1/3%, check this box at	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	▶□		
k	b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, che	eck this box and st	t <b>op here.</b> The orga	nization qualifies :	as a publicly suppo	orted organization	▶□		
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	<b>&gt;</b>		

#### Part IV

#### Supporting Organizations

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

Section A	۹. All	Supporting	<b>Organizations</b>

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

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

	_	
	Yes	No
2		
3a		
3h		
3c		
4a		
4b		
4c		
5a 5b		
5c		
5		
7		2000 2000 2000 2000
8		
9a		
9b		
9c		
10a		
10b	10_E7	2018

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	t IV Supporting Organizations (continued)			ugo o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			7.57
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		<u> </u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		64.639 65.539	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	SE SE		10.75
	organizations and what conditions or restrictions, If any, applied to such powers during the tax year.	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十</b>		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	200ab	Pilv	
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
		8: - Vi fe/	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			traction in the second
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		12,000	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		Т	T
	Piddle considerity and the control of the control o	Persona	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			26
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	[magalid	Mark St.	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1.0000	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1.0	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	F-1537	135	[2.25 × 5
•	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a	2	ian gaja	- 185, SV
3	significant voice in the organization's investment policies and in directing the use of the organization's			a (2000)
				Selver Selver
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		<u></u>	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year {see insequences and the Activities Test. Complete line 2 below.	ductions,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	itu (oon inatuustinun		
2	Activities Test. Answer (a) and (b) below.	ty (see instructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	F81.550	105	7 7 7
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1.35 -	1000111
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	F-61	7.3.7	12.73
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	27.7900	S15 5 2
3	Parent of Supported Organizations. Answer (a) and (b) below.		17.5%	3.54 V€.
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	, 1983 A		

_	tV Type III Non-Functionally Integrated 509(a)(3) Supporting			4-6121955 Page 6
-	2.100.0	<del>-</del> -		
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			art VI.) See instructions. Al
Sect	ion A - Adjusted Net Income	mpiete c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	T 1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
	Depreciation and depletion	5		
_ <u>5</u> _6	Portion of operating expenses paid or incurred for production or	+ *		
O				
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		<u></u>
	Other expenses (see instructions)	7		<del> </del>
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	. 8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	·	
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	24-3		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	1	A CONTRACTOR OF THE CONTRACTOR
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
-	see instructions)	4		
-5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6	·	
7	Recoveries of prior-year distributions	7		· · · · · · · · · · · · · · · · · · ·
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	T 1		
2	Enter 85% of line 1	2		***
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	TO BE TO STAND LIES Y	
_ <del></del>	Income tax imposed in prior year	5	The second secon	1000
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<del>                                     </del>		
Ų	emergency temporary reduction (see instructions)			
7	Check here if the current year is the organization's first as a non-functional	lly into	To work with a religious Williams.	I
,	Check here it the current year is the organization's first as a non-junctional	ny integra	ated Type III supporting organ	nzauon (See

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Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <u>(continued)</u>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<u> </u>	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015	<b>发生物产品产品的</b>	10.00	
d	From 2016			
	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			A CONTRACTOR OF STATE
1	Carryover from 2013 not applied (see instructions)			
ì	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D.	多等数120mm200mm200mm200mm200mm200mm200mm200m		
-	line 7: \$			[ ] : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
а	Applied to underdistributions of prior years		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Applied to 2018 distributable amount	ASSET IN PARTICIPATION		n sinanes espolatation (page apparature). His re-
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions,			
6	Remaining underdistributions for 2018. Subtract lines 3h	i i		100 FOR A 100 OFF BUILDING A 100 CONTRACTOR
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions,			
7	Excess distributions carryover to 2019. Add lines 3j	A section of the contract of the state of the state of the section		
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	ENGOGO HOTH EUTO	- 重く、もくを持つされた。 こうり きまむ (正面) へんし 御山 気がった。	重点,一点一点,一点,在我们就是一个话道。 化二氯化二氯化二氯化二氯化二氯化二氯化二氯化二氯化二氯化二氯化二氯化二氯化二氯化	重けためにもの 一部名 (特別な) マグラル (重信) こんごうしょうご

