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Department of the Treasury

Internal Revenue Service

DLN: 93491315000216

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

2015

Open to Public
Inspection

, and ending 12-31-2015 For calendar year 2015, or tax year beginning 01-01-2015 A Employer identification number Name of foundation SANGHAM FOUNDATION 73-1681596 BTelephone number (see instructions) Number and street (or P O $\,$ box number if mail is not delivered to street address) $\,$ 1114 STATE STREET NO 310 $\,$ Room/suite (805) 845-0253 City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA $\,$ 93101 $\,$ C If exemption application is pending, check here G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return A mended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change If private foundation status was terminated \checkmark Section 501(c)(3) exempt private foundation **H** Check type of organization under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation JA ccounting method ✓ Cash Accrual IFair market value of all assets at end If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), Other (specify) line 16) ▶\$ 5,229,416 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses Disbursements Revenue and Adjusted net income (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see Net investment for chantable expenses per books ıncome purposes (d) (cash basis only) Contributions, gifts, grants, etc , received (attach 1 500,000 2 Check ► ☐ If the foundation is **not** required to attach Sch B Interest on savings and temporary cash investments 3 89,842 89,761 4 Dividends and interest from securities Gross rents Net rental income or (loss)_ b 20.106 Net gain or (loss) from sale of assets not on line 10 6a b Gross sales price for all assets on line 6a 792,516 30,539 7 Capital gain net income (from Part IV, line 2) . Net short-term capital gain . . . 8 9 Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold . . . b Gross profit or (loss) (attach schedule) . c 11 Other income (attach schedule) * 1,370 370 120.672 611.320 12 Total.Add lines 1 through 11 Compensation of officers, directors, trustees, etc 0 13 Other employee salaries and wages 14 Pension plans, employee benefits. 15 Operating and Administrative Expenses **16**a Legal fees (attach schedule). . . 4 8.708 4,354 4,354 Accounting fees (attach schedule). b 18,392 15,892 2,500 Other professional fees (attach schedule) (چە c 17 **چ** 4.001 1 0 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 20 Occupancy Travel, conferences, and meetings. 3.678 Ω 3,678 21 22 Printing and publications . . (چە 3.340 3.336 23 Other expenses (attach schedule). Total operating and administrative expenses. 24 38.119 23.583 10.536 Add lines 13 through 23 529.492 529.492 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 567.611 23.583 540.028 27 Subtract line 26 from line 12 43.709 а Excess of revenue over expenses and disbursements b Net investment income (If negative, enter -0-) 97.089 Adjusted net income(if negative, enter -0-)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	(b) De ale Vale	End of	
	1	Cash—non-interest-bearing	(a) Book Value	(b) Book Valu	1e	(c) Fair Market Value
	2	Savings and temporary cash investments	227,591	25	4,055	254,055
	3	Accounts receivable ▶	227,031		.,,,,,	25 1,955
	,	Less allowance for doubtful accounts				1
	4	Pledges receivable ►				
	7	Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	0	disqualified persons (attach schedule) (see instructions)				1
	7	Other notes and loans receivable (attach schedule)				
	,	Less allowance for doubtful accounts				1
		Inventories for sale or use				
StS	8	Prepaid expenses and deferred charges				
4ssets	9	Investments—U S and state government obligations (attach				
A	10a	schedule)				1
	b	Investments—corporate stock (attach schedule)	2,961,904	2,72	26,976	2,726,976
	С	Investments—corporate bonds (attach schedule)	979,402	1,10	2,881	1,102,881
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				1
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	1,230,568	1,14	15,504	1,145,504
	14	Land, buildings, and equipment basis ▶942				
		Less accumulated depreciation (attach schedule) ▶ 942				1
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)	5,399,465	5,22	9,416	5,229,416
	17	Accounts payable and accrued expenses				
	18	Grants payable				1
Liabilities	19	Deferred revenue				1
ИII	20	Loans from officers, directors, trustees, and other disqualified persons				
ıat	21	Mortgages and other notes payable (attach schedule)				1
_	22	Other liabilities (describe ▶)				1
	23	Total liabilities(add lines 17 through 22)	0		0	1
•		Foundations that follow SFAS 117, check here ▶				1
ces		and complete lines 24 through 26 and lines 30 and 31.				1
Balance	24	Unrestricted				
Bal	25	Temporarily restricted				
ы	26	Permanently restricted				1
Fund		Foundations that do not follow SFAS 117, check here				1
or		and complete lines 27 through 31.				1
	27	Capital stock, trust principal, or current funds	0		0	1
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0		0	1
	29	Retained earnings, accumulated income, endowment, or other funds	5,399,465	5,22	9,416	
Net	30	Total net assets or fund balances(see instructions)	5,399,465	5,22	9,416	1
_	31	Total liabilities and net assets/fund balances(see instructions)	5,399,465	5,22	9,416	1
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		Total net assets or fund balances at beginning of year—Part II, column ((a), line 30 (must a	gree	\top	
		with end-of-year figure reported on prior year's return)		1		5,399,465
2		Enter amount from Part I, line 27a		2		43,709
3		Other increases not included in line 2 (itemize) ▶		3		0
4		Add lines 1, 2, and 3		4		5,443,174
5		Decreases not included in line 2 (itemize) ▶				213,758
_		Total not assets or fund halances at end of year (line 4 minus line 5). De	art II. column (h) I	ına 20 6		5 220 416

