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Department of the Treasury

Internal Revenue Service

DLN: 93491167006206

OMB No 1545-0052

Open to Public Inspection

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>.

For	caler	ndar year 2015, or tax y	, and e	, and ending 02-29-2016							
	e of four E MCCUI	ndation INE FOUNDATION					entification numbe	er			
					<u> </u>	-0242953					
	ber and BOX 243	street (or P O box number if mail is r	not delivered to street address)	Room/suite	в	elephone nun	nber (see instruction	s)			
1 ~	DON 213	340			(80	(805) 223-8373					
		, state or province, country, and ZIP o A 93002	r foreign postal code		c	C If exemption application is pending, check here					
G Cł	neck all	I that apply Initial return	Initial return of a fo	rmer public charity		1 Foreign on	ganizations, check he	ere 🕨 🗀			
		Final return Address chang	A mended return ge Name change		1		ganizations, check no ganizations meeting	•			
	1. 4	<u> </u>				test, check	k here and attach co	mputation			
		pe of organization				E If private foundation status was terminated under section 507(b)(1)(A), check here					
		et value of all assets at end	JAccounting method				ition is in a 60-montl				
		rom Part II, col. (c), \$ 1,794,462	Other (specify)	he on cash basıs.)		under section 507(b)(1)(B), check here					
				30 0 dae,		<u> </u>					
Pa	rt I	Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in co instructions))	(b), (c), and (d) may not	Revenue and expenses per (b)		nvestment ncome	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)			
	1	Contributions, gifts, grants, e	etc , received (attach								
ļ				1,002,350							
	2	Check F T if the foundation	is not required to attach								
ŀ		'									
	3	Interest on savings and temp	oorary cash investments	2,177		2,177					
	4	Dividends and interest from s	securities	20,013		20,013					
erne Hare	5a	Gross rents									
	b	Net rental income or (loss) _									
	6a	Net gain or (loss) from sale o	fassets not on line 10	79,875 							
Reveilue	b	Gross sales price for all asse	ts on line 6a:								
<u>ن</u> ا	7	Capital gain net income (from	n Part IV, line 2)			79,875					
ļ	8	Net short-term capital gain .									
ŀ	9	Income modifications									
	10a	Gross sales less returns and allowances									
	b	Less Cost of goods sold									
	C	Gross profit or (loss) (attach	•								
	11	Other income (attach schedu		1 104 445		:50.065					
	12	Total.Add lines 1 through 11		1,104,415		102,065		99,000			
	13 14	Compensation of officers, dire Other employee salaries and		99,000				99,000			
S	15	Pension plans, employee ben		17,494		0		17,494			
Şe.	16a	Legal fees (attach schedule).		% 2,512		0		2,512			
Expense	ь	Accounting fees (attach sche	-	2,200		836		1,364			
EX	٠,	Other professional fees (attach	· •	% 33,852		0		33,852			
	17	Interest	·	<i>(29</i>		-		,			
and Administrative	18		ļ ·	9,986		0		7,953			
# ! 	19	Taxes (attach schedule) (see Depreciation (attach schedul		242		0					
Ē	20	Occupancy	· ·	11,509		0		11,509			
Αd	20	Travel, conferences, and mee		8,581		0		8,581			
pu!	22	Printing and publications		2,939		0		2,939			
	23	Other expenses (attach sche		27,841		0		27,841			
Operating	24	Total operating and administ	· •				<u> </u>	<u> </u>			
更	-	Add lines 13 through 23	-	216,156		836		213,045			
ŏ'	25	Contributions, gifts, grants pa		818,529				818,529			
	26	Total expenses and disbursen	ļ-	1,034,685		836		1,031,574			
	27	Subtract line 26 from line 12		_,, -				_,,			
l	a	Excess of revenue over exper		69,730							
ļ	ь	Net investment income (if ne	gative, enter - 0 -)			101,229					
	С	Adjusted net income(If negat	ive, enter -0-)								
For I	aperw	ork Reduction Act Notice, see	instructions.		Cat No	11289X	Form	9 90-PF (2015)			

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	End o	•
		Cash—non-interest-bearing	(a) Book Value 210,270	(b) Book Value 179,634	(c) Fair Market Value 179,634
	1		210,270	179,034	179,034
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	_	Less allowance for doubtful accounts -			
	4	Pledges receivable			
		Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) 100,000			
		Less allowance for doubtful accounts 🕨0	100,000	100,000	100,000
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	931,472	1,033,435	1,514,060
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲 444	1,010	768	768
	15	O ther assets (describe 🟲)	200	% 0	9
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,242,952	1,313,837	1,794,462
	17	Accounts payable and accrued expenses	3,627	3,188	
	18	Grants payable			
ę.	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
a e	21	Mortgages and other notes payable (attach schedule)			
_	22		908	95 2,502	
	23	Total liabilities(add lines 17 through 22)	4,535	5,690	
		Foundations that follow SFAS 117, check here			
φ		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here			
7		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	1,238,417	1,308,147	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
Ą	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
Net	30	Total net assets or fund balances(see instructions)	1,238,417	1,308,147	
Z	31	Total liabilities and net assets/fund balances(see instructions)	1,242,952	1,313,837	
Da			2,2 12,3 92	1,010,000	
	rt III		(a) line 20 (
1		Total net assets or fund balances at beginning of year—Part II, column	, ,,		1 220 417
•		with end-of-year figure reported on prior year's return)			1,238,417
2		Enter amount from Part I, line 27a			69,730
3		Other increases not included in line 2 (itemize)		_ 3	1 309 147
4		Add lines 1, 2, and 3			1,308,147
5		Decreases not included in line 2 (itemize)		_ 5	1 200 1 1 7
6		Total net assets or fund balances at end of year (line 4 minus line 5)—I	- art 11, column (b), li	ne 30 . 6 	1,308,147