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016
 d Excess from 2017
 e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 20	18 CABRILLO	COLLEGE	FOUNDATION	94-6121953 Page 8
Part VI	line 1; Part IV, Section A, lines	s 1, 2, 3b, 3c, 4b, 4c, D, lines 2 and 3; Par	5a, 6, 9a, 9b, 9d : IV, Section E, lir	c, 11a, 11b, and 11c; Part nes 1c, 2a, 2b, 3a, and 3b	10; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, ; Part V, line 1; Part V, Section B, line 1e; Part V, s part for any additional information.
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					<u> </u>

## SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	, (see separate instructions), then Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III			
	ne of organization	aone. Complete i att III.			Employer identification number
	CABRILL	O COLLEGE FOUNDAT	NOI		94-6121953
Pε	art I-A Complete if the org	anization is exempt unde	r section 501(c) o	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			<b>&gt;</b> \$
Pε	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955		<b>&gt;</b> \$
	Enter the amount of any excise tax				
	If the organization incurred a section Was a correction made?				
	If "Ves " describe in Part IV				
Pε	art I-C Complete if the org	anization is exempt unde	r section 501(c),	except section 50	01(c)(3).
	Enter the amount directly expended				▶\$
2	Enter the amount of the filing organ		=		
_	exempt function activities				<b>&gt;</b> \$
3	Total exempt function expenditures		·		<b>~</b> *
A	line 17b  Did the filing organization file Form	4400 DOL for this year?			Ver Ne
	Enter the names, addresses and en				
3	made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount paid omptly and directly delivered to a	from the filing organiz separate political orga	ation's funds. Also ent anization, such as a sep	er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's contributions received and

Schedule C (Form 990 or 990-EZ) 2018  Part II-A Complete if the org section 501(h)).	CABRILLO CO janization is exe	OLLEGE FOUND mpt under section	ATION 501(c)(3) and file	94-6 ed Form 5768 (ele	121953 Page 2 ction under
A Check  if the filing organize expenses, and sha	re of excess lobbying	filiated group (and list in expenditures). and "limited control" pro		group member's name	, address, EIN,
Lim	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)			·-·
b Total lobbying expenditures to infl	•	·- · - ·	***************************************		
c Total lobbying expenditures (add I				0.	
d Other exempt purpose expenditur					
e Total exempt purpose expenditure				0.	
f Lobbying nontaxable amount. Ent	er the amount from th			0.	
If the amount on line 1e, column (a)		bbying nontaxable am			
Not over \$500,000		the amount on line 1e.	- " " " "		
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	<u> </u>	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17		00 plus 5% of the exce			
Over \$17,000,000	\$1,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	1 77,7	,,			
g Grassroots nontaxable amount (er	nter 25% of line 1ft			0.	
h Subtract line 1g from line 1a. If zer	, ,		***************************************		
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze					·-
reporting section 4911 tax for this		*		Г	Yes No
(Some organizations t	4-Year Av	veraging Period Under 501(h) election do not l rate instructions for lir	Section 501(h) nave to complete all c	• • • • • • • • • • • • • • • • • • • •	
	Lobbying Expe	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total
2a Lobbying nontaxable amount	302,355.				302,355.
b Lobbying ceiling amount (150% of line 2a, column(e))					453,533.
c Total lobbying expenditures	193,089.	,			193,089.
d Grassroots nontaxable amount	75,589		Water to the second second		75,589.
e Grassroots ceiling amount (150% of line 2d, column (e))					113,384.
f Grassroots lobbying expenditures	193,089.	,			193,089.

Schedule C (Form 990 or 990-EZ) 2018

# Schedule C (Form 990 or 990-EZ) 2018 CABRILLO COLLEGE FOUNDATION 94-61219 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  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 similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	. 1		Amour	
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<ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?</li> </ul>		Yes		
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3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				
	. 2			
	3			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."		<u> </u>	ine 3	i, is 
1 Dues, assessments and similar amounts from members	1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).	s. 5			
a Current year	2a			
b Carryover from last year				
c Total	2c	<u> </u>	<del></del>	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 -			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3	50		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	3	50 96 1.5 4.5		
	3			
expenditure next year?	<u>4</u>			
expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information	3 4 5			