the Part VI instructions

		(s) of property sold (e g , re or common stock, 200 shs	·	How acquired P—Purchase (b) D—Donation	(6)	ate acquired mo , day, yr)	Date sold (d) (mo , day, yr)
1a JPMORGAN SECUR	TY SALE	S - DETAIL UPON REQUE	ST	P P	+	14-01-01	2015-12-31
b					+		
C					+		
					+		
 e					+		
		Depressation allows	d Con-	<u>l</u> t or other basis	+	Cour	\ or (loss)
(e) Gross sales price		Deprectation allowed (f) (or allowable)	-	expense of sale			or (loss) (f) minus (g)
a 7	92,516			761,97	7		30,539
b							
С							
d							
e							
Complete only for assets	showing g	jain in column (h) and owne	d by the foundation	n on 12/31/69		Gains (Col	(h) gain minus
(i) F M V as of 12/31/69		Adjusted basis		ess of col (ı)			ot less than -0-) or
(1) 1 1 1 43 31 12,31,33		(j) as of 12/31/69	(k) ove	rcol (j), ıfany	(1)	Losses	(from col (h))
a					_		30,539
b							
С							
d							
е							
If gain, also enter in in Part I, line 8	al gaın or Part I, lın • •	(loss) as defined in section e 8, column (c) (see instru	ctions) If (loss), e	nter - 0 -	3		30,539
Part V Qualification	Jnder S	ection 4940(e) for R	educed Tax or	Net Investme	ent Ir	icome	
(For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for th If "Yes," the foundation does n	leave this e section	s part blank 4942 tax on the distributa	able amount of any	year in the base p		ne)	├ Yes 🗸 No
$oldsymbol{1}$ Enter the appropriate amo	unt ın ead	ch column for each year, se	ee instructions befo	ore making any en	ries		
(a) Base period years Calendar year (or tax year beginning in)	Adjust	(b) ted qualifying distributions	(c) Net value of noncha			(d) Distributio (col (b) divided	n ratio
2014		528,061		5,753,973			0 091773
2013		462,816		5,646,336			0 081967
2012		325,067		5,674,711			0 057283
2011		332,969		5,820,005			0 057211
2010	- (4)	391,899		5,903,149			0 066388
				—	2		0 354622
the number of years	the founda	the 5-year base period—div ation has been in existence	e if less than 5 yea	rs	3		0 070924
		itable-use assets for 2015		L	4		5,636,916
5 Multiply line 4 by line	3				5		399,793
6 Enter 1% of net inve	stment in	come (1% of Part I, line 27	7b)	[6		971
7 Add lines 5 and 6.					7		400,764
8 Enter qualifying distr	ibutions f	rom Part XII, line 4		[8		540,028
If line 9 is equal to e	rarostori	than line 7 shock the box	n Dart VI June 1h	and complete that	part u	supg a 10/- ta	v rato Soo