Part IV	Capital Gains a	nd Lo	sses for	Tax on :	Inve	stme	nt Income	е				
	List and describe the control of the							(b)	How acquire P—Purchase D—Donation	· (c)	Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	CAPITAL GAINS DIV	IDEND	S						Р			
b												
d												
е								+				
	Gross sales price		De (f)	preciation a (or allowat		d			ther basis nse of sale			ı or (loss) (f) mınus (g)
а	79	,875										79,875
b												
С												
d												
<u> </u>										+		
	plete only for assets sh	owing	gain in col	umn (h) and	d owne	ad by ti	ho foundation	n on	1 2 / 3 1 / 6 0	-	C (C-I	/h) =========
		owing		Adjusted b		ed by th			of col (1)		•	(h) gain minus it less than -0-) or
(i) F	M V as of 12/31/69			as of 12/31					(j), if any	(1)		(from col (h))
a												79,875
b												
d												
<u>е</u>												
3	Net short-term capital If gain, also enter in Pain Part I, line 8	gaın oı	r (loss) as	defined in s	ر sectio	ns 122)	J	,	2	79,875
	-		Saction	4040(0)	for D	· · ·	ad Tay an	. N.	4 Tau a a tau		3 Treeme	
	anal use by domestic pri 4940(d)(2) applies, lea	vate fo	undations	subject to								
If "Yes," t	oundation liable for the the foundation does not	qualify	under se	ction 4940	(e) Do	o not c	omplete this	part				Γ Yes Γ No
L ⊨nte	r the appropriate amour	ıc ın ea	cn column	ror each ye	ear, se	ee inst	ructions befo	ore m	iaking any en	tries		
Base po year (or	(a) eriod years Calendar tax year beginning in)	Adjus	(b) sted qualifyir	ng distributions	S	Net v	(c) alue of noncha		-use assets		(d) Distributio (col (b) divided	n ratio
	2014			998	,255				1,774,799			0 562461
	2013				,656				1,616,681			0 548442
	2012				,668				1,659,204			0 538010
	2011				,352				1,482,570			0 603919
	2010	, I.			,175				1,352,193		T	0 678287
_	Totalof line 1, column (. ,							L	2		2 931119
	A verage distribution ra the number of years the	e found	latıon has	been in exi	stence	e ıf les:	s than 5 yea	ırs		3		0 586224
4	Enter the net value of r						•		-	4		1,803,672
	Multiply line 4 by line 3									5		1,057,356
	Enter 1% of net invest		•	•		•				6	ļ	1,012
7	Add lines 5 and 6									7	1	1.058.368

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

the Part VI instructions

1,031,574

8

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	74U(E),	, UI 4940—Se	e pag	C 10 01	the ins	LIUCLIC	'IIS)	
1a		· ┌)					
	and enter "N/A" on line 1 Date of ruling or determination letter			l					
	(attach copy of letter if necessary-see instructions)			ſ					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			J	1			7	2,025
	here ► Tand enter 1% of Part I, line 27b			• '					
С	All other domestic foundations enter 2% of line $27b$ Exempt foreign organiza Part I, line 12 , col (b)	itions 6	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	idation	s only Othe	rs	2				0
3	Add lines 1 and 2				3			;	 2,025
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Othe	rs	4				0
5	enter - 0 -) Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter - 0		_	5				2,025
6	Credits/Payments			-					1,023
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a							
b	Exempt foreign organizations—tax withheld at source	6b							
c	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				0
8	Enter any penalty for underpayment of estimated tax. Check here T if Form 2				8				11
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				2,036
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount			>	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	•	Refunded	•	11				
	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislation	n or d	ıd			Yes	No
	it participate or intervene in any political campaign?						1a		No
ь	Did it spend more than \$100 during the year (either directly or indirectly) for p	olitica	l purposes (s	see Ir	struct	ions			
	for definition)?						1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and co	pies of any m	nateria	als				
	published or distributed by the foundation in connection with the activities.								
c	Did the foundation file Form 1120-POL for this year?						1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) impos	sed dui	ring the year						
	(1) On the foundation \blacktriangleright \$0 (2) On foundation managers	> \$ _		0					
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	tical e	xpenditure ta	ax ımı	oosed				
	on foundation managers 🕨 \$0								
2	Has the foundation engaged in any activities that have not previously been rep	orted	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 it	ts gove	erning instrui	ment,	artıcle	s			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo			_			3	Yes	
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	urıng t	he 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 dur	ring the	e 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 494	45)sa	tisfied eithei	r					
	By language in the governing instrument, or By state legislation that effectively amonds the governing instrument as the		aandatami du						
	By state legislation that effectively amends the governing instrument so the								
_	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? and Part XV.	717 "Yes	s," complete i	art 11	, coi. (c	·),	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)						
	► <u>C</u> A								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF	to the Attorn	ney					
	General (or designate) of each state as required by General Instruction G? If						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the n	meanın	g of section	4942	(3)(3)				
	or $4942(J)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (see	ee inst	ructions for	Part >	۲(V I				
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,"	" attach	a schedule l	isting	their n	ames			
	and addresses.						10	1	No