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CABRILLO COLLEGE FOUNDATION

Employer identification number 94-6121953

Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	=	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose o	conferring
-	impermissible private benefit?		Yes No
Par	Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
_	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	<u> </u>	
	violations, and enforcement of the conservation easements	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting.	, nandling of violations, and enforcing cons	servation easements during the year
-			Attended to the second
7	Amount of expenses incurred in monitoring, inspecting, han ▶ \$	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abor	us satisfy the requirements of postion 170/	(F)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
0	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
3	include, if applicable, the text of the footnote to the organization	-	
	conservation easements.	duon a financial statements triat describes	the organization's accounting for
Par	III Organizations Maintaining Collections o	f Art. Historical Treasures, or Ot	her Similar Assets.
4.,000. 7	Complete if the organization answered "Yes" on Form	•	
1a	If the organization elected, as permitted under SFAS 116 (A		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		,
b	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		and the same and t
	(i) Revenue included on Form 990, Part VIII, line 1		
			_
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS		Samuel Islanda
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> \$
	Assets included in Form 990, Part X		

		O COLLEGE F				94	<u>-61</u>	<u> 21953</u>	Page 2
Par	t III Organizations Maintaining C	ollections of Art	., Historical Tre	asures, or Oth	er Si	imilar A	ssets	(continu	ued)
3	Using the organization's acquisition, accession						_		
	(check all that apply):	,	•		•				
а	Public exhibition	d	Loan or excl	nange programs					
b	Scholarly research	e.	<del></del> 1	iango programo					
	Preservation for future generations	· ·							
C	<del></del>	ماماسية المستران والمسالة	la mara della mara di malla mara dala				. D	VIII	
4	Provide a description of the organization's co		•	_			ı Pan .	XIII.	
5	During the year, did the organization solicit or						_	٦	
DX.	to be sold to raise funds rather than to be ma					<u></u>		Yes	No.
Lar	tiv Escrow and Custodial Arrang		ete if the organization	n answered "Yes"	on Fo	rm 990, Pa	art IV, I	ine 9, or	
	reported an amount on Form 990, Par	•							
1a	Is the organization an agent, trustee, custodia								
	on Form 990, Part X?		• • • • • • • • • • • • • • • • • • • •				., L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
								Amount	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					***********		] 169	
	t V Endowment Funds. Complete i								
1. 60	Literatura Complete					Th		/ ) F	
		(a) Current year	(b) Prior year	(c) Two years back		Three years			years back
1a	Beginning of year balance	29,546,591.	26,381,772.	23,618,812		22,882,			847,668.
b	Contributions	2,728,569.	2,306,866.	635,876		1,888,			474,105.
C	Net investment earnings, gains, and losses	821,113.	2,020,367.	3,148,805		-219,	524.		497,620.
d	Grants or scholarships	1,103,354.	625,694.	513,209	٠.	485,	,176.		333,245.
е	Other expenditures for facilities								
	and programs	8,592.	7,157.						137,613.
f	Administrative expenses	586,978.	529,563.	508,512	≥.	447,	325.		466,183.
g	End of year balance	31,397,349.	29,546,591.	26,381,772	2.	23,618,	812,	22,	882,352.
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)	) held as:				· · · · · · ·	
а	Board designated or quasi-endowment	1.00	%	,					
h	Permanent endowment > 82.00	%	<u></u> / b						
~	Temporarily restricted endowment ▶ 1	·							
· ·									
•	The percentages on lines 2a, 2b, and 2c should be the second and the second sec	•		al a decledada con el Va					
<i>3</i> a	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid an	ia aaministerea toi	r the o	rganizatioi	a	Г	
	by:								Yes No
	(i) unrelated organizations							3a(i)	X_
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?	***************************************				3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	<del>)</del> 10.			
	Description of property	(a) Cost or o				ımulated	T	(d) Book	value
	, ,	basis (investn			-	ciation		(4,7 = 44.7)	
12	Land	<u> </u>				va riganju (		-11411	
_				10 to 40 c	61, 195.	25, 25, 25, 11	-		
b	Buildings								
C	Leasehold improvements			6 202	2	2 260	+		026
	Equipment	I	3	6,303.		2,267	<u>.                                    </u>	4	1,036.
	Other			LL			+		
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part I	X. column (B), line 1	Oc.)			-	4	1,036.

	(Form 990) 2018	CADRILLO
Part VII	Investments	- Other Securities.