9	lax due. If the total of lines 5 and 8 is more than line /, enter amount owed			
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			3,179
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 3,179 Refunded ▶ 11			0
Pai	rt VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \blacktriangleright \$ 0 (2) On foundation managers \blacktriangleright \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	Į		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions	ļ] ,	ļ
	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c),			
	and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<u>HI</u>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	l		
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?			NI-
40	If "Yes," complete Part XIV	9		No
	TODO ADVIDEISMOS DECOME SUNSTANDALCONTONUOTS OUTDO TOE TAX VEATZ IT "YES" ATTACO A SCREDULE USTING TOEIT DAMES			

and addresses 🛸

10 Yes

Pai	t VII-A Statements Regarding Activities (continued)		<u> </u>	age -
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►WWW SANGHAMFOUNDATION COM			
14	The books are in care of ►JENNA PEREZ Telephone no ►(805)) 845-	0253	
	Located at ▶ 1114 STATE STREET STE 310 SANTA BARBARA CA ZIP+4 ▶ 93101			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ ┌	_
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			
Pal	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
ıa	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes Vo (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	 		
	a discussified many and			
	(2) Formula and a second of selection to (second them form) and a second of	İ		
	The second secon			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Vo (5) Transfer any income or assets to a disqualified person (or make any of either available	 		
	for the benefit or use of a disqualified person)? Yes Vo			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes Vo			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	İ		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
		ı		I
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		NO
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes 🔽 No			
	If "Yes," list the years ▶ 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
_	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation	İ	j	
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
_	If the foundation had excess business holdings in 2015)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Na
	chantable purpose that had not been removed from Jeopardy before the first day of the tax year beginning in 2015?	40		No

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1

5

2a

3

4

5

1

2

5

5,149,790

5,722,757

5,722,757

281,846

280,875

280.875

280.875

540,028

540,028

539,057

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971

971

572,967

Minimum Investment Return

Part X

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes

Fair market value of all other assets (see instructions).

Reduction claimed for blockage or other factors reported on lines 1a and

1e 2

Tax on investment income for 2015 from Part VI, line 5.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Income tax for 2015 (This does not include the tax from Part VI). . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Expenses, contributions, qifts, etc —total from Part I, column (d), line 26.

3

Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see

Distributable amount before adjustments Subtract line 2c from line 1.

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2a

2b

1a

1b

1c 1d

> 2 3

> 1

2c

3

4

5

6

7

1a

1b

2

За

3b

4

5

4 85,841 5 5,636,916 281,846

Distributable Amount Part XI (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part.) 1

6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

7 Part XII **Qualifying Distributions** (see instructions)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Р	ondistributed income (see instr	uctions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7	Сограз	rears prior to 2011	2011	280,875
	Undistributed income, if any, as of the end of 2015				,
	Enter amount for 2014 only			o	
ь			0		
	Excess distributions carryover, if any, to 2015				
a	From 2010				
	From 2011				
	From 2012				
	From 2013 185,133				
е	From 2014 244,700				
f	Total of lines 3a through e	459,895			
	Qualifying distributions for 2015 from Part				
	XII, line 4 \$ 540,028				
а	Applied to 2014, but not more than line 2a			0	
b	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election	0			
	required—see instructions)				200.075
	Applied to 2015 distributable amount	250 452			280,875
	Remaining amount distributed out of corpus	259,153			
5	Excess distributions carryover applied to 2015	U			
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	719,048			
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable amount				
_	-see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			ا	
	instructions				
Ť	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				(
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may	n			
_	be required - see instructions)				
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0			
۵	Excess distributions carryover to 2016.				
7	Subtract lines 7 and 8 from line 6a	719,048			
LO	Analysis of line 9				
а	Excess from 2011				
	Excess from 2012 30,062				
c	Excess from 2013 185,133				
d	Excess from 2014 244,700				
е	Excess from 2015 259,153				
				Fc	orm 990-PF (2015)