Par	t VII-A Statements Regarding Activities (continued)			
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 ►MCCUNEFOUNDATION ORG			
14	The books are in care of ►CLAUDIA ARMANN Telephone no ►(805)	5)223	-8373	
	Located at ▶700 E MAIN ST VENTURA CA ZIP+4 ▶93001			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		b [-
	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	ا ما	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			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			т
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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)			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
Ī	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			
	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		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	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			
	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	1	No

Pel	Lt ATT-B	Statements Rega	arding Activities to	or wr	iich Form 4/20	мау	Be Required (Cont	inuea)	
5a	During the	year did the foundation	n pay or incur any amo	unt to						
	(1) Carry	on propaganda, or othe	rwise attempt to influe	nce leg	ıslatıon (sectıon 49	45(e)) [?]	√ No		
	(2) Influer	nce the outcome of any	specific public electio	n (see	section 4955), or to	car	ry			
	on, dir	ectly or indirectly, any	voter registration drive	≥?			\ Yes \	√ No		
	(3) Provid	e a grant to an individu	ial for travel, study, or (others	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provid	e a grant to an organiza	ation other than a char	table,	etc , organızatıon de	scrib	ped			
	ın sect	tion 4945(d)(4)(A)? (se	ee instructions)				\ \ Yes \	√ No		
	(5) Provid	e for any purpose other	r than religious, charita	ble, sc	ientific, literary, or					
	educat	tional purposes, or for t	the prevention of cruelt	y to ch	ıldren or anımals?.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ No		
b	If any ans	werıs "Yes" to 5a(1)–((5), dıd any of the trans	actions	fail to qualify under	r the	exceptions described in			
	Regulation	ns section 53 4945 or i	ın a current notice rega	rding o	disaster assistance	(see	instructions)?	[5b	
	O rganızatı	ions relying on a curren	nt notice regarding disa	steras	ssistance check her	e		-		
С	If the ansv	wer is "Yes" to questior	n 5a(4), does the found	ation c	laım exemption fron	n the				
	tax becaus	se it maintained expend	diture responsibility for	the gr	ant?		T Yes 「	- No		
	If "Yes," at	tach the statement requ	ured by Regulations sec	tion 53.	4945-5(d).					
6a	Did the fou	undation, during the yea	ar, receive any funds, d	ırectly	or indirectly, to pay	prer	miums on			
	a personal	l benefit contract?					Yes	√ No		
b	•						benefit contract?	. [6b	No
	If "Yes" to	6b, file Form 8870.								
7a	At any tım	e during the tax year, v	was the foundation a pa	rty to a	a prohibited tax shel	lter t	ransaction? Yes	√ No		
b	If yes, dıd	the foundation receive	any proceeds or have	any ne	t income attributable	e to t	the transaction?	. [7b	
_		Information Abou	t Officers, Directo	rs, T	rustees, Founda	atio	n Managers, Highly	Paid	Empl	oyees,
		and Contractors			•					
1	List all offi	cers, directors, trustee	s, foundation manager	s and t	heir compensation (see i		I		
			Title, and averag		Compensation(If		(d) Contributions to	F	vnense	account,
	(a) Nam	ne and address	hours per week (b) devoted to position		not paid, enter -0-)	е	mployee benefit plans			owances
			(b) devoted to position	"	-0-)	and	deferred compensation			
See	Additional E	Data Table								
]							
			1							
2	Compensat	ion of five highest-paid	d employees (other tha	n thos	e included on line 1-	-see	instructions). If none, e	nter "N	ONE."	
		(a)	Title, and av	erade			Contributions to			
Nar	ne and addr	ress of each employee ;			(c) Compensation	on	employee benefit plans and deferred		•	account,
	more	e than \$50,000	(b) devoted to po	osition			(d) compensation	(e) ⁰	ther an	lowances
NON	IE									
			 							
Int-	I number of	other amployage haid o	AVAR & EA AAA					1		^

and Contractors (continued) 3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NON	NF".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		• 0
Part IX-A Summary of Direct Charitable Activities		•
·	aught statutural information such as the number	or of
ist the foundation's four largest direct charitable activities during the tax year. Include rele rganizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the	the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
· -		
3		I
3		