(a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value			l-of-year market value
1) Financial derivatives		, ,		
2) Closely-held equity interests				
3) Other				<del></del>
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	-			
(G)				·
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			Talka erani erak	
Part VIII Investments - Program Related.	<del></del>	North Control of the Control of State o	The Superson State of March 1985	<u>eritheral to the late in the late of the gray</u>
<del></del>	an Farm 000 Deat N/ No.	- 44. O. F 000 F	5. LV P. 40	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line			l-of-year market value
	(b) DOOK Value	(c) Method of Va	aluation, Cost of end	i-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				<del></del>
(6)				
(7)				
(8)				
(0)				
(9)				
(9)  Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.	on Form 000 Post IV lin			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"				
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description			(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1)				
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(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description			
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a)	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) Post Employment Benefits	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) Post Employment Benefits (3)	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X. Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) Post Employment Benefits (3) (4)	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) Post Employment Benefits (3) (4) (5) (6)	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) Post Employment Benefits (3) (4) (5) (6)	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) Post Employment Benefits (3) (4) (5) (6) (7) (8)	Description	e 11d. See Form 990, F	Part X, line 15.	(b) Book value
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) Post Employment Benefits (3) (4) (5) (6)	2 15.) on Form 990, Part IV, line	e 11d. See Form 990, F	Part X, line 15.	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

1	Total revenue, gains, and other support per audited financial statements	_1	5,957,488.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10/1649	
a	Net unrealized gains (losses) on investments	<u>.                                    </u>	
b	Donated services and use of facilities 23,556		
¢	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 5,156		
е	Add lines 2a through 2d	_2e	<u>-2,744</u> ,515.
3	Subtract line 2e from line 1	3	8,702,003.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		"
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 586, 978		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	586,978.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	9,288,981.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 3,519,129. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 23,556. b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 5.156. 2d 28,712. e Add lines 2a through 2d 3,490,417. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 586,978. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 586,978. Total expenses, Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 4,077,395. Part XIII Supplemental Information.

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

#### Part X, Line 2:

The organization has adopted Financial Accounting Standards Board (FASB) accounting standards codification (ASC) Topic 740 that clarifies the accounting for uncertainty in tax positions taken on a tax return and provides that the tax effects from an uncertain tax position can be recognized in the financial stsatments only if, based on its merits, the position is more likely than not to be sustained on audit by the taxing authorities. Management believes that all tax positions taken to date are highly certain, and, accordingly, no accounting adjustment has been made to the financial statements. Interest and penalties related to uncertain tax positions are recorded as part of the income tax expenses, if applicable.

Schedule D (Form 990) 2018 CABRILLO COLLEGE FOUNDATION  Part XIII   Supplemental Information (continued)	94-6121953 Page 5
Supplemental Information (continued)	
Part XI, Line 2d - Other Adjustments:	
Fundraising Expenses	5,156.
Dank WIT Time 2d Obbas Adirestments.	
Part XII, Line 2d - Other Adjustments:	•
Fundraising Expenses	5,156.
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	····

#### **SCHEDULE G**

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

➤ Attach to Form 990 or Form 990-EZ.

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

Name of the organization CABRILLO COLLEGE FOUNDATION

Employer identification number

CABRILLO COLLEGE FOUNDATION 94-6121953

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization rais										
a X Mail solicitations			-	overnment grants						
b X Internet and email solicitations				nment grants						
c X Phone solicitations	g X Special	fundra	ising :	events						
d X In-person solicitations										
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, or					
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
<b>b</b> If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ne fundraiser is to be	1				
compensated at least \$5,000 by the	organization.									
				1	4 3 A 4 . 1 3					
(i) Name and address of individual	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)								
or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of contributions?		from activity	fundraiser	to (or retained by) organization		
							listed in col. (i)	<u> </u>		
		Yes	No							
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			<b>&gt;</b>							
3 List all states in which the organization	n is registered or licensed to solicit c	ontrib	ut <b>io</b> ns	or has been notified	it is exempt from re	gistrat <b>io</b> n				
or licensing.										
CA										
						****				
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Schedule G (Form 990 or 990-EZ) 2018 CABRILLO COLLEGE FOUNDATION 94-6121953 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None (add col. (a) through WES Luncheon col. (c)) (event type) (event type) (total number) 201,049. 201,049. 1 Gross receipts 2 Less: Contributions 201,049. 201,049. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages ..... Entertainment 5,156. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) .156. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . 2 Cash prizes ..... 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 CABRILLO COLLEGE FOUNDATION 94	-61219	53	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\( \sum \) Ye	es [	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Ī	
	to administer charitable gaming?	Y	es [	No
13	Indicate the percentage of gaming activity conducted in:			
ε	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
<b>15</b> a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀 Ye	es [	No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
•	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?	v	es l	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		,	140
Ī	organization's own exempt activities during the tax year > \$			
Pε	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. lines	s 9. 9t	o. 10b.
1.1.27	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	, ,
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Schedule G (Form 990 or 990-EZ) CABRILLO COLLEGE FOUNDATION	94-6121953 Page 4
Schedule G (Form 990 or 990-EZ) CABRILLO COLLEGE FOUNDATION  Part IV Supplemental Information (continued)	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Inspection