or	m 990-PF (2015)					Page 10
	Part XIV Private Operating Foundate	t ions (see instru	ictions and Part	VII-A, question	1 9)	
	If the foundation has received a ruling or determined foundation, and the ruling is effective for 2015,	enter the date of t	he ruling	▶ ∟		
	Check box to indicate whether the organization	is a private operat	ting foundation de	scribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	Total support other than gross investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support					
	from an exempt organization					
P)=	(4) Gross investment income Int XV Supplementary Information (4)	Complete this	nart only if th	e organizatio		more in
- 0	assets at any time during the			e organizatio	ii iiaa 45,000 oi	more m
L a	Information Regarding Foundation Managers: List any managers of the foundation who have o	ontributed more th	an 2% of the tota			tion
	before the close of any tax year (but only if the	•				
b	List any managers of the foundation who own 10 ownership of a partnership or other entity) of whether the state of the foundation who own 10 ownership or other entity) of whether the state of the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of which is the foundation who own 10 ownership or other entity) of whether entity of the foundation who own 10 ownership or other entity) of which is the foundation who ownership or other entity) of which is the foundation of the foundation whether entity is the foundation of the foundation whether entity is the foundation of the foundation of the foundation whether the foundation of the f		•		vlarge portion of the	
2	Information Regarding Contribution, Grant, Gif	t, Loan, Scholarshi	p, etc., Programs:			
	Check here $\blacktriangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	n makes gifts, gran		-	•	under
а	The name, address, and telephone number or e	mail address of the	e person to whom	applications shou	ld be addressed	
Ь	The form in which applications should be subm	itted and informati	on and materials t	they should includ	e	
c	Any submission deadlines					
d	Any restrictions or limitations on awards, such factors	as by geographica	al areas, charitabl	e fields, kinds of i	nstitutions, or other	

Form 990-PF (2015)

Part XV Supplementary Information(continued)

d During the Year or App	proved for Fi	uture Payment	
If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A mount
or substantial contributor	recipient	contribution	
or substantial contributor			
		▶ 3a	529,492
	If recipient is an individual, show any relationship to any foundation manager	If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor If recipient is an individual, show any relationship to any foundation manager or substantial contributor If recipient is an individual, show any relationship to any foundation manager or substantial contributor If recipient is an individual, show any relationship to any foundation status of recipient If recipient is an individual, show any relationship to any foundation status of recipient If recipient is an individual, show any relationship to any foundation status of recipient If recipient is an individual, show any relationship to any foundation status of recipient If recipient is an individual, show any relationship to any foundation status of recipient If recipient is an individual, show any relationship to any foundation status of recipient If recipient is an individual, show any foundation status of recipient If recipient is an individual, show any foundation status of recipient If recipient is an individual, show any foundation status of recipient is an individual status of recipi

Enter gross	s amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a						,
f						
_	and contracts from government agencies					
3 Interes	rship dues and assessments			14	2	
4 Divider	nds and interest from securities			14	89,842	
	tal income or (loss) from real estate					
	financed property ebt-financed property					
6 Net rer	ntal income or (loss) from personal ty					
	nvestment income			14	370	
invent	r (loss) from sales of assets other than ory			18	20,106	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	revenue a MISCELLANEOUS INCOME					1,000
Ь						
	al Add columns (b), (d), and (e).				110,320	· · · · · · · · · · · · · · · · · · ·
	dd line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify			1	.3	111,320
	-B Relationship of Activities to		plishment of I	Exempt Purpos	es	
Line No. ▼	Explain below how each activity for wh the accomplishment of the foundation's instructions)					
11	VOIDING OF PRIOR YEAR GRANT NO	T REISSUED IN	THE CURRENT	YEAR		