Part X Minimum Investment Return

PG	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	194,952
b	Average of monthly cash balances	1b	1,536,187
c	Fair market value of all other assets (see instructions)	1 c	100,000
d	Total (add lines 1a, b, and c)	1d	1,831,139
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,831,139
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	27,467
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,803,672
6	Minimum investment return.Enter 5% of line 5	6	90,184
Paı	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ceil check here ► and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	90,184
2a	Tax on investment income for 2015 from Part VI, line 5 2a 2,025		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	2,025
3	Distributable amount before adjustments Subtract line 2c from line 1	3	88,159
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	88,159
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	88,159
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		i
	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,031,574
	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,031,574
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,031,574
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIIII Undistributed	Income (see instri	uctions)				
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015	
1	Distributable amount for 2015	from Part XI, line 7					88,159
	Undistributed income, if any, a						
	Enter amount for 2014 only.				0		
Ь	Total for prior years 20	, 20, 20		0			
3	Excess distributions carryove						
а	From 2010	849,866					
b	From 2011	821,715					
C	From 2012	810,072					
d	From 2013	806,122					
	From 2014	909,970	4 107 745				
	Total of lines 3a through e		4,197,745				
4	Qualifying distributions for 201						
_	XII, line 4 > \$ Applied to 2014, but not more				0		
	Applied to undistributed incom			0	0		
U	(Election required—see instruc	-		Ů			
c	Treated as distributions out of		0				
	required—see instructions).						
d	Applied to 2015 distributable	amount					88,159
е	Remaining amount distributed	out of corpus	943,415				
5	Excess distributions carryove	r applied to 2015	0				0
	(If an amount appears in column same amount must be show	· //					
6	Enter the net total of each col	lumn as					
	indicated below:						
	Corpus Add lines 3f, 4c, and 4		5,141,160				
b	Prior years' undistributed incom			0			
_	line 4b from line 2b Enter the amount of prior years			·			
С	income for which a notice of de						
	been issued, or on which the se	•					
	tax has been previously asses	sed		0			
d	Subtract line 6c from line 6b T			0			
	—see instructions			Ü			
е	Undistributed income for 2014 4a from line 2a Taxable amour						
	instructions				0		
f	Undistributed income for 2016	Subtract					
	lines 4d and 5 from line 1 This						0
_	be distributed in 2015						0
/	Amounts treated as distributio corpus to satisfy requirements						
	section 170(b)(1)(F) or 4942(
	be required - see instructions)		0				
8	Excess distributions carryover		849,866				
	applied on line 5 or line 7 (see	· ·	043,000				
9	Excess distributions carryover Subtract lines 7 and 8 from line		4,291,294				
10	Analysis of line 9	e o a	, ,				
	Excess from 2011	821,715					
	Excess from 2012	810,072					
	Excess from 2013	806,122					
	Excess from 2014	909,970					
е	Excess from 2015	943,415					

b The form in which applications should be submitted and information and materials they should include TWO-PAGE LETTER OF INQUIRY AND COPY OF IRS TAX-EXEMPT STATUS LETTER

c Any submission deadlines

JANUARY AND JULY

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GRANTS ARE LIMITED TO ORGANIZATIONS WITH 501(C)3 STATUS OPERATING IN SANTA BARBARA AND VENTURA COUNTIES, CALIFORNIA AND AREAS OF INTEREST TO THE BOARD GRANTS ARE MADE FOR PROJECTS THAT MOBILIZE RESIDENTS FOR ECONOMIC AND SOCIAL JUSTICE INITIATIVES

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 818,529 **b** Approved for future payment

Part XVI-A Analysis of Income-Produc	ing Activitie	:S			Page 12
Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a b					
c					
d e					
f g Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash investments			14	2,177	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	20,013	
a Debt-financed property					
b Not debt-financed property6 Net rental income or (loss) from personal property					
7 O ther investment income8 Gain or (loss) from sales of assets other than inventory			14	79,875	
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory			17	79,673	
 11 Other revenue a b					
c					
e					
Subtotal Add columns (b), (d), and (e).Total.Add line 12, columns (b), (d), and (e).(See worksheet in line 13 instructions to verify				102,065 13	
Part XVI-B Relationship of Activities to	the Accom				
Line No. Explain below how each activity for wh the accomplishment of the foundation's instructions)					
+					

Part XVII	Information Re Noncharitable					saction	is and I	Relationships	With			
	rganization directly or ii	ndırectly eı	ngage in	any of t	he following wit						Yes	No
organızat	ions?											
a Transfers	from the reporting four	ndation to a	a noncha	arıtable e	exempt organiza	ation of						
(1) Cash	1									1a(1)		No
(2) Othe	erassets									1a(2)		No
b O ther tra	nsactions											
(1) Sale	s of assets to a noncha	rıtable exe	mpt orga	anızatıor	1					1b(1)		No
(2) Purc	hases of assets from a	noncharıta	ble exer	mpt orga	nızatıon					1b(2)		No
(3) Rent	al of facilities, equipme	nt, or other	rassets							1b(3)		No
(4) Reim	nbursement arrangemen	ts								1b(4)		No
(5) Loan	s or loan guarantees.									1b(5)		No
(6) Perfor	mance of services or m	embershıp	or fundr	aising s	olicitations					1b(6)		No
c Sharing o	of facilities, equipment, i	maılıng lıst	s, other	assets,	or paid employ	ees				1 c		No
of the god in any tra	swer to any of the above ods, other assets, or se insaction or sharing arr	rvices give angement,	n by the show in	reportir column	ng foundation I (d) the value o	f the fou f the goo	indation r ods, other	received less tha r assets, or servi	n fair mark ces receive	et value ed		
(a) Line No	(b) Amount involved	(c) Name o	of nonchar	ritable exe	mpt organization	(d)	Description	of transfers, transac	tions, and sha	aring arra	ngemer	nts
described	indation directly or indir d in section 501(c) of th complete the following s (a) Name of organization	ne Code (ot schedule		section		ın secti			ption of relati		s 🔽	No
Unc	der penalties of perjury,	I declare t	hat I ha	ve evam	uned this return	n includ	Ing accor	mnanving schedu	lee and eta	tement	s and	to
Sign the	best of my knowledge a rmation of which prepar	nd belief, i	t is true	, correct					an taxpaye May t	r) is bas he IRS di	sed on	all
Here	Signature of officer or t	rustaa			Date	-)	Tıtle		returr - with t below	he prepa	er show	vn
	- Signature of officer of t	ustee					Title		(see	nstr)? 🗸	Yes	οV
	Print/Type preparer's GAIL H ANIKOUCHINE	name	Prepare	er's Signa	ature	Date		Check if self- employed ►	PTIN	001619	99	
Paid Preparer Use	Firm's name MACFARLANE FALET	TI & CO L	LP			•		Firm's EIN ► 9	5-283597	6		
Only	115 E MICHELTOREI CA 93101		Phone no (80!	5)966-41	57							