Name of the organization Employer identification number CABRILLO COLLEGE FOUNDATION 94-6121953 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (e) Amount of (g) Description of (d) Amount of (h) Purpose of grant or assistance valuation (book, FMV, appraisal, other) or government (if applicable) cash grant non-cash assistance noncash assistance Cabrillo Community College District - 6500 Soquel Drive -FAIR MARKET INSTRUCTIONAL Aptos, CA 95003 77-0385111 1,345,340. 41,733. VALUE EQUIPMENT SUPPORT COLLEGE PROGRAMS Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ...... Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

OMB No. 1545-0047

632101 11-02-18

Schedule I (Form 990) (2018) CABRILLO COLLEG	E FOUNDAT	PION			94-6121953	Page 2
Part III. Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	, Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of eash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncesh assis	stance
Scholarships	0	1,141,784.	0.			
THE PARTY OF THE P						
#A						
Part IV Supplemental Information. Provide the information rec	ulred in Part I lin	a 2: Part III. column	(h); and any other as	tditional information		
Part I, Line 2:	and the arch in	o e, i air III, osiai III	10), cald only only at	Tartional Information.	HA.	
Each scholarship or grant has its	own crite	ria to ide	entify qual	ified		
recipients as determined by the do	nors. Sch	olarships	which are	intended for		
students in specified areas of students	dy are of	ten determ	nined by ea	ch academic		
department through their own selec	tion proc	ess based	on the cri	teria		
established by the donor. Scholars	hip recip	ients iden	tified thr	ough the		
general scholarship program are se	lected by	committee	from the	financial		
aid/scholarship office whose appli	cations h	ave been r	anked by a	committee		
consisting of one member from a Ca	brillo Co	llege Divi	lsion, usin	g criteria	Schedule I (Form 9	90) (2018)

Schedule I (Form 990) Part IV Supple		1	CABRILLO	COLLEGE	FOUND	ATTON	 	94-6121953	Page 2
Part IV   Supple	mental	Into	rmation				 <del></del>		
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### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CABRILLO COLLEGE FOUNDATION **Questions Regarding Compensation** 

Employer identification number 94-6121953

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	1.00	(44)	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		944	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	Type Professor Life (All Johnson		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	_2		
			20%	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, dld any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		\$\frac{1}{2}\frac{1}{2}	
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	2 200.2.12	х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	3		
		477		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	\$1.5		
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			14/13
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.		.7	- 25.4
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	\$ 45		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	11 m 12 m	: 1 m 3 m 1 m 3 m	
	Regulations section 53.4958-6(c)?	9		

Page 2

Schedule J (Form 990) 2018 CABRILLO COLLEGE FOUNDATION 94-6121953

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) Kathleen Welch	(0)	0.	0.	0.	0.	0.	0.	0.
Director	(0)	180,757.	0.	0.	27,416.	21,607.	229,780.	0.
(2) Matt Wetstein	(i)	0.	0.	0.	0.	0.	0.	0.
Asst Secretary	(ii)	231,747.	0.	0.	31,737.	18,113.	281,597.	0.
(3) Sue Gochis	(i)	0.	0	0.	0.	0.	0.	0.
Director	(ii)	149,091.	0.	0.	22,692.	29,391.	201,174.	0.
(4) Victoria Lewis	(i)	0.	0.	0.	0.	0.	0.	0.
Asst Treasurer	(ii)	167,921.	0.	0.	29,730.	30,514.	228,165.	0.
(5) Eileen Hill	(i)	147,152.	0.	0.	12,744.	31,423.	191,319.	0.
Executive Dir.	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Laurel Jones	(i)	0.	0.	0.	0.	0.	0.	0.
Former Asst Secretary	(0)	44,777.	0.	0.	0.	6,273.	51,050.	1,685.
	(i)							, , , , , , , , , , , , , , , , , , ,
	(ii)					·		
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 CABRILLO COLLEGE FOUNDATION	94-6121953	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complet	e this part for any additional information	on.
Part I, Line 4b:	100 000	
Executive Director		
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	ν.	*****

Schedule J (Form 990) 2018

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### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CABRILLO COLLEGE FOUNDATION

Employer identification number 94-6121953

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi		s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional Interests					·	
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	<u> </u>	20	137,747.	Daily Avg.		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						•
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial					<del></del>	
17	Real estate - Other						
18	Collectibles						
19	Food inventory					***	
20	Drugs and medical supplies						
21	Taxidermy				"		
22	Historical artifacts			-			
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (Other)	X	36	19,434.	FMV		
26	Other (Medical Equip)	X	1	17,300.			
27	Other (Music Equipme)	X	2	4,999.	FMV		
28	Other (						
29	Number of Forms 8283 received by the organifor which the organization completed Form 82	-	•				
	·	,	•			Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		300
	must hold for at least three years from the date			_	sed for	2 ( ) ( ) ( ) ( )	
	exempt purposes for the entire holding period					30a	X
b	If "Yes," describe the arrangement in Part II.	***************************************	•••••	***************************************			
31	Does the organization have a gift acceptance	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х
32a	Does the organization hire or use third parties						
	contributions?		•	, , , , , , , , , , , , , , , , , , , ,		32a	x
b	If "Yes," describe in Part II.						1.
33	If the organization didn't report an amount in o	olumn (c) for	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

Schedule M	(Form 990) 2018	CABRILLO	COLLEGE	FOUNDATION		94-6121953	Page 2
Part II	Supplementa is reporting in Par this part for any a	<b>I information.</b> t I, column (b), the dditional information	Provide the info number of cont on.	rmation required by Pa ributions, the number o	rt I, lines 30b, 32b, and 33, if items received, or a combi	and whether the organizat nation of both. Also comp	ion lete
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#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public
Inspection

Name of the organization

CABRILLO COLLEGE FOUNDATION

Employer identification number 94-6121953

Form 990, Part VI, Section B, line 11b:

Line 11b Explanation - Draft copy provided to board members for review prior to filing. All questions/comments addressed prior to filing.

Form 990, Part VI, Section B, Line 12c:

On July 1 of each year, a letter with the conflict of interest policy is sent to all Cabrillo College Foundation staff members, committee members, directors, and trustees. The completed signed statements are kept on file for each fiscal year. For audit purposes, the executive director and accounting manager are notified of any business or family relationships between officers, directors, trustees, or key employees.

Form 990, Part VI, Section B, Line 15a:

Annual salary increases for the executive director are approved by the executive committee during the course of the annual budget approval process. The executive committee reviews and approves compensation, including benefits, of the executive director initially at the time of hire, and whenever the compensation is modified. Separate review and approval by the executive committee shall not be required if a modification of compensation extends to substantially all employees. The board of directors approves any executive director salary increases. Salary surveys of comparable institutions and like professionals are used as a basis for salary adjustments.

Form 990, Part VI, Section C, Line 19:

Governing documents and policies available on website or upon request.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization  CABRILLO COLLEGE FOUNDATION	Employer identification number 94-6121953
Financial statements available upon request.	
······································	

SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2018

Open to Public Inspection
Employer identification number 94-6121953

CABRILLO COLLEGE FOUNDATION

Part | Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)
Name, address, and EIN (if applicable)
of disregarded entity

(b)
Primary activity
Legal domicile (state or foreign country)

(c)
Legal domicile (state or foreign country)

(d)
End-of-year assets
Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	foreign country) section status (if section entity		at domicile (state or Exempt Code Public charity Direct co foreign country) section status (if section enti		cont	g) 612(b)(13) rolled lity?
Cabrillo Community College - 77-0385111			<b> </b>	501(0)(3))		Yes	No
6500 Soquel Drive	<del> </del>						
Aptos, CA 95006	COLLEGE DISTRICT	California	GOVNT	GOVNT			x
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			<u> </u>	<del> </del>		-	

