	990
Form	330

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information

2021
Open to Public
Inspection

Inter	nal Reveni		Go to www.irs.gov/Fo	initiation in the instructions a			/11.	1	inspection	JII
Α	For the	e 2021 ca	lendar year, or tax year beginning			ending				
В	Check if a	applicable:	C Name of organization SOUTH PAC	IFIC COUNTY COMMUNI	TY FOUNDAT	FION D	Employer	identification	n number	
	Address	change	Doing business as PACIFIC COMMUNIT	Y FOUNDATION						
			Number and street (or P.O. box if mail is no	t delivered to street address)	Room/suite	30)-0752563	1		
	Name ch	ange	PO BOX 75			E	Telephone	number		
\square	Initial retu	urn	City or town	State	ZIP code		0 005 50	~~		
			Nahcotta	WA	98637	36	0-665-52	92		
	Final return	n/terminated		n province/state/county	Foreign posta	l code				
\square	Amended	d return		, ,	5 1		Gross rece	eiots S		228,150
							1			
	Applicatio	on pending	F Name and address of principal officer:			H(a) Is this a	group return fo	or subordinates?	Yes	X No
			KATHLEEN SAYCE PO BOX 91, N	AHCOTTA, WA 98637		H(b) Are al	subordinate	s included?	Yes	No No
1	Tax-exer	mpt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or 527	If "No	attach a lis	t. See instruct	lions	
		· · · · · · · · · · · · · · · · · · ·				-				
J	Website	: 🕨 spc	ct.org			H(c) Group	exemption n	iumber 🕨		
к	Form of	organizatior	n: X Corporation Trust Assoc	ation Other Þ	L Ye	ar of formatio	2012	M State o	f legal domicile	e: WA
P	art I	Su	mmary							
	1		lescribe the organization's mission or	meet eignificant activitie	0	minaian ia	to domon	atrata inna		
e	1					mission is	to demon	strate mno	valive	
ũ			nip in philanthropy to foster a dynami							
Activities & Governance		hosting	classes for nonprofit organizations, a	nd by managing donor-o	directed fund	S.				
Ve	2	Check th	his box 🕨 🔄 if the organization dis	continued its operations	or disposed	of more th	nan 25% c	of its net as	sets.	
ß	3		of voting members of the governing					3		8
ంర	4		of independent voting members of t		the second			4		8
es	100		mber of individuals employed in cale					5		0
viti	5									0
G	6	Total nu	mber of volunteers (estimate if neces	sary)	bi s s s		· · ·	6		
◄	7a		related business revenue from Part V					7a		0
	b	Net unre	elated business taxable income from	Form 990-T, Part I, line	<u>11</u>			7b		
						P	rior Year		Current Yea	
Ð	8	Contribu	tions and grants (Part VIII, line 1h).	· · · · · · · · · · · · · · · · · · ·			119	,168	2	168,510
Revenue	9							0		
SV6	10	Investm	ent income (Part VIII, column (A), line	es 3, 4, and 7d)			31	,687		59,640
Å	11		evenue (Part VIII, column (A), lines 5,					0		0
	12		enue—add lines 8 through 11 (must equ				150	,855		228,150
	13		and similar amounts paid (Part IX, co				13	,081	1.	130,886
	14		paid to or for members (Part IX, colu					0		0
es	15		other compensation, employee benefit		·			0		0
ns	16a	Professi	ional fundraising fees (Part IX, colum	n (A), line 11e)				0		0
Expenses	b	Total fur	ndraising expenses (Part IX, column	(D), line 25) 🕨	C					
ñ	17		penses (Part IX, column (A), lines 1				8	,624		9,067
	18		penses. Add lines 13-17 (must equa					,705	3	139,953
	19	A REPORT OF THE PARTY OF	e less expenses. Subtract line 18 fro					,150		88,197
		Revenu	e less expenses. Odbitactime to no			Beginning	of Current		End of Yea	
Net Assets or Fund Balances	20	Total ac	sets (Part X, line 16)			Deginning	100000000000000000000000000000000000000	,154		895,234
Bala	20				* * * * * M					
nd A	21							,889		37,295
			ets or fund balances. Subtract line 21	from line 20	. <u>.</u>		739	,265	2	857,939
	irt II		nature Block							
Unde	er penalti	ies of perjury	y, I declare that I have examined this return, inc	uding accompanying schedules	and statements	s, and to the b	est of my kno	owledge		
and	belief, it i	is true, corre	ct, and complete. Declaration of preparer (othe	than officer) is based on all inf	ormation of whic	ch preparer ha	is any knowle	edge.		
Sig	in		- Kally Syca				10	/11/202	2	
102 C 12			Signature of officer				Date			
He	re		KATHLEEN SAYCE		TRE	ASURER				
			Type or print name and title							
		Prin	t/Type preparer's name	Preparer's signature	1	Date			PTIN	
Pai	id			10 1				neck if		
	eparer	WIL	LIAM D COTE	VCC		10/11	2022 se	elf-employed	P010487	96
	-		n's name ► WILLIAM D COTE, CPA	PC		Fi	rm's EIN 🕨	56-23772	59	
US	e Only	y	i's address ► PO BOX 2345, GEARHA	and an an an and a second second second			none no.	(503) 738-		
								(000) 100		<u> </u>
Ma	y the IF	RS discus	s this return with the preparer shown	above? See instruction	S				X Yes	No No