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CLAUDIA Z ARMANN	EXECUTIVE	99,000	17,494	0
700 E MAIN ST VENTURA,CA 93001	DIRECTOR 35 00			
SARA MILLER MCCUNE	PRESIDENT	0	0	0
700 E MAIN ST VENTURA,CA 93001	4 0 0			
SANDRA BALL-ROKEACH	VICE-PRESIDENT	0	0	0
700 E MAIN ST VENTURA,CA 93001	1 50			
VICKI FISHER MAGASINN	SECRETARY	0	0	0
700 E MAIN ST VENTURA,CA 93001	1 50			
HILDA ZACARIAS	TREASURER	0	0	0
700 E MAIN ST VENTURA,CA 93001	2 50			
MARCOS VARGAS	DIRECTOR	0	0	0
700 E MAIN ST VENTURA,CA 93001	2 00			
SUSAN MCCUNE TRUMBLE	DIRECTOR	0	0	0
700 E MAIN ST VENTURA,CA 93001	1 50			
MELVIN OLIVER	DIRECTOR	0	0	0
700 E MAIN ST VENTURA,CA 93001	1 00			
SUSAN ROSE	DIRECTOR	0	0	0
700 E MAIN ST VENTURA,CA 93001	2 00			
MARGARET SIROT	DIRECTOR	0	0	0
700 E MAIN ST VENTURA,CA 93001	1 00			
DAVID MCCUNE	DIRECTOR	0	0	0
700 E MAIN ST VENTURA,CA 93001	1 00			

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
· ·	or substantial contributor	'		
a Paid during the year				
UCSB FOUNDATION UNIVERSITY OF CALIFORNIA SANTA BARBARA SANTA BARBARA,CA 93106	NONE	501(C)3	MCCUNE DISSERTATION FELLOWSHIP	34,400
CENTRO BINACIONAL PARA EL DESARROLLO INDIGENA OAXAQUENO 744 N ABBY ST FRESNO,CA 93701	NONE	501(C)3	INDIGENOUS YOUTH AND PARENTS WORKING FOR A BETTER FUTURE	12,500
BELL ARTS FACTORY 432 N VENTURA AVE STUDIO 101 VENTURA,CA 93001	NONE	501(C)3	GENERAL SUPPORT	500
COMMUNITY PARTNERS 1000 N ALAMEDA BLVD STE 240 LOS ANGELES, CA 90012	NONE	501(C)3	PROMOTORAS STORYTELLING PROJECT	12,000
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543 OXNARD,CA 93034	NONE	501(C)3	NIGHTS IN OAXACA EVENT, COMMUNITY ORGANIZING AMONG INDIGENOUS OAXACANS, GENERAL SUPPORT	36,000
FAMILIES ACT PO BOX 2152 SANTA BARBARA,CA 93120	NONE	501(C)3	BEDS NOT CELLS, BOARD TRAINING WEBINAR	20,069
VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD STE O CAMARILLO,CA 93012	NONE	501(C)3	NEW VOICES BOARD DEVELOPMENT, SOCIAL JUSTICE FUND, GENERAL SUPPORT	30,250
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA,CA 93101	NONE	501(C)3	ANNUAL CONTRIBUTION	250
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA,CA 93190	NONE	501(C)3	CONNECTING OUR COMMUNITY	30,000
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA,CA 93101	NONE	501(C)3	INTERPRETATION EQUIPMENT FOR THE LANGUAGE JUSTICE NETWORK, GENERAL SUPPORT	62,570
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9 VENTURA,CA 93003	NONE	501(C)3	BUILDING LEADERSHIP & ORGANIZING IN OUR NEIGHBORHOODS	87,000
PACIFIC PRIDE FOUNDATION 126 E HALEY ST STE A-11 SANTA BARBARA,CA 93101	NONE	501(C)3	LGBTQ ADVOCACY	25,000
FOUNDATION OF SANTA BARBARA REGIONAL HEALTH AUTHORITY PO BOX 6307 SANTA BARBARA,CA 931606307	NONE	501(C)3	SANTA BARBARA COUNTY PROMOTORES PROJECT	10,100
COALITION FOR SUSTAINABLE TRANSPORTATION PO BOX 2495 SANTA BARBARA,CA 93120	NONE	501(C)3	EASTSIDE WALKS & SAFE ROUTES FOR SENIORS	20,000
AG INNOVATIONS NETWORK 101 MORRIS ST STE 212 SEBASTOPOL,CA 95472	NONE	501(C)3	FROM FIELD TO FORK SPONSORSHIP	600
Total			▶ 3a	818,529

