

STATE OF CALIFORNIA
 RRF-1
 (Rev. 09/2017)
 MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916)210-6400
 WEBSITE ADDRESS:
 www.oag.ca.gov/charities

DEPARTMENT OF JUSTICE
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 (For Registry Use Only)

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
 Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p>LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>PO BOX 4791 Address (Number and Street)</p> <p>SONORA, CA 95370 City or Town, State, and ZIP Code</p> <p>(209)984-3955 INFO@LCCF.ORG Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT0201770</p> <p>Corporation or Organization No. 3471736</p> <p>Federal Employer ID No. 45-5125583</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020) list:


Gross Annual Revenue \$ <u>4,983,069</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>2,382,735</u>
Program Expenses \$ <u>2,798,353</u>	Total Expenses \$ <u>2,928,427</u>	

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

	KERRY CARANCI Printed Name	TREASURER Title	<u>4/23/2021</u> Date
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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS		D Employer identification number 45-5125583
	Doing business as		E Telephone number (209) 984-3955
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 4791	G Gross receipts \$ 4,983,069.	
	City or town, state or province, country, and ZIP or foreign postal code SONORA, CA 95370		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.LCCF.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1994 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS PROMOTES AND STRENGTHENS COMMUNITY FOUNDATIONS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	2	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	33,000.	4,644,403.
	9	Program service revenue (Part VIII, line 2g)	291,994.	334,365.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,054.	4,301.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	331,048.	4,983,069.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	2,600,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	114,945.	207,284.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	6,124.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	147,425.	121,143.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	262,370.	2,928,427.	
19	Revenue less expenses. Subtract line 18 from line 12	68,678.	2,054,642.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	296,749.	2,382,735.
	21	Total liabilities (Part X, line 26)	975.	16,588.
22	Net assets or fund balances. Subtract line 21 from line 20	295,774.	2,366,147.	

Part II Signature Block

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

Sign Here	Signature of officer <i>Kerry Caranci</i>	Date 4/23/2021			
	KERRY CARANCI, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KIMBERLYN SPILLER, CPA	Preparer's signature <i>Kim Spiller</i>	Date 4/22/21	Check if self-employed <input type="checkbox"/>	PTIN P01491937
	Firm's name CALIBER AUDIT & ATTEST, LLP	Firm's EIN 26-2350873	Firm's address 805 AEROVISTA PLACE, SUITE 103 SAN LUIS OBISPO, CA 93401		
Phone no. (805) 888-0200					