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	90 (2021)	SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION	30-0752563	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly d	escribe the organization's mission:		
		ion is to demonstrate innovative leadership in philanthropy to foster a dynamic		
		ity. The foundation achieves this by hosting classes for nonprofit organizations, and		
		ging scholarships, donor-directed funds, program support funds, and other		
		opic tools to create, mange and build endowments and other financial support.		
2		rganization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3	Did the c	rganization cease conducting, or make significant changes in how it conducts, any program		
		?	· · Yes	X No
		describe these changes on Schedule O.		
4		the organization's program service accomplishments for each of its three largest program services		
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported.	ocations to others,	
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 20,000 including grants of \$) (Revenue)	e \$)
		E A GRANT OF \$20,000 TO COASTAL ALLIANCE FOR YOUTH (AN AFTER-SCHOOL PROGRAM		/
		IG ON THE LONG BEACH PENNINSULA).		
4b	(Code:) (Expenses \$ 16,600 including grants of \$) (Revenue	e \$)
	PROVID	E ASSISTANCE OF \$16,600 TO THE FOOD 4 KIDS PROGRAM HOSTED BY THE LONG BEACH	ELKS LODGE	
	#1937.			
4c	(Code:) (Expenses \$ 15,000 including grants of \$) (Revenue)
		E A GRANT OF \$15,000 FOR THE DYLAN JUDE HARRELL COMMUNITY CENTER. THE DJHCC	PROVIDES AFTE	ER
	SCHOOL	PROGRAMS TO YOUTH IN THE OCEAN BEACH SCHOOL DISTRICT.		
4d	2010-001000 - Marina M	ogram services (Describe on Schedule O.)	0.)	
	(Expense		0)	
_4e	Total pro	gram service expenses 136,402		

Form 990 (2021) SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION Part IV Checklist of Required Schedules

30-0752563	Page 3

			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					
	complete Schedule A	1	х			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X			
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.					
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.					
F		4		<u>X</u>		
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 Rev. Proc. 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	Х			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? 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		Х		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a					
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt					
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments					
	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	Х			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,					
	VII, VIII, IX, or X, as applicable.					
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		х		
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		х		
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets					
1000	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х		
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		х		
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
12a	Schedule D, Parts XI and XII.	12a		х		
L	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a		~		
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v		
40		120		X		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.			X		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,					
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v		
	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	4-				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		v		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services					
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on					
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					
	If "Yes," complete Schedule G, Part III	19		X		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х			

the second s	SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION 30-07	52563	Р	age 4
Par	IV Checklist of Required Schedules (continued)			
			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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	0.4		v
h	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year	24b		<u> </u>
C	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1.	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		~
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? 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 the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .	30		v
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		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 on Schedule O for Part VI, lines 11b and			
Contraction of the local division of the loc	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par			1	
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a		4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	L

Form 9	190 (2021) SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION 30-075	2563	Pa	age 5
Par			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2	Statements, filed for the calendar year ending with or within the year covered by this return			1.5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	1.2.2		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			V
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00		
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 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	•		v
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
ь 10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1.10		
~	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.			
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.			
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			
С	Enter the amount of reserves on hand	140		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u>^</u>
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	and the second	X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	100 1000	
	If "Ves " complete Form 6069		13	

Form 9	0 (2021) SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION 30-0752							
Par	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ins	struct	ions.				
	Check if Schedule O contains a response or note to any line in this Part VI	• •		\square				
Sect	ion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3						
	If there are material differences in voting rights among members of the governing body, or	-		11				
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain on Schedule O.							
b		3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-						
	any other officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct	-						
-	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-						
74	one or more members of the governing body?	7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10						
b		76						
•	stockholders, or persons other than the governing body?	7b		X				
8								
-	the year by the following:	0.0	v					
a L	The governing body?	8a	<u>X</u>					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
0	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	1	Х				
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Joae.	-	No				
40-	Did the experimetion have level sharebee, or efflicted?	100	Yes	No X				
1.0	Did the organization have local chapters, branches, or affiliates?	10a	_	^				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	V					
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 on Schedule O the process, if any, used by the organization to review this Form 990.	10-	v	1993				
12a		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-	v					
	describe on Schedule O how this was done	12c	X	v				
13	Did the organization have a written whistleblower policy?	13	V	X				
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.		V				
a	The organization's CEO, Executive Director, or top management official.	15a		X				
b	Other officers or key employees of the organization	15b	1.172.1	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1.0						
	with a taxable entity during the year?	16a		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 exempt status with respect to such arrangements?	16b						
	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed	E04/->						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	301(C)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1						
	Own website X Another's website X Upon request Other (explain on Schedule C							
19								
	and financial 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 KATHLEEN SAYCE 360-665-5292							
	KATHLEEN SAYCE 360-665-5292 PO BOX 75, NAHCOTTA, WA 98637							

Form 990 (2021)	SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION	30-0752563	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
	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 Employee	es	

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above

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

		(C)								
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average	box,	unles	s person		is both a	an)	Reportable	Reportable	Estimated amount
	hours per week				10000	or/trustee	-	compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	Idua	utio	er	dute	ove	er	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	ĩ đ	nal t		loye	Biomp		,		3
	below dotted line)	stee	rust		Ö	bens				
			96	0		Highest compensated employee				
(1) PHILALLEN	2.00	and	1							
BOARD MEMBER	0.00	Х	V							
(2) SUSAN CARNEY	2.00									
BOARD MEMBER	0.00	X								
(3) TODD WIEGARDT	2.00									
BOARD MEMBER	0.00	Х					_			
(4) KATHLEEN SAYCE	2.00									
TREASURER	0.00	Х		Х						
(5) STEPHANIE SOTKA	2.00									
PRESIDENT	0.00	Х		Х			_			
(6) ELIZABETH FLANDERS	2.00	v		v						
VICE PRESIDENT	0.00	X		Х			-			
(7) JERRY MACY	2.00	v		х						
SECRETARY (8) EUGENE NORCROSS-RENNER	0.00	X		^			-			
(8) EUGENE NORCROSS-RENNER BOARD MEMBER	0.00	х								
(9) MARCIA SCHOLL	2.00	~			_		-			
BOARD MEMBER	0.00	х								
(10)	0.00	~								
(11)										
(12)										
(13)										
(14)										-

	990 (2021) SOUTH PACIFIC COUNTY CO									30-075	
P	art VII Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	and	Hi	ghes	t Co	ompensated Em	ployees (contin	ued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson irecto	than c is both pr/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		dolled line)	Ű	ee			sated				
(15)									~		
(16)											
(17)								4		>	
(18)								V			
(19)							Å				
(20)						P	C.)		
(21)				P &	1	1					
(22)				A A	N.						
(23)				0							
(24)											
(25)											
1b	Subtotal								0	0	0
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c).		 				· ·	•	0	0	0
2	Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis	ted a	bov	e) w	vho	receiv	ved	more than \$100	,000 of	0
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ctor, trustee, key									Yes No 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	of reportable com	pens	satic	on a	nd c	other	con	pensation from		4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye										5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compe compensation from the organization. Report co										ax year.
	(A) Name and business add	ress							(B) Description of ser	vices C	(C) Compensation
											0
											0
											0
					_						0
2	Total number of independent contractors (inclue more than \$100,000 of compensation from the			tho	se li	isteo	d abo	ve) 0	who received		N. Linda and

the second second	990 (20.		IDATION			30-07528	p63 Page S
Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to	any line in	this Part VIII.			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ង ខ	1a	Federated campaigns 1a	168,510				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
S, G	C	Fundraising events	0				
ar /	d	Related organizations	0				
imil, (e f	Government grants (contributions) 1e All other contributions, gifts, grants, and					
ar S	· ·	similar amounts not included above 1f	0				
Ctpr Ctpr	g	Noncash contributions included in					
nd		lines 1a-1f	0				
ъО	h	Total. Add lines 1a–1f		168,510	5		and the second
•			ess Code				
vic.	2a			0			
Sen	b			0			
E P	d			0			
Re	e			0			
Program Service Revenue	f	All other program service revenue		O			
	g	Total. Add lines 2a–2f.	►	0	1		
	3	Investment income (including dividends, interest, and	4				
		other similar amounts)	.	59,640	59,640		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties	►	0			
	6-		ersonal				
	6a b	Gross rents					
	c b	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0			
	7a		Other	a and the second second			
		sales of assets					
		other than inventory 7a0	0		14 State 4		
venue	b	Less: cost or other basis					
ver		and sales expenses 7b 0	0				
Re	C	Gain or (loss)	0	0			
Other Rev	d 8a	Net gain or (loss)		0	No. of Strength		
ð	04	events (not including \$ 0				Sec. Part States	
		of contributions reported on line 1c).					
		See Part IV, line 18	0				
	b	Less: direct expenses	0	Strength 225		the substances on the su	
	c	Net income or (loss) from fundraising events	🏲	0		Notes and the second	
	9a	Gross income from gaming activities.	0				
	h	See Part IV, line 19. 9a Less: direct expenses. 9b	0				
	b	Net income or (loss) from gaming activities	-	0			
	8316	Gross sales of inventory, less					
		returns and allowances	0				A STREET STREET
	b	Less: cost of goods sold	0				
	с	Net income or (loss) from sales of inventory		0			
sn		Busir	ess Code				
eor	11a			0			
cellaneo Revenue	b	,		0			
Miscellaneous Revenue	c d	All other revenue		0			
Mis		Total. Add lines 11a–11d	►	0			The standard and the
	12	Total revenue. See instructions.		228,150	59,640	0	C

Form 990 (2021) SOUTH PACIFIC COUNTY COMMUNITY 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 Pa	art IX		🗋
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				the state of the
	domestic governments. See Part IV, line 21	114,386	114,386		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	16,500	16,500		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0		A Aller	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		(
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0	a distant		
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
а	Management.	0			
b	Legal	0			
С	Accounting	1,500		1,500	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	10		10	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23		745		745	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)		1.107		
a	FOUNDATION DATABASE SOFTWARE FEE	1,405	1,405	4.000	
b	BANK CHARGES	1,296	4 700	1,296	
c	WEBSITE	1,708	1,708		
d		1,855	1,855		
e	All other expenses	548	548	0.654	0
25	Total functional expenses. Add lines 1 through 24e	139,953	136,402	3,551	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
	following SOP 98-2 (ASC 958-720)				000

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash—non-interest-bearing 106,117 1 66 2 Savings and temporary cash investments 108,417 2 44 3 Pledges and grants receivable, net 0 3 4 4 Accounts receivable, net 0 4 6 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 5 6 Loans and other receivables from on ther disqualified persons (as defined under section 4958(r)(3)(B) 0 7 7 Notes and loans receivable, net 0 8 9 10 Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 0 0 7 11 Investments—policity traded securities. 0 9 10 0 10c 12 Investments—policity traded securities. 0 11 12 12	Forn	n 990 (2	021) SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION		:	30-0752563 Page 11
Image: Control contro control contron control control control control control control c	Pa	art X	Balance Sheet			
(A) (B) I Cash—non-interest-bearing. End of year 2 Savings and temporary cash investments. 106,117 1 66 3 Pledges and grants receivable, net. 0 3 0 4 4 Accounts receivable, net. 0 4 0 3 0 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons. 0 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B) 0 6 0 8 9 Prepaid expenses and deferred charges. 0 8 0 9 0 10a 0 0 0 10c 0 0 10a 0 0 0 0 0 10a 0 10a 0 10a 0 10a			Check if Schedule O contains a response or note to any line in this Part X.			
Beginning of year End of year 1 Cash—non-interest-bearing. 106,117 1 66 2 Savings and temporary cash investments. 108,417 2 44 3 Pledges and grants receivable, net. 0 3 4 4 Accounts receivable, net. 0 4 4 6 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 0 5 6 Leans and other receivables from other disqualified persons (as defined under section 4958(n(1)), and persons described in section 4958(c)(3)(B) 0 6 7 Notes and loans receivable, net. 0 7 0 8 10a 0 0 7 0 8 0 7 8 Inventories for sale or use. 0 9 0 7 0 8 10a 0 0 0 10a 0 0 10a 0 10a 0 10a 0 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th></t<>						
1 Cash—non-interest-bearing 106,117 1 6i 2 Savings and temporary cash investments 10,847 2 4i 3 Pledges and grants receivable, net 0 3 4 4 Accounts receivable, net 0 4 6 5 Leans and other receivables from any current of former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4956(c)(3)(B) 0 6 7 Notes and loans receivable, net. 0 9 7 8 Inventories for sale or use. 0 9 7 0 9 Prepaid expenses and deferred charges. 0 9 0 7 0 10 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 0 10c 0 0 10c 11 Investments—program-related. See Part IV, line 11 0 13 13 14 13 14 14 14 15 Total assets. Add lines 1 through 15 (must equal line 33) 770,154 16 89 16 Total assets. Add lin						
2 Savings and temporary cash investments. 10,847 2 44 3 Pledges and grants receivable, net. 0 3 0 4 Accounts receivable, net. 0 4 0 3 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons. 0 4 0 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958()(3)(B) 0 6 5 7 Notes and loans receivable, net. 0 8 0 9 0 7 0 8 0 9 0 7 0 8 0 9 0	-	1	Cash-non-interest-bearing		1	66,225
3 Pledges and grants receivable, net. 0 3 4 Accounts receivable, net. 0 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons. 0 4 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 5 7 Notes and loans receivable, net. 0 8 9 9 Prepaid expenses and deferred charges 0 9 0 9 10a 0 0 0 10a 0 0 9 11 Investments—publicly traded securities 0 10a 0 0 10c 0 10a 0 12 13 14 11 17 14 14 14 14 14 14 14 14 15 15 15 16 16 17 16 16 19 16 17 16 17 16 17 16 17 16 17 18 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>40.681</td></t<>						40.681
4 Accounts receivable, net 0 4 5 Leans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a 6 4) 0 4 6 Leans and other receivables from other disgualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 0 5 7 Notes and loans receivable, net 0 8 9 9 Prepaid expenses and deferred charges 0 9 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 0		100				0
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ggg controlled entity or family member of any of these persons. 0 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(3)(B) 0 6 7 Notes and loans receivable, net. 0 8 9 9 Prepaid expenses and deferred charges 0 9 0 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0						
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9 7 Notes and loans receivable, net. 0 7 8 Inventories for sale or use. 0 8 0 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 0 <td< td=""><td></td><td></td><td></td><td>0</td><td>6</td><td></td></td<>				0	6	
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9 Prepaid expenses and deterred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 11 Investments—publicly traded securities. 10b 0 0 11 Investments—other securities. 653,190 11 781 12 Investments—other securities. 653,190 11 781 13 Investments—other securities. 653,190 11 781 14 Intangible assets. 0 14 0 13 14 Intangible assets. 0 14 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 770,154 16 892 17 Accounts payable and accrued expenses 0 17 18 Grants payable. 30,889 18 33 19 Deferred revenue. 0 19 0 20 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0 22 23 Secured mortgages and notes payable to unrelated third parties 0	SSE	8		0	8	
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12 Investments—other securities. See Part IV, line 11. 0 12 13 Investments—program-related. See Part IV, line 11. 0 13 14 Intangible assets. 0 14 15 Other assets. See Part IV, line 11. 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 770,154 16 899 17 Accounts payable and accrued expenses. 0 17 17 18 Grants payable. 30,889 18 3 19 Deferred revenue. 0 19 0 20 Tax-exempt bond liabilities. 0 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 0 22 23 Secured mortgages and notes payable to unrelated third parties. 0 24 25 Other liabilities not included on lines 17–24). Complete 0 25 26 Total liabilities. Add lines 17 through 25		b	Less: accumulated depreciation 10b 0	0	10c	0
13 Investments—program-related. See Part IV, line 11. 0 13 14 Intangible assets. 0 14 15 Other assets. See Part IV, line 11. 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 770,154 16 899 17 Accounts payable and accrued expenses. 0 17 16 899 18 Grants payable. 30,889 18 3 19 Deferred revenue. 0 19 0 20 20 Tax-exempt bond liabilities. 0 20 21 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 0 22 23 Secured nortes and loans payable to unrelated third parties. 0 23 24 25 Other liabilities not included on lines 17–24). Complete Part X of Schedule D. 0 25 26 Total liabilities. Add lines 17 through 25 30,889 2		11	Investments—publicly traded securities	653,190	11	788,328
14 Intangible assets. 0 14 15 Other assets. See Part IV, line 11. 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 770,154 16 899 17 Accounts payable and accrued expenses. 0 17 18 Grants payable. 0 19 19 Deferred revenue. 0 19 0 20 21 20 Tax-exempt bond liabilities. 0 20 21 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 0 22 23 Secured mortgages and notes payable to unrelated third parties. 0 23 24 24 Unsecured notes and loans payable to unrelated third parties. 0 25 25 26 Total liabilities. Add lines 17 through 25. 30,889 26 3		12	Investments-other securities. See Part IV, line 11	0	12	0
15 Other assets. See Part IV, line 11. 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 770,154 16 899 17 Accounts payable and accrued expenses 0 17 17 18 Grants payable 30,889 18 31 19 Deferred revenue 0 19 0 20 20 Tax-exempt bond liabilities 0 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 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 Schedule D 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31 <td></td> <td>13</td> <td>Investments-program-related. See Part IV, line 11</td> <td>0</td> <td>13</td> <td>0</td>		13	Investments-program-related. See Part IV, line 11	0	13	0
15 Other assets. See Part IV, line 11. 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 770,154 16 899 17 Accounts payable and accrued expenses 0 17 17 18 Grants payable 30,889 18 31 19 Deferred revenue 0 19 0 20 20 Tax-exempt bond liabilities 0 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 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 Schedule D 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31 <td></td> <td>14</td> <td>Intangible assets</td> <td>0</td> <td>14</td> <td>0</td>		14	Intangible assets	0	14	0
17 Accounts payable and accrued expenses 0 17 18 Grants payable 30,889 18 3 19 Deferred revenue 0 19 0 20 Tax-exempt bond liabilities 0 20 0 19 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities not included on lines 17–24). Complete Part X of Schedule D 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31		15	Other assets. See Part IV, line 11	0	15	0
17 Accounts payable and accrued expenses 0 17 18 Grants payable 30,889 18 31 19 Deferred revenue 0 19 0 19 20 Tax-exempt bond liabilities 0 20 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 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 Schedule D 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31		16	Total assets. Add lines 1 through 15 (must equal line 33)	770,154	16	895,234
18 Grants payable 30,889 18 31 19 Deferred revenue 0 19 0 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities not included on lines 17–24). Complete Part X of Schedule D 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31		17	Accounts payable and accrued expenses	0	17	
20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 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 Schedule D. 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31		18	Grants payable	30,889	18	37,295
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 0 22 23 Secured mortgages and notes payable to unrelated third parties. 0 23 24 Unsecured notes and loans payable to unrelated third parties. 0 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 Schedule D. 0 25 26 Total liabilities. Add lines 17 through 25. 30,889 26 31		19	Deferred revenue	0	19	
Secured mortgages and notes payable to unrelated third parties 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties 0 24 25 Other liabilities not included on lines 17–24). Complete Part X of Schedule D 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31		20		0	20	
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23 Secured motigages and notes physicle to unrelated third parties 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31	es	22				
23 Secured motigages and notes physicle to unrelated third parties 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31	iliti			212-212-01月1日日		
23 Secured motigages and notes physicle to unrelated third parties 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 31	ab					
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 0 25 26 Total liabilities. Add lines 17 through 25. 30,889 26 31		23				0
parties, and other liabilities not included on lines 17–24). Complete 0 Part X of Schedule D 0 26 Total liabilities. Add lines 17 through 25		24		0	24	0
Part X of Schedule D. 0 25 26 Total liabilities. Add lines 17 through 25 30,889 26 30		25				
26 Total liabilities. Add lines 17 through 25 30,889 26 30					Santal	
				÷		0
Sepuration of the follow FASE ASC 958, check here ▶		26		30,889	26	37,295
orgen and complete lines 27, 28, 32, and 33. 0 27 27 Net assets without donor restrictions 0 27 28 Net assets with donor restrictions 0 28 Organizations that do not follow FASB ASC 958, check here X 1 and complete lines 29 through 33. 1 1	es		Organizations that follow FASB ASC 958, check here 🕨		URA	
27 Net assets without donor restrictions 0 27 28 Net assets with donor restrictions 0 28 Organizations that do not follow FASB ASC 958, check here ► X 0 28 and complete lines 29 through 33. 0 0 0 0	nc		and complete lines 27, 28, 32, and 33.			
28 Net assets with donor restrictions 0 28 Organizations that do not follow FASB ASC 958, check here ► X 0 and complete lines 29 through 33. 0 0	ala	27				
G Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33. Image: Complete lines 29 through 33.	B	28		0	28	A second seco
L and complete lines 29 through 33.	ň					
	ц					
29 Capital stock or trust principal, or current funds	so	29				
30 Paid-in or capital surplus, or land, building, or equipment fund	set	C				
31 Retained earnings, endowment, accumulated income, or other funds	As	1.000				857,939
32 Total net assets or fund balances 739,265 32 85 739,265 32 85 86 86 86	let	1.000				857,939
33 Total habilities and het assets/fund balances.	2	33	Total liabilities and net assets/fund balances	770,154	33	895,234 Form 990 (2021)