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FUND FOR SANTA BARBARA 26 WANAPAMU STE 100 SANTA BARBARA,CA 93101	NONE	501(C)3	TECHNICAL ASSISTANCE PROGRAM, EVENT SPONSORSHIP, NONPROFIT RESOURCE NETWORK, HIGHLANDER CENTER WORKSHOP	32,200
CENTRAL COAST FUTURE LEADERS 110 S LINCOLN ST STE 103 SANTA MARIA,CA 93454	NONE	501(C)3	GENERAL SUPPORT AND SUMMER LEADERSHIP CAMP	30,000
VENTURA COUNTY CLERGY & LAITY UNITED FOR ECONOMIC JUSTICE PO BOX 3066 VENTURA,CA 93006	NONE	501(C)3	FAITH-ROOTED ORGANIZING TRAINING	590
COMMUNITY ADVOCACY COALITON OF VENTURA 2597 SEXTANT AVE PORT HUENEME,CA 93041	NONE	501(C)3	GENERAL SUPPORT	500
ONE STEP A LA VEZ PO BOX 192 FILLMORE,CA 93016	NONE	501(C)3	YOUTH COMMUNITY ORGANIZING, BOARD TRAINING & EVENT SPONSORSHIP	28,600
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD,CA 93031	NONE	501(C)3	BOARD RETREAT, GENERAL SUPPORT, EMERGING LEADERS ENROLLMENT FEE	45,450
ANTI-DEFAMATION LEAGUE 1528 CHAPALA ST STE 301 SANTA BARBARA,CA 93101	NONE	501(C)3	STAND TALL	5,000
THE ABUNDANT TABLE PO BOX 6295 VENTURA,CA 93006	NONE	501(C)3	ROOTED FUTURES, GROWING CHANGE IN SANTA PAULA	10,000
WESTMINSTER FREE CLINIC 5560 NAPOLEAN AVE OAK PARK, CA 91377	NONE	501(C)3	TECHNICAL ASSISTANCE SUPPORT	2,000
LA HERMANDAD HANK LACAYO YOUTH & FAMILY CENTER 520 W 5TH ST D OXNARD,CA 93030	NONE	501(C)3	GRASSROOTS ORGANIZING AND LEADERSHIP TRAINING, GENERAL SUPPORT, SPONSORSHIP	41,000
ARC FOUNDATION OF VENTURA COUNTY 5103 WALKER ST VENTURA,CA 93003	NONE	501(C)3	THE CO-ADVOCATES OF VENTURA COUNTY & PROJECT R	15,000
EL CENTRITO FAMILY LEARNING CENTERS PO BOX 1613 OXNARD,CA 93032	NONE	501(C)3	GAMALIEL TRAINING FOR NEW ORGANIZER, PADRES PROMOTORES DE LA EDUCACION AND ASOCIACION DE PADRES	32,000
SOUTHERN CALIFORNIA PUBLIC RADIO PO BOX 511489 LOS ANGELES, CA 90051	NONE	501(C)3	RADIO BROADCASTING IN LA REGION	5,000
CONFLICT SOLUTIONS CENTER 1530 CHAPALA ST STE C SANTA BARBARA,CA 93001	NONE	501(C)3	GENERAL SUPPORT	1,000
SCHOLARSHIP FOUNDATION OF SANTA BARBARA PO BOX 3620 SANTA BARBARA,CA 93130	NONE	501(C)3	GENERAL SUPPORT	500
Total			▶ 3a	818,529

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	тестрієнс		
a Paid during the year				
SANTA PAULA LATINO TOWN HALL 233 CORTE LINDA SANTA PAULA,CA 93060	NONE	501(C)3	GENERAL SUPPORT	1,600
DOMUS KIDS 83 LOCKWOOD AVE STAMFORD,CT 06902	NONE	501(C)3	GENERAL SUPPORT	2,000
COLD NOSES WARM HEARTS 5758 HOLLISTER AVE GOLETA,CA 93117	NONE	501(C)3	GENERAL SUPPORT	1,500
ADSUM EDUCATION FOUNDATION PO BOX 90710 SANTA BARBARA,CA 93190	NONE	501(C)3	GENERAL SUPPORT	500
CANCER SUPPORT COMMUNITY VALLEY VENTURA SANTA BARBARA 530 HAMPSHIRE RD WESTLAKE VILLAGE,CA 91361	NONE	501(C)3	GENERAL SUPPORT	2,500
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVE 2ND FLOOR NEW YORK,NY 10001	NONE	501(C)3	GENERAL SUPPORT	2,500
GUIDE DOGS FOR THE BLIND 32901 SE KELSO RD BORING,OR 97009	NONE	501(C)3	SUPPORT FOR OREGON CAMPUS	5,000
ALTERNATIVES TO VIOLENCE PO BOX 3294 SANTA BARBARA,CA 93130	NONE	501(C)3	AVP WORKSHOPS FOR YOUTH	1,000
ANTIOCH UNIVERSITY 801 GARDEN ST STE 101 SANTA BARBARA,CA 93101	NONE	501(C)3	WOMEN & LEADERSHIP PROGRAM	3,000
BIRTHRIGHT ISRAEL FOUNDATION 33 E 33RD ST 7TH FLOOR NEW YORK,NY 10016	NONE	501(C)3	GENERAL SUPPORT	1,000
CALIFORNIA PUBLIC INTEREST RESEARCH EDUCATION FUND 3435 WILSHIRE BLVD 385 LOS ANGELES,CA 90012	NONE	501(C)3	UCSB STUDENT CAMPAIGN FOR SOLAR ENERGY	5,000
CALIFORNIA RURAL LEGAL ASSISTANCE 511 D ST MARYSVILLE,CA 95901	NONE	501(C)3	OAXAQUENO YOUTH ENCUENTRO	750
CALIFORNIA YOUTH CONNECTION 1611 TELEGRAPH ST STE 1100 OAKLAND,CA 94612	NONE	501(C)3	CREATING LEADERS FROM WITHIN	20,000
CENTER FOR COMMUNITY CHANGE 1536 U STREET NW WASHINGTON,DC 20009	NONE	501(C)3	MH ACTION	500
COMMUNITY SHUL OF MONTECITO & SANTA BARBARA PO BOX 994 SANTA BARBARA,CA 93116	NONE	501(C)3	GENERAL SUPPORT	1,500
Total				818,529