	art XVII					actions	and R	elationships	With			gc =.
1	Did the oi	rganızatıon dırectly or ıı				any othe	er organı	zation described	lın			
		01(c) of the Code (other	er than sec	ction 501(c)(3) o	organizations) or	ın sectio	n 527, r	elating to politic	al		Yes	No
	organızat											
а		from the reporting four										
	` '	n							•	1a(1)		No
		rassets								1a(2)		No
D		nsactions	rıtabla ove	mnt organization	n					16/11		No
		s of assets to a noncha hases of assets from a		· -						1b(1) 1b(2)		No No
		al of facilities, equipme							•	1b(2)		No
		bursement arrangemen	•							1b(4)		No
		s or loan guarantees.								1b(5)		No
		mance of services or m								1b(6)		No
		f facilities , equipment , i	•	_						1c		No
	_	wer to any of the above	-	•							lue	140
	of the god	ods, other assets, or se nsaction or sharing arra (b) Amount involved	rvices giv angement,	en by the reporti	ng foundation If (d) the value of	the found the goods	dation re s, other	ceived less than	fair marke es receive	t value d		nte
<u>(a)</u>	Life No	(b) Amount involved	(c) Nume	or nonchantable exe	simple organization	(u) be	:scription c	r dansiers, dansacc	ons, una sna	inig arra	ngemer	11.5
	-											
	described √ No	ndation directly or individual in section 501(c) of the complete the following: (a) Name of organization	ne Code (o schedule	ther than section	· ·	n section	•		• • • • • • • • • • • • • • • • • • •	·	es	
							1					
							+					
_	Und	er penalties of perjury,	I doclaro	that I have evan	ained this return	ıncludını		nanying schodul	oc and sta	tomont	c and	to
Sig	the Info	best of my knowledge a rmation of which prepar	nd belief,	it is true, correct					n taxpayeı		ed on	all
	re	*****			2016-11-08	-) *	*****		return	ne prepar		
	'	Signature of officer or t	rustee		Date	' T	itle		(see II	nstr)?	Yes [٧o
	·	Print/Type preparer's JOHN W MORRISSE		Preparer's Sign	ature	Date		Check if self- employed ▶	PTIN P(00987	48	
Pa Pr Us	eparer	Firm's name ► DAMITZ BROOKS NI	GHTINGA	LE				Firm's EIN ▶ 7	7-007664	7		
Or		Firm's address ▶ 200 EAST CARRILLO SANTA BARBARA, CA		SUITE 303				Phone no (805)963-183	7		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation ${f C}$

NICCO ARCHITOFFICE 1114 STATE STREET STREE	(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
2 00 STEE 310 SANTA BARBARA, CA 93101 PRESIDENT/DIRECTOR 0 0 0 0 0 0 0 0 0	NICOYA HECHT		0	0	0
1 00 1 00 2	STREET STE 310				
C70 HECHT OFFICE 1114 STATE STREET STE JIO SANTA BARBARA,CA 93101 SEAN HECHT DIRECTOR O O O O O O O O O	MARYA HECHT		0	0	0
C/O HECHT OFFICE 1114 STATE STREET STREET STE 310 SANTA BARBARA, CA 93101 SANTA BARB	STREET STE 310	1 00			
C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 CHRISTIANE SANTORO C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 MARGARET HECHT C/O HECHT OFFICE 1114 STATE STE 310 SANTA BARBARA, CA 93101 DIRECTOR O 50 O 0 0 0 O 0 0 0 O 0 0 0 O 0 0 0 O 0 0 0 O 0 0 0 O 0 0 0 0	SEAN HECHT		0	0	0
C/O HECHT OFFICE 1114 STATE	STREET STE 310	2 00			
C/O HECHT OFFICE 1114 STATE	CHRISTIANE SANTORO		0	0	0
C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 JAMES GREY HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 AMARA HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 ALLYSSA A HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 JENNIFER HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 JENNIFER HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 JAMES CHRISTOPHER HECHT C/O HECHT OFFICE 1114 STATE STE 310 SANTA BARBARA, CA 93101 JAMES CHRISTOPHER HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 DIRECTOR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	STREET STE 310	1 00			
C/O HECHT OFFICE 1114 STATE	MARGARET HECHT		0	0	0
1 00 1 00	STREET STE 310	0 50			
C/O HECHT OFFICE 1114 STATE	JAMES GREY HECHT		0	0	0
C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 DIRECTOR 0 0 0 0	STREET STE 310	1 00			
C/O HECHT OFFICE 1114 STATE	AMARA HECHT		0	0	0
C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 JENNIFER HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA, CA 93101 JAMES CHRISTOPHER HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 DIRECTOR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	STREET STE 310	0.50			
C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA,CA 93101 JENNIFER HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA,CA 93101 JAMES CHRISTOPHER HECHT C/O HECHT OFFICE 1114 STATE STREET STREET STREET STREET STE 310	ALLYSSA A HECHT		0	0	0
C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA,CA 93101 JAMES CHRISTOPHER HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 DIRECTOR 1 00 0	STREET STE 310	0.50			
C/O HECHT OFFICE 1114 STATE STREET STE 310 SANTA BARBARA,CA 93101 JAMES CHRISTOPHER HECHT C/O HECHT OFFICE 1114 STATE STREET STE 310 DIRECTOR 1 00 0	JENNIFER HECHT		0	0	0
C/O HECHT OFFICE 1114 STATE STREET STE 310	STREET STE 310	0 50			
C/O HECHT OFFICE 1114 STATE STREET STE 310	JAMES CHRISTOPHER HECHT		0	0	0
	STREET STE 310	1 00			

Form 990PF Part XV Line 3 - Gr	ants and Contributions	Paid During	the Year or Approved for	Future Payment
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year				
A KEIKI'S DREAM 161 S WAKEA AVENUE KAHULUI,HI 96732	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	1,000
ALL SAINTS-BY-THE-SEA PARISH SCHOOL 84 EUCALYPTUS DRIVE SANTA BARBARA,CA 93108	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	2,500
ALOHA HOUSE MAUI PO BOX 791749 PAIA,HI 96779	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	5,000
ALPHA PROJECT 3737 5TH AVENUE 203 SAN DIEGO,CA 92103	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	5,000
ANGELS FOSTER CARE OF SANTA BARBARA 3905 STATE STREET 7-115 SANTA BARBARA,CA 93105	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	22,680
BOYS AND GIRLS CLUB OF SANTA BARBARA 632 E CANON PERDIDO STREET SANTA BARBARA,CA 93103	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	2,400
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS,CA 92069	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	4,840
CHILD EVANGELISM FELLOWSHIP PO BOX 30826 SANTA BARBARA,CA 93130	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	2,500
DREAM FOUNDATION SANTA BARBARA 1528 CHAPALA STREET 304 SANTA BARBARA,CA 93101	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	7,000
ENVIRONMENT OREGON RESEARCH AND POLICY CENTER INC 1536 SE 11TH AVENUE STE B PORTLAND, OR 97214	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	2,200
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVENUE SANTA BARBARA,CA 93110	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	4,500
FRIENDS OF RAMANA'S GARDEN PO BOX 33312 WASHINGTON, DC 20033	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	2,500
HABITAT FOR HUMANITY MAUI 970 LOWER MAIN STREET WAILUKU,HI 96793	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	1,000
HELEN WOODWARD ANIMAL CENTER 6523 HELEN WOODWARD WAY STE 100 RANCHO SANTA FE,CA 92067	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	5,000
HOPE FOR LIFE PO BOX 4380 KETCHUM,ID 83340	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	15,000
Total			▶ 3a	529,492

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
- David dayna - the array	or substantial contributor			
a Paid during the year				
HUI NO'EAU VISUAL ARTS CENTER 2841 BALDWIN AVENUE MAKAWAO,HI 96768	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	1,000
LAKE PEND OREILLE WATERKEEPER PO BOX 732 SANDPOINT,ID 83864	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	74,000
LITTLE SISTERS FUND PO BOX 715 KETCHUM,ID 83340	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	8,750
MAUI FOOD BANK 760 KOLU STREET WAILUKU,HI 96793	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	1,000
MAUI YOUTH & FAMILY SERVICES PO BOX 790006 PAIA,HI 96779	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	2,500
MERCY CORE 45 SW ANKENY STREET PORTLAND,OR 97204	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	26,722
MONTECITO TRAILS FOUNDATION PO BOX 5481 SANTA BARBARA,CA 93150	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	2,000
MOXI PO BOX 4808 SANTA BARBARA, CA 93140	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	50,000
PEAR 338 NW 6TH AVENUE PORTLAND,OR 97209	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	20,000
PLANNED PARENTHOOD 434 WEST 33RD STREET NEW YORK,NY 10001	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	1,000
ROCK CREEK ALLIANCE INC PO BOX 2636 SANDPOINT,ID 83864	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	10,000
ROGUE RIVERKEEPER PO BOX 102 ASHLAND,OR 97520	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	20,000
SANTA BARBARA CHANNELKEEPERS 714 BOND AVENUE SANTA BARBARA,CA 93103	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	4,100
SANTA BARBARA RESCUE MISSION 535 E YANONALI STREET SANTA BARBARA,CA 93103	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	500
SCHOLARSHIP FOUNDATION OF SANTA BARBARA PO BOX 3620 SANTA BARBARA,CA 93130	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	2,500
Total	1		▶ 3a	529,492

Recipient	If recipient is an individual,		Purpose of grant or	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
SNAKE RIVER WATERKEEPER 2313 N 16TH STREET BOISE,ID 83702	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	80,000
ST TERESA CHURCH 25 W LIPOA STREET KIHEI,HI 96753	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	1,000
STORYTELLER CHILDRENS CENTER 2115 STATE STREET SANTA BARBARA,CA 93105	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	4,500
THE AMERICAN HIMALAYAN FOUNDATION 909 MONTGOMERY STREET STE 400 SAN FRANCISCO,CA 94133	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	25,000
THE FESTIVAL AT SANDPOINT PO BOX 695 SANDPOINT,ID 83864	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	2,000
THE HUNGER COALITION 121 HONEYSUCKLE STREET BELLEVUE,ID 83313	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	15,000
URYADI'S VILLAGE PO BOX 1086 SANDPOINT,ID 83864	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	6,000
WATERKEEPER ALLIANCE INC 17 BATTERY PLACE STE 1329 NEW YORK,NY 10004	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	73,800
WESTERN WATERSHEDS PROJECT PO BOX 1770 HAILEY,ID 83333	NONE	PC	IN FURTHERANCE OF SECTION 501(C)(3) CHARITABLE PURPOSE	15,000
Total			▶ 3a	529,492

TY 2015 Accounting Fees Schedule	
Name: SANGHAM FOUNDATION	

DLN: 93491315000216

4,354

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

BOOKKEEPING FEES

EIN: 73-1681596				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

4,354

8,708

enie GRAPHIC Print - DO NOT PROCESS AS Filed Data -	DLN: 93491315000216
TY 2015 Investments Corporate Bonds Schedule	
Nome: CANCHAM FOUNDATION	
Name: SANGHAM FOUNDATION	

DI N. 0240121E000216

1,102,881

1,102,881

ofile CDADUIC print DO NOT DDOCECC As Filed Date

JP MORGAN #4001 - FIXED INCOME

EIN: 73-1681596		
Name of Bond	End of Year Book Value	End of Year Fair Market Value

erile GRAPHIC Print - DO NOT PROCESS	AS Filed Data -	DLN: 93491315000216
TY 2015 Investments Corpora	te Stock Schedule	
Name:	SANGHAM FOUNDATION	
EIN:	73-1681596	

DI N. 03/01315000316

1,610,793

1,116,183

1,610,793

1,116,183

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JP MORGAN #4001 - STOCK

JP MORGAN #3003 - STOCK

Name of Stock	End of Year Book Value	End of Year Fair Market Value

elle diarrite print - Do Not Process As Fried Data -	DEN. 33431313000210
TY 2015 Investments - Other Schedule	
Name: SANGHAM FOUNDATION	
EIN: 73-1681596	

DI N. 93491315000216

189,123

35,652

189,123

35,652

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

JP MORGAN #8009 - ALTERNATIVE ASSETS

RENEWAL 3

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
JP MORGAN #4001 - HEDGE FUND	FMV	920,729	920,729