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

Schedule R (Form 990) 2018

832161 10-02-18 LHA

Schedule R (Form 990) 2018 CABRILLO COLLEGE FOUNDATION

94-6121953

Page 2

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

			T							7	
(a)	{b}	(c)	(d)	(e)	(f)	(g)		h)	(0)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disproportion		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percentage ownership
of related organization		(state or	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year	alloca	ilons?	amount in box	manag	ownership
		foreign country)		sections 512-514\		assets	V	N1.	20 of Schedule	y I	<del>''</del>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity	(c) Legal domicila (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr enti	i) ofice b)(13) rolled tity?
	country)					ļ		No
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		Primary activity Legal domicile	Primary activity Legal denticita Direct controlling (state or foreign	Primary activity  Legal domicila (state or foreign entity (C corp., S corp.,	Primary activity  Legal demicile (state or foreign entity (C corp., S corp., income foreign)	Primary activity  Legal demicila (state or foreign entity (C corp., S corp., income end-of-year	Primary activity Logal denicital Circle controlling Type of entity (C corp. S corp. income end-of-year ownership	Primary activity  Legal denicita (state or entity (C corp., S corp., income end-of-year ownership entity or trust)  Primary activity  Legal denicita (c corp., S corp., income end-of-year ownership entity ownership entity)

632162 10-02-18

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

832163 10-02-18

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(o) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 601 (c) ( orgs. Yes 1	   sec.  3) 	(f) Share of total Income	(g) Share of end-of-year assets	(h Dispro tiona allecati Yes	por- ti ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) Percentage ownership
										···		
						*****						

Schedule R (Form 990) 2018

832154 10-02-18

Schedule R	(Form 990) 2018	CABRILLO	COLLEGE	FOUNDATION	94-6121953	Page 5
Part VII	(Form 990) 2018 Supplemental Inform	mation.				
	Provide additional informa	tion for responses	to questions on	Schedule R. See instructions.		
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## Form **8868**

(Rev. January 2019)

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

File a separate application for each return.

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts for which an extension request must be sent to the IDC in paper formet (see instructions). For more details on the electronic

filing of th	is form, visit www.irs.gov/e-file-providers/e-file-for-chari			e details on t	rua electronic				
	atic 6-Month Extension of Time. Only subm								
	ations required to file an income tax return other than Fo			-in- DENIO					
	Form 7004 to request an extension of time to file incom			nips, REMICS	s, and trusts				
11,001,000	Tomit 700 to request an excellent of time to the moon	S tax istui	110,						
	I M. C.			Enter file					
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nu	ımber (EIN) or			
print	CABRILLO COLLEGE FOUNDATION	т			04 6101	0.5.5			
File by the	Number, street, and room or suite no. If a P.O. box, s		liana	Coolel co	94-6121				
due date for filing your return, See	6500 SOQUEL DRIVE	ee matruci	uoris,	Social se	curity number (S	SIN)			
instructions.	(1), 388								
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			01			
Application		Return	Application		<u> </u>	Return			
Is For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)	****		07			
Form 990	-BL	02	Form 1041-A			08			
Form 472	0 (individual)	03	Form 4720 (other than individua	ıl)		09			
Form 990	-PF	04	Form 5227	10					
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870			12			
• The he	Nancy Machado boks are in the care of <b>6500 SOQUEL DRI</b>	F 7 7 12 1	3 D T O C O C O C O C O C O C O C O C O C O	3100					
Toloph	one No. ► 831-479-5032	LVE -	Fax No. ►	2730					
	organization does not have an office or place of business	in tha l la				<b>.</b> —			
● Ifthisi	s for a Group Return, enter the organization's four digit (	Group Exe	motion Number (GEN)	If this is fo	r the whole grou	n abaak thin			
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EiNs	of all memb	ers the extension	is for			
<u> </u>				or all months	oro are extension	101,			
1     rec	quest an automatic 6-month extension of time until	May	y 15, 2020 , to	file the exem	npt organization a	return for			
the	organization named above. The extension is for the orga	anization's							
	calendar year or								
►l	X tax year beginning JUL 1, 2018	, an	d ending <u>JUN 30, 201</u>	9	<u> </u>				
				<b>-</b>					
2 If th	e tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	_ Final retur	'n				
_	Change in accounting period								
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			<del></del>			
	nonrefundable credits. See instructions,			За	\$	0.			
<b>b</b> If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
	mated tax payments made. Include any prior year overp			3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa		· · · · · · · · · · · · · · · · · · ·						
	g EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
Caution:	If you are going to make an electronic funds withdrawal	(direct det	oit) with this Form 8868, see Form	8453-EO an	d Form 8879-EO	for payment			

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

Form 8868 (Rev. 1-2019)