Recipient Name and address (home or	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
business)	or substantial contributor	recipient		
a Paid during the year				
DEMOCRACY COLLABORATIVE FOUNDATION 1422 EUCLID AVE STE 616 CLEVELAND,OH 44115	NONE	501(C)3	NEXT SYSTEM TEACH-IN AT UCSB	3,000
DIVERSITY COLLECTIVE VENTURA COUNTY PO BOX 23475 VENTURA,CA 93002	NONE	501(C)3	PRIDE FESTIVAL AND TRANSGENDER DAY OF REMEMBRANCE	1,500
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST STE 2 SANTA BARBARA,CA 93101	NONE	501(C)3	GENERAL SUPPORT	11,000
FLORIDA INSTITUTE FOR REFORM & EMPOWERMENT 134 E COLONIAL DR ORLANDO, FL 32801	NONE	501(C)3	GENERAL SUPPORT	500
GEFFEN PLAYHOUSE INC 10886 LE CONTE AVE LOS ANGELES, CA 90024	NONE	501(C)3	GENERAL SUPPORT	3,000
GEORGE WASHINGTON CARVER SCHOLARSHIP CLUB 540 S SAN MARCOS RD SANTA BARBARA,CA 93111	NONE	501(C)3	AFRICAN AMERICAN WOMEN'S LUNCHEON	150
GUADALUPE KIDS COME FIRST FOUNDATION PO BOX 696 GUADALUPE,CA 93434	NONE	501(C)3	THRIVE PARENT ACADEMY, GUADALUPE TEAM FOR IEE	35,850
HUMAN RIGHTS WATCH INC 1030 MISSION RIDGE RD SANTA BARBARA,CA 93103	NONE	501(C)3	WOMEN'S RIGHTS DIVISION	2,000
IMPORTA SANTA BARBARA 129 E CARRILLO ST SANTA BARBARA,CA 93101	NONE	501(C)3	LEADERSHIP DEVELOPMENT PROGRAM, GENERAL SUPPORT	10,400
LIBERTY HILL FOUNDATION 6420 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90048	NONE	501(C)3	GENERAL SUPPORT	200
LEGAL AID FOUNDATION OF SB COUNTY 301 E CANON PERDIDO ST SANTA BARBARA,CA 93101	NONE	501(C)3	ADVISOR GROUP & PEER NAVIGATOR PROGRAM	20,000
LOMPOC COOPERATIVE DEVELOPMENT PROJECT 613 N 7TH STREET LOMPOC,CA 93436	NONE	501(C)3	STEPS TO A SANTA BARBARA COUNTY COOPERATIVE ECOSYSTEM	15,000
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS PO BOX 20033 OXNARD,CA 93034	NONE	501(C)3	PESTICIDE REGULATION HEARING TRANSPORTATION	500
PARTNERSHIP FOR SAFE FAMILIES & COMMUNITIES OF VENTURA COUNTY 4001 MISSION OAKS BLVD STE N CAMARILLO, CA 93012	NONE	501(C)3	PARENT TRAINING FOR FIRST 5	2,000
PEOPLE ASSISTING THE HOMELESS 340 N MADISON AVE LOS ANGELES, CA 90004	NONE	501(C)3	GENERAL SUPPORT FOR HOMELESS SERVICES	1,000
Total				818,529

Recipient	If recipient is an individual,	Foundation	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				
RANCHO SIMI FOUNDATION 1692 SYCAMORE DR SIMI VALLEY,CA 93065	NONE	501(C)3	COMMUNITY COALITION PROJECT	1,500
REBOZO FESTIVAL INC PO BOX 1028 OXNARD,CA 93032	NONE	501(C)3	REBOZO FESTIVAL SPONSORSHIP	250
SANTA BARBARA COUNTY ACTION NETWORK PO BOX 23453 SANTA BARBARA,CA 93121	NONE	501(C)3	LOOKING FORWARD AWARDS DINNER	250
SOCIAL JUSTICE FUND FOR VENTURA COUNTY 4001 MISSION OAKS BLVD STE O CAMARILLO,CA 93012	NONE	501(C)3	CURRENTS OF CHANGE FUNDRAISER	500
SOUTHERN POVERTY LAW CENTER PO BOX 2390 MONTGOMERY, AL 36177	NONE	501(C)3	GENERAL SUPPORT	1,000
THE GREENWICH LIBRARY 101 W PUTNAM AVE GREENWICH,CT 06830	NONE	501(C)3	CALDER ARTWORK RE- HANGING PROJECT	3,000
TRANSITION HOUSE 425 E COTA ST SANTA BARBARA,CA 93101	NONE	501(C)3	LANDLORD LIAISON PROGRAM	1,000
TRANSITIONS-MENTAL HEALTH ASSOCIATION PO BOX 15408 SAN LUIS OBISPO,CA 93406	NONE	501(C)3	LIVED EXPERIENCE ADVOCACY DEVELOPMENT	20,000
WILLIAM JAMES ASSOCIATION PO BOX 7196 SANTA MARIA,CA 93456	NONE	501(C)3	POETIC JUSTICE	500
WILLIAM PENN UNIVERSITY 201 TRUEBLOOD AVE OSKALOOSA,IA 52577	NONE	501(C)3	GENERAL SUPPORT	1,000
WORLD BUSINESS ACADEMY 2020 ALAMEDA PADRE SERRA STE 135 SANTA BARBARA,CA 93103	NONE	501(C)3	GENERAL SUPPORT	5,000
Total			≯ 3a	818,529