Form	990 (2021) SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION	30-07	52563	Pag	je 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		228	3,150
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,953
3	Revenue less expenses. Subtract line 2 from line 1	3			3,197
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			9,265
5	Net unrealized gains (losses) on investments	5			0,477
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		857	7,939
Part	column (B))				
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis		11-1	and a	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
5	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
					10.65
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				25.023
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	• • • -	2c	1000	Sec. States
	If the organization changed either its oversight process or selection process during the tax year, explain on				The second
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		20		v
	the Single Audit Act and OMB Circular A-133?	• • •	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<u></u>		000	(2021)
			Form	990	(2021)
	$\overline{\mathbb{A}}$				

SCHEDULE	ŀ
(Form 990)	

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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. **Open to Public** Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION 30-0752563 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 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). 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 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross X 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.) 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 on 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 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, С 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) d 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.

е	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported organizations.		•			•	•		•	•
n	Provide the following information about the sur	no	orte	d	orc	ar	iz:	atio	on(S)

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Total						0	0		

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

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OMB No. 1545-0047

The state of the s	dule A (Form 990) 2021 SOUTH PA rt II Support Schedule for Orga (Complete only if you checked		cribed in Sec	tions 170(b)(1			Marca and Annual Ann
0	Part III. If the organization fa						
-	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	(a) 2017	(b) 2018	(0) 2019	(u) 2020	(e) 2021	(1) 10tai
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge				~	3	0
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	0	0	0		0	0
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			0			
6	Public support. Subtract line 5 from line 4 tion B. Total Support				Ŋ		0
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4	0	0	0	0		0
9	similar sources	\$.0				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<					0
11	Total support. Add lines 7 through 10		•				0
13	Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the organization, check this box and stop here	nization's first, sec	ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		
	tion C. Computation of Public Sur			(D)			0.000
14 15	Public support percentage for 2021 (line 6, construction of the support percentage from 2020 Schedu					14 15	0.00%
	33 1/3% support test—2021. If the organization qualifies as	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	
	33 1/3% support test—2020. If the organization qualified box and stop here. The organization qualified	s as a publicly sup	ported organization	n			
17a	10%-facts-and-circumstances test—2021 10% or more, and if the organization meets the Part VI how the organization meets the facts- organization .	he facts-and-circur and-circumstance	nstances test, che s test. The organiz	ck this box and sto ation qualifies as a	op here. Explain in a publicly supporte	d	
b	10%-facts-and-circumstances test—2020 15 is 10% or more, and if the organization me in Part VI how the organization meets the fac organization	eets the facts-and- ts-and-circumstan	circumstances tes ces test. The orga	t, check this box an nization qualifies a	nd stop here. Exp	lain ted	
18	Private foundation. If the organization did n instructions .						

Schedule A (Fo	rm 990) 2021
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Pa	rt III Support Schedule for Orga (Complete only if you checked				ation failed to	qualify under Pa	ort II
	If the organization fails to qu					quality under Fa	art II.
Sec	tion A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	156,890	56,951	154,117	119,168	168,510	655,636
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				Alter		0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5.	156,890	56,951	154,117	119,168	168,510	655,636
7a	Amounts included on lines 1, 2, and 3			4			
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified				1		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
с	Add lines 7a and 7b	0	♠ Q	0	0	0	0
8	Public support (Subtract line 7c from						
~	line 6.)		61	-			655,636
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	156,890	56,951	154,117	119,168	168,510	655,636
10a	Gross income from interest, dividends,	-					
	payments received on securities loans, rents,						
	royalties, and income from similar sources	8,266	25,432	23,541	31,867	59,640	148,746
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses		>	1			
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	8,266	25,432	23,541	31,867	59,640	148,746
11	Net income from unrelated business						
•••	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
15	and 12.).	165,156	82,383	177,658	151,035	228,150	804,382
14	First 5 years. If the Form 990 is for the orga						
14	organization, check this box and stop here.						
Sec	tion C. Computation of Public Su						
	Public support percentage for 2021 (line 8, c			f))		15	81.51%
15 16	Public support percentage from 2020 Sched					16	87.02%
	tion D. Computation of Investmen						
	Investment income percentage for 2021 (line			olumn (f))		17	18.49%
17	Investment income percentage for 2021 (inter-					18	12.98%
18 19a	33 1/3% support tests—2021. If the organi						.2.0070
130	not more than 33 1/3%, check this box and s	top here. The ora:	anization qualifies a	as a publicly support	rted organization .		> 🗙
b	33 1/3% support tests—2020. If the organi	zation did not chec	k a box on line 14	or line 19a, and line	16 is more than 3	33 1/3%, and	
2	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a publi	cly supported orga	anization	🕨 🗖
20	Private foundation. If the organization did						🕨 🗌

SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION

Schedule A (Form 990) 2021

30-0752563

Page 3

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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, Ioan, 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
1		
2		
3a		
3b		
3c		
4a		les quist
4b		
4c		
5a		
5b 5c		
6	Auto State	
7	1000000	11000
8	100000	Right
9a		
9b		
9c		
10a	Manna	and the second
10b	and the second se	

Schedule A (Form 990) 2021

Contract of the local division of	ule A (Form 990) 2021 SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION 30-07525	63	P	age 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			ALC: NOTE: N
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	Concession of	Second Second	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	in a strange state and strange strange state and strange		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	··		
	in strin if for m supporting signment of		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		The second	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	(president)	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-	
	-	3	1000	
Cast	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations		-1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ruction	S).	
а	The organization satisfied the Activities Test. Complete line 2 below.			

- 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 governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2021

2a

2b

3a

3b

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C 1 Check here if the organization satisfied the Integral Part Test as a qualifyir		zations	
		NI 00 4070 / / .	
instructions All other Type III non-functionally integrated supporting orga			
instructions. All other Type III non-functionally integrated supporting orga			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	to the second		
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	and the second se	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors	-		
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functiona	Ily integ	rated Type III supporting of	organization (see
instructions).		~ #****** (1015)** 477-0	¹ 24

Schedule A (Form 990) 2021

SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION

Part	V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	izations (continue		-0752505 Page 1
	on D - Distributions		L		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption		ł		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations	3	
4	Amounts paid to acquire exempt-use assets	<u></u>		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V	1)	5	
6	Other distributions (describe in Part VI). See instructions.		/	6	
7				7	0
8	Distributions to attentive supported organizations to which the	he organization is respo	nsive		
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	0
10				10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2021	THE STREET			
	(reasonable cause required—explain in Part VI). See				
	instructions.	and the second second			
3	Excess distributions carryover, if any, to 2021			N.S.	
а	From 2016 0	-			
b	From 2017 0	100			
С	From 2018 0	4.			
d	From 2019 0				
е	From 2020		Sector Sector		
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2021 distributable amount				C
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2021 from				
	Section D, line 7: \$ 0				
а	Applied to underdistributions of prior years			0	
b	Applied to 2021 distributable amount				0
С	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain				
	in Part VI. See instructions.				0
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.	0			
8	Breakdown of line 7:				
а				1	
b	Excess from 2018 0				
с	Excess from 2019 0				
d	Excess from 2020 0				
е	Excess from 2021 0			and the second	

Schedule A (Form 990) 2021

Schedule A (Fo	rm 990) 2021 SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION	30-0752563 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	or 17b; Part V, Section es 1c, 2a, 2b,
		<u> </u>
	\sim	, 4
	·····	
	X/	
	· ·	

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

(Attach to Form 990 or Form 990-PF.					
Department of the Treasury Internal Revenue Service	2021					
Name of the organization Employer identification number						
SOUTH PACIFIC COU	NTY COMMUNITY FOUNDATION	30-0752563				
Organization type (ch	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	ganization ACIFIC COUNTY COMMUNITY FOUNDATION		Employer identification numbe 30-0752563
art II	Noncash Property (see instructions). Use duplicate co	pies of Part II if addition	al space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

Schedule B (Form 990) (2021)

Schedule B (F	orm 990) (2021)			Page 4			
Name of org SOUTH PA	anization CIFIC COUNTY COMMUNITY FOUNDATIO	N		Employer identification number 30-0752563			
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ear from any o completing Part r. (Enter this info	III, enter the total of <i>exclu</i> prmation once. See instru-	te columns (a) through (e) and usively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift		Use of gift	(d) Description of how gift is held			
	Town for all name address and -		ransfer of gift				
	Transferee's name, address, and z	2IP + 4	Relationsn	ip of transferor to transferee			
(a) No.	For. Prov. Country						
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee			
	For. Prov. Country	0					
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held			
)					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee to ta						
	For. Prov. Country						
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held			
		(e) T	ransfer of gift				
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee			
	For. Prov. Country						
				Schedule B (Form 990) (2021)			

SCHEDULE	D
(Form 990)	

Department of the Treasury

Supplemental Financial Statements

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990. OMB No. 1545-0047

2021
Open to Public

Interna	I Revenue Service	Go to www.irs.gov.	/Form990 for instructions and the latest	information.		Inspection	n
Name	of the organization			Employer id	entification nu	mber	
SOU	TH PACIFIC COU	NTY COMMUNITY FOUNDATI	ON		30-0752	2563	
Part	Organizat	ions Maintaining Donor A	dvised Funds or Other Similar F	unds or Acc	counts.		
	Complete	if the organization answere	d "Yes" on Form 990, Part IV, line 6	6.			
1			(a) Donor advised funds	(1	b) Funds and ot	ther accounts	
1	Total number at e	end of year		19			12
2	Aggregate value of	contributions to (during year) .	76,36	60			57,530
3	Aggregate value of	grants from (during year)	98,75	57			3,229
4		at end of year	685,62				177,319
5	Did the organiza	tion inform all donors and dono	r advisors in writing that the assets held	d in donor advi	sed 🧳		
			the organization's exclusive legal contr			X Yes	No
6			, and donor advisors in writing that grar				
			efit of the donor or donor advisor, or for				
	conferring imperi	missible private benefit?				X Yes	No
Part	III Conserva	tion Easements.					
	Complete	if the organization answere	d "Yes" on Form 990, Part IV, line 7	7.			
1			the organization (check all that apply).				
	Preservation	of land for public use (for example	e, recreation or education) 🔄 Preserva	ation of a histo	rically impor	tant land are	ea
	Protection o	f natural habitat	Preserve	ation of a certif	ied historic :	structure	
		n of open space					
2			held a qualified conservation contribut	tion in the form		nyation	
2		a through 20 h the organization a last day of the tax year.	Theid a qualified conservation contribut			he End of the 1	Tax Year
а		conservation easements		2:		ne End of the	
a b		stricted by conservation easem					
c			ed historic structure included in (a)				
d			(c) acquired after 7/25/06, and not on a		<u>-</u>		
ŭ					1		
3	Number of conse	ervation easements modified, tr	ansferred, released, extinguished, or te	erminated by th	e organizati	ion during	
	the tax year <						
4		s where property subject to con	servation easement is located	•			
5	Does the organiz	zation have a written policy rega	arding the periodic monitoring, inspectio	on, handling of			
			easements it holds?			Yes	No
6	Staff and voluntee	r hours devoted to monitoring, insp	pecting, handling of violations, and enforcin	g conservation	easements d	uring the year	r
	•	e -	2				
7	Amount of expens	es incurred in monitoring, inspecti	ng, handling of violations, and enforcing co	nservation ease	ments during	the year	
	▶ \$						
8			line 2(d) above satisfy the requirements				_
	and section 170((h)(4)(B)(ii)?				Yes	No
9			ts conservation easements in its reven				
			kt of the footnote to the organization's fi	nancial statem	ents that de	escribes the	
	organization's ac	counting for conservation ease	ments.				
Part	Organizat	ions Maintaining Collection	ons of Art, Historical Treasures,	or Other Sir	nılar Asse	ets.	
			d "Yes" on Form 990, Part IV, line 8				
1a			ASB ASC 958, not to report in its rever				
	works of art, hist	orical treasures, or other simila	r assets held for public exhibition, educ	ation, or resea	rch in furthe	erance of	
	public service, pi	rovide in Part XIII the text of the	e footnote to its financial statements tha	at describes the	balanca ch	oot	
b			ASB ASC 958, to report in its revenue r assets held for public exhibition, educ				
		rovide the following amounts re			▶ \$		
	(i) Revenue includ	ad in Form 990, Part Y	1 6 1		▶ \$		
2	(II) Assets includ	n received or held works of art	historical treasures, or other similar as	sets for financ	ial gain pro	vide the	
2			r FASB ASC 958 relating to these items		a gan, pro		
_					► \$		
a b		in Form 990, Part X			. ► \$		

Schedu	ale D (Form 990) 2021 SOUTH PACIFIC COUN	ITY COMMUNITY FOUR	DATION		30-07525	63	Р	age 2
Part	III Organizations Maintaining Colle	ctions of Art, Histor	ical Treasure	es, or Other	Similar Assets	(continu	ued)	
3	Using the organization's acquisition, access	ion, and other records, o	check any of the	e following that	make significant u	se of its		
	collection items (check all that apply):				5 - 2.7			
а	Public exhibition	d	Loan or excha	ange program				
b	Scholarly research	e 🗌	Other					
с	Preservation for future generations							
4	Provide a description of the organization's of	ollections and explain he	ow they further	the organizatio	n's exempt purpos	e in Par	t	
	XIII.							
5	During the year, did the organization solicit							
	assets to be sold to raise funds rather than		of the organiza	ation's collection	n?	Yes	;	No
Part								
	Complete if the organization answ	ered "Yes" on Form 9	90, Part IV, Iir	ne 9, or repor	ted an amount of	on Form	1	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custoo			ons or other ass	ets not			
	included on Form 990, Part X?				• • • • • • •	Yes	; 🛄	No
b	If "Yes," explain the arrangement in Part XII	I and complete the follow	ving table:					
						nount		
С	Beginning balance							0
d	Additions during the year		10000	Switcher and an				
e	Distributions during the year							
f	Ending balance		(and the second	✓) [1f				0
2a	Did the organization include an amount on I		10. NO. 1					No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the expla	anation has bee	en provided on	Part XIII			
Part	V Endowment Funds.							
	Complete if the organization answ	ered "Yes" on Form 9	90, Part IV, lin	ne 10.				
	(a) Current year (b) Price	or year (c) T	Two years back	(d) Three years back	(e) Four	-	
1a	Beginning of year balance	603,206	437,440	295,446	248,640			4,859
b	Contributions	16,875	12,059	22,460	9,500		100	0,974
С	Net investment earnings, gains,					1		
	and losses	87,528	158,722	136,847	43,806			7,807
d	Grants or scholarships	15,000		12,000	6,500			5,000
е	Other expenditures for facilities					1		
	and programs		5.045	5.040	4			
f	Administrative expenses	6,557	5,015	5,313	205 446		240	8,640
g	End of year balance	686,052	603,206	437,440	295,446		240	0,040
2	Provide the estimated percentage of the cu	w	ine ig, column	(a)) Helu as.				
a	Board designated or quasi-endowment	%						
b	Term endowment • %	/0						
С	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%						
3a	Are there endowment funds not in the poss		n that are held	and administer	ed for the			
Ju	organization by:						Yes	No
						3a(i)		Х
	(ii) Related organizations					3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiz	zations listed as required	i on Schedule F	٦?		3b		
4	Describe in Part XIII the intended uses of th							
Part	VI Land, Buildings, and Equipmen	t.						
	Complete if the organization answ	ered "Yes" on Form 9	90, Part IV, li	ne 11a. See I	Form 990, Part >	<, line 1	0.	
	Description of property	(a) Cost or other basis	(b) Cost or other		Accumulated	(d) Boo	ok value	9
		(investment)	(other)		lepreciation			
1a	Land	0		0				0
b	Buildings			0	0			0
С	Leasehold improvements	0		0	0			0
d	Equipment	0		0	0			0
e	Other	0 Dort V	oolumn (D) lie	0	0			0
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line	e 100.)				0

Part VII Investments—Other Securities.		
Complete if the organization answered	Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
<u>(F)</u>		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ►	0	
Part VIII Investments—Program Related. Complete if the organization answered	'Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)	4	
(7)		>
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ►	0	
Part IX Other Assets.	C	
	a the day	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri	ption	(b) Book value
(1)		
(2)		
(3)	1	
(4)		
(5)		
(6)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) li	no 15)	•
	<i>ne 15.)</i>	
Part X Other Liabilities.	'Ves" on Form 000	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.	res on ronn 330,	
	ion of liability	(b) Book value
1. (a) Descript (1) Federal income taxes	and or hability	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	ule D (Form 990) 2021 SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION	30-0752563	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1.	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Parl	t 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	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.) 2d Add lines 2a through 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1 .	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		0
_ c	Add lines 4a and 4b.	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		K, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	
	8		

Schedule D (Fo		SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION	30-0752563	Page 5
Part XIII	Supplem	ental Information (continued)		
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Schedule D (Form 990) 2021

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. ► Go to www.irs.gov/Form990 for the latest information.						OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization						Employer ide	entification number
SOUTH PACIFIC COUNTY COM	UNITY FOUND	ATION					30-0752563
Part I General Informati	on 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 							
Part II Grants and Other 990. Part IV line 2	Assistance to	Domestic Orga	nizations and Dom	estic Governments Part II can be duplic	S. Complete if the organized if additional spate	ganization answe	ered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COASTAL ALLIANCE FOR YOUT 404 SCHOOL RD ILWACO, WA 9862	4 20-3585444	501(c)(3)	20,000		FMV		
(2) LONG BEACH ELKS LODGE #19 110 PACIFIC AVE LONG BEACH, W/		501(c)(8)	16,600		FMV		
(3) DYLAN JUDE HARRELL COMMU PO BOX 157 LONG BEACH, WA 986	Ĩ	501(c)(3)	15,000		FMV		
(4) PENINSUAL POVERTY RESPON	IS						
PO BOX 655 OCEAN PARK, WA 986		501(c)(3)	6,440		FMV		
(5) PACIFIC COUNTY IMMIGRANT S PO BOX 156 LONG BEACH, WA 986		501(c)(3)	7,700		FMV		
(6)	-			''			
(7)	-						
(8)	-			9			
(9)					h		
(10)							
(11)							
(12)							
2 Enter total number of section	on 501(c)(3) and	government organiz	ations listed in the line	1 table			•
3 Enter total number of other							. ► 5
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021							

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Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to D			organization answ	ered "Yes" on Form 990,	Part IV, line 22.
Part III can be duplicated if additiona (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP					
1	14	16,500		FMV	
2					
3					
4	nx -				
5	*Ch				
6	ľ O				
7		11			
Part IV Supplemental Information. Provide	e the information i	required in Part I, line	e 2; Part III, columr	n (b); and any other addit	ional information.
			11.		
			1/15		
			10	<u>}</u>	
Y A					
				UA.	
				<u> </u>	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	orm 990) 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 Form 990-EZ.						
Name of the organization		Employer identificat	ion number				
SOUTH PACIFIC COU	JNTY COMMUNITY FOUNDATION	30-0752563					
Form 990, Part III, Line 4d: Program Service Expenses: 84,802, Grants and allocations: 0,							
Revenue: 0 VARIOUS	S OTHER SUPPORT TO NON-PROFIT AGENCIES IN THE FOUNDATION	S SERVICE AREA					
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
SOUTH PACIFIC COUNTY COMMUNITY FOUNDATION	30-0752563
	<u></u>