FMV

FMV

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315000216
TY 2015 Other Decreases Sch	edule	
Name:	SANGHAM FOUNDATION	
EIN:	73-1681596	

Description Amount

213,758

CURRENT YEAR UNREALIZED LOSS

FROM PASSTHROUGH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: SANGHAM FOUNDATION

EIN: 73-1681596

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	4	0		4
OTHER PORTFOLIO DEDUCTIONS	3,336	3.336		0

DLN: 93491315000216

Name: SANGHAM FOUNDATION FIN: 73-1681596

OTHER INVESTMENT INCOME

MISCELLANEOUS INCOME

Description	Revenue And	Net Investment	Adjusted Net Income
	Expenses Per Books	Income	

370

1,000

370

370

1,000

INVESTMENT ADVISORY FEES

CONSULTING FEES

13,392

5,000

Category	Amount	Net Investment

FIN: 73-1681596

Name: SANGHAM FOUNDATION

13,392

2,500

DLN: 93491315000216

Disbursements for

Charitable

Purposes

2,500

Adjusted Net

Income

DLN: 93491315000216

Name: SANGHAM FOUNDATION EIN: 73-1681596

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name	Address	
WINKLER FAMILY TRUST	500 STANTON CHRISTIANA ROAD	

NEWARK, DE 19713

DLN: 93491315000216

Name: SANGHAM FOUNDATION EIN: 73-1681596

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

FOREIGN TAXES PAID

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2014 EXTENSION TAX PAYMENT	4,000	0		0

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			D	LN: 93491315000216
Schedule B		Schedu	ale of Contributors	 6		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	▶ Information at	oout Schedule B (Fo	Form 990, 990-EZ, or 990-P orm 990, 990-EZ, or 990-PF) ow irs gov/form990		ıs at	2015
Name of the organizati				Em	ployer iden	tification number
SANGHAM FOUNDATI				73	-1681596	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	[501(c)()	(enter number) org	ganization			
	4947(a)(1) nonexempt charit	able trust not treated as a p	orivate foundation		
	527 politic	al organization				
Form 990-PF	√ 501(c)(3)	exempt private fou	ndation			
	T 4947(a)(1) nonexempt charit	able trust treated as a priva	te foundation		
	501(c)(3)	taxable private fou	ndation			
	-		that received, during the yea ts I and II See instructions f		-	
under sections treceived from a	509(a)(1) and 170(b)(1)(A)(vi), that chec ring the year, total	Form 990 or 990-EZ that met ked Schedule A (Form 990 contributions of the greater s I and II	or 990-EZ), Part II, lin	e 13, 16a, o	r 16b, and that
during the year,		more than \$1,000 e	or (10) filing Form 990 or 990 xclusively for religious, cha lete Parts I, II, and III			
during the year, this box is chec purpose Do not	contributions exclusions exclusions in the total complete any of the part of t	vely for religious, cl al contributions tha parts unless the Ge	or (10) filing Form 990 or 990 haritable, etc., purposes, but were received during the yneral Rule applies to this ownere during the year	t no such contributioi year for an <i>exclusiv</i> e organization because	ns totaled mely religious, it received	ore than \$1,000 lf , charitable, etc , nonexclusively
990-EZ, or 990-PF), but	ıt must answer "No"	on Part IV, line 2, o	e and/or the Special Rules d f its Form 990, or check the loes not meet the filing requi	box on line H of its		

Name of organization SANGHAM FOUNDATION Employer identification number 73-1681596

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WINKLER FAMILY TRUST		Person 🗸
	1114 STATE STREET STE 310	\$ 500,000	Payroll
	SANTA BARBARA, CA 93101		Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
			Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
			Noncash <u></u>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		s	Payroli
			Noncash —
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
			Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		_	Payroll —
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions)

Employer identification number

ANGHAM FOUND		72.1601506	
art II	Noncash Property	73-1681596	
(a) lo.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) o.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		s	
(a) lo.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) lo.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
· · · · · · · · · · · · · · · · · · ·		s	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)