TY 2015 Accounting Fees Schedule

Name: THE MCCUNE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	2,200	836		1,364

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Depreciation Schedule

Name: THE MCCUNE FOUNDATION

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2014-04-24	1,212	202	SL	5 000000000000	242	0		

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TY 2015 Investments Corporate Stock Schedule

Name: THE MCCUNE FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCK	1,033,435	1,514,060

TY 2015 Land, Etc. Schedule

Name: THE MCCUNE FOUNDATION

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	1,212	444	768	

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TY 2015 Legal Fees Schedule

Name: THE MCCUNE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	2,512	0		2,512

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TY 2015 Other Assets Schedule

Name: THE MCCUNE FOUNDATION

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ORGANIZATION COSTS	200		

TY 2015 Other Expenses Schedule

Name: THE MCCUNE FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	3,725	0		3,725
OFFICE	18,956	0		18,956
POSTAGE	804	0		804
DUES & SUBSCRIPTIONS	3,093	0		3,093
UTILITIES	1,134	0		1,134
WEBSITE	129	0		129

TY 2015 Other Liabilities Schedule

Name: THE MCCUNE FOUNDATION

Description	Beginning of Year - Book Value	End of Year - Book Value
FEDERAL INCOME TAX PAYABLE	423	2,007
401K EMPLOYEE CONTRIBUTION	243	247
401K EMPLOYER CONTRIBUTION	242	248

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TY 2015 Other Professional Fees Schedule

Name: THE MCCUNE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	33,852	0		33,852

TY 2015 Taxes Schedule

Name: THE MCCUNE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	7,773	0		7,773
EXCISE TAX	2,007	0		0
STATE TAXES	10	0		10
ATTORNEY GENERAL	150	0		150
OTHER TAXES	46	0		20

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OMB No 1545-0047

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Employer identification number

THEM	CCUNE FOUNDATION	D N	77-0242953			
Organ	ization type (check o	one)	/ / - 02 4 2 9 3 3			
Filers	ers of: Section:					
Form 990 or 990-EZ		□ 501(c)() (enter number) organization				
		□ 527 political organization				
Form 9	90-PF	√ 501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	1947(a)(1) nonexempt charitable trust treated as a private foundation			
		□ 501(c)(3) taxable private foundation				
Gener ✓		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a				
Specia	al Rules					
Γ	under sections 509(a received from any or	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supp a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part he contributor, during the year, total contributions of the greater of (1) \$5,000 or b) Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that			
Γ	during the year, total	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientific, cruelty to children or animals. Complete Parts I, II, and III	-			
Γ	during the year, cont this box is checked, purpose Do not com	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an <i>exclusively</i> plete any of the parts unless the General Rule applies to this organization becaute, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively			

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE MCCUNE FOUNDATION

Employer identification number 77-0242953

Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
1	SAGE PUBLICATIONS		Person	া
	2455 TELLER ROAD	\$ 1,000,000	Payroll	Γ
	THOUSAND OAKS, CA 91320	<u> </u>	Noncash	Г
	THOUSAND DARS, CA 91320		(Complete Part II to	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II to contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Γ
		\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II to contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Γ
		\$	Payroll	Г
		<u> </u>	Noncash	Γ
			(Complete Part II to	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Г
		\$	Payroll	Γ
			Noncash	Г
			(Complete Part II to	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Г
		\$	Payroll	Γ
		*	Noncash	Г
			(Complete Part II to	for noncash
		•	•	

Name of organizati		Employer identification no	umber
THE MCCUNE FO	UNDATION	77-0242953	
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional 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
		<u> </u>	
(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
		<u> </u>	

Schedule B (Form 990, 990-EZ, or 990-F	F)	(201	5)
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hedule B (Form 990, 9	990-EZ, or 990-PF) (2015)		Page 4
me of organization E MCCUNE FOUND	ATION		Employer identification number
total more line entry. of \$1,000 o	than \$1,000 for the year from any o	tions to organizations descri ne contributor. Complete col III, enter the total of exclusivel mation once. See instructions	bed in section 501(c)(7), (8), or (10) that umns (a) through (e) and the following (y religious, charitable, etc., contributions s.) • \$
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 (a)	Transferee's name, address, and		Relationship of transferor to transferee
o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) T	
_	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee