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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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 *www.irs.gov/form990pf*.**

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 03-01-2016 , and ending 02-28-2017

Name of foundation
THE MCCUNE FOUNDATION

A Employer identification number
77-0242953

Number and street (or P O box number if mail is not delivered to street address)
PO BOX 24340

Room/suite

B Telephone number (see instructions)
(805) 223-8373

City or town, state or province, country, and ZIP or foreign postal code
VENTURA, CA 93002

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 1,882,955

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	1,020,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	5,136	5,136		
	4	Dividends and interest from securities	11,457	11,457		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	625,015			
	b	Gross sales price for all assets on line 6a 1,479,919				
	7	Capital gain net income (from Part IV, line 2)		625,015		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	1,661,608	641,608		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	101,971	0		101,971
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits	15,098	0		15,098
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	15,620	5,936		9,684
	c	Other professional fees (attach schedule)	49,190	0		49,190
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	15,181	0		8,151
	19	Depreciation (attach schedule) and depletion	2,542	0		
	20	Occupancy	11,100	0		11,100
	21	Travel, conferences, and meetings	4,485	0		4,485
	22	Printing and publications	3,125	0		3,125
	23	Other expenses (attach schedule)	29,644	1,316		28,328
	24	**Total operating and administrative expenses.** Add lines 13 through 23	247,956	7,252		231,132
	25	Contributions, gifts, grants paid	837,537			837,537
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,085,493	7,252		1,068,669
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	576,115			
	b	**Net investment income** (if negative, enter -0-)		634,356		
	c	**Adjusted net income**(if negative, enter -0-)				

Part 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 of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	179,634	96,384	96,384
	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
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,033,435	1,673,592	1,668,630
	c 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 ▶ 20,927			
	Less accumulated depreciation (attach schedule) ▶ 2,986	768	17,941	17,941
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	1,313,837	1,887,917	1,882,955
Liabilities	17 Accounts payable and accrued expenses	3,188	3,145	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	2,502	510	
	23 **Total liabilities**(add lines 17 through 22)	5,690	3,655	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	1,308,147	1,884,262	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	0	0	
	30 **Total net assets or fund balances** (see instructions)	1,308,147	1,884,262	
	31 **Total liabilities and net assets/fund balances** (see instructions)	1,313,837	1,887,917	

Part 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 agree with end-of-year figure reported on prior year's return)	1	1,308,147
2	Enter amount from Part I, line 27a	2	576,115
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	1,884,262
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,884,262

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	WALDEN ASSET MANAGEMENT FUND	P	2009-03-18	2016-08-29
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,479,919		854,904	625,015
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				625,015
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	625,015
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	1,031,574	1,803,672	0 571930
2014	998,255	1,774,799	0 562461
2013	886,656	1,616,681	0 548442
2012	892,668	1,659,204	0 538010
2011	895,352	1,482,570	0 603919

2	**Total** of line 1, column (d)	2	2 824762
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 564952
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	1,801,914
5	Multiply line 4 by line 3	5	1,017,995
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	6,344
7	Add lines 5 and 6	7	1,024,339
8	Enter qualifying distributions from Part XII, line 4	8	1,068,669

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

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	6,344
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	6,344
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	6,344
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a: 7,030		
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	7,030
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	2
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	684
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ 684 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it 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*			
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) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 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? *If "Yes," attach a detailed description of the activities*	2		No
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? *If "Yes," attach a conformed copy of the changes*	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? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions 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) ▶ CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney 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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part 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) 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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over 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 ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(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 ☑ No			
	(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 ☑ No			
b	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, that were not corrected before the first day of the tax year beginning in 2016?	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))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 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____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2016 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 2016).*	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 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes	☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			**5b**	
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**6b**	**No**
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			**7b**	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	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 tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	1,591,345
b	Average of monthly cash balances		1b	138,009
c	Fair market value of all other assets (see instructions)		1c	100,000
d	**Total** (add lines 1a, b, and c)		1d	1,829,354
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	1,829,354
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	27,440
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	1,801,914
6	**Minimum investment return.** Enter 5% of line 5		6	90,096

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

1	Minimum investment return from Part X, line 6		1	90,096
2a	Tax on investment income for 2016 from Part VI, line 5	2a 6,344		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	6,344
3	Distributable amount before adjustments Subtract line 2c from line 1		3	83,752
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	83,752
6	Deduction from distributable amount (see instructions)		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	83,752

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes			
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26		1a	1,068,669
b	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	Amounts set aside for specific charitable projects that satisfy the			
a	Suitability test (prior IRS approval required)		3a	
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	1,068,669
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	6,344
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4		6	1,062,325

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				83,752
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011. 821,715				
b From 2012. 810,072				
c From 2013. 806,122				
d From 2014. 909,970				
e From 2015. 943,415				
f Total of lines 3a through e.	4,291,294			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 1,068,669				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				83,752
e Remaining amount distributed out of corpus	984,917			
5 Excess distributions carryover applied to 2016	0			0
(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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,276,211			
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		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .	821,715			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	4,454,496			
10 Analysis of line 9				
a Excess from 2012. . . . 810,072				
b Excess from 2013. . . . 806,122				
c Excess from 2014. . . . 909,970				
d Excess from 2015. . . . 943,415				
e Excess from 2016. . . . 984,917				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e 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					
a "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. . .					
c "Support" alternative test—enter					
(1) 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					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

SARA MILLER MCCUNE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

CLAUDIA ARMANN
PO BOX 24340
VENTURA, CA 93002
(805) 223-8373

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

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	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				837,537
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	5,136	
4 Dividends and interest from securities. . . .			14	11,457	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	625,015	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		641,608	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	641,608

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

******	2017-06-13	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
VANESSA M GARCIA				P01255292
Firm's name ▶ MACFARLANE FALETTI & CO LLP				Firm's EIN ▶95-2835976
Firm's address ▶ 115 E MICHELTORENA ST 200 SANTA BARBARA, CA 93101				Phone no (805) 966-4157

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 700 E MAIN ST VENTURA, CA 93001	EXECUTIVE DIRECTOR 35 00	101,971	15,098	0
SARA MILLER MCCUNE 700 E MAIN ST VENTURA, CA 93001	PRESIDENT 4 00	0	0	0
SANDRA BALL-ROKEACH 700 E MAIN ST VENTURA, CA 93001	VICE-PRESIDENT 1 50	0	0	0
VICKI FISHER MAGASINN 700 E MAIN ST VENTURA, CA 93001	SECRETARY 1 50	0	0	0
HILDA ZACARIAS 700 E MAIN ST VENTURA, CA 93001	TREASURER 2 50	0	0	0
MARCOS VARGAS 700 E MAIN ST VENTURA, CA 93001	DIRECTOR 2 00	0	0	0
SUSAN MCCUNE TRUMBLE 700 E MAIN ST VENTURA, CA 93001	DIRECTOR 1 50	0	0	0
MELVIN OLIVER 700 E MAIN ST VENTURA, CA 93001	DIRECTOR 1 00	0	0	0
SUSAN ROSE 700 E MAIN ST VENTURA, CA 93001	DIRECTOR 2 00	0	0	0
MARGARET SIROT 700 E MAIN ST VENTURA, CA 93001	DIRECTOR 1 00	0	0	0
DAVID MCCUNE 700 E MAIN ST VENTURA, CA 93001	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants 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	Amount
a *Paid during the year*				
ADSUM EDUCATION FOUNDATION PO BOX 90710 SANTA BARBARA, CA 93190	NONE	501(C)3	SCHOLARSHIP RECEPTION	500
ALPHA RESOURCE CENTER OF SANTA BARBARA 4501 CATHEDRAL OAKS RD SANTA BARBARA, CA 93110	NONE	501(C)3	LEADERSHIP 2016	11,000
ANTIOCH UNIVERSITY 801 GARDEN ST STE 101 SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	2,500
ARC FOUNDATION OF VENTURA COUNTY 5103 WALKER ST VENTURA, CA 93003	NONE	501(C)3	CO-ADVOCATES OF VENTURA COUNTY & PROJECT R	15,000
BEDFORD PLAYHOUSE PO BOX 777 BEDFORD, NY 10508	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
CAPACES LEADERSHIP INSTITUTE 356 YOUNG ST WOODBURN, OR 97071	NONE	501(C)3	5TH ANNIVERSARY CELEBRATION	1,000
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9 VENTURA, CA 93003	NONE	501(C)3	TECHNICAL ASSISTANCE SUPPORT	3,500
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	40,000
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9 VENTURA, CA 93003	NONE	501(C)3	RAISING JUSTICE EVENT SPONSORSHIP	1,000
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9 VENTURA, CA 93003	NONE	501(C)3	GENERAL OPERATING SUPPORT FOR VENTURA COUNTY WORK	40,000
CENTRAL COAST FUTURE LEADERS 110 S LINCOLN ST STE 103 SANTA MARIA, CA 93454	NONE	501(C)3	GENERAL SUPPORT	5,000
CENTRAL COAST FUTURE LEADERS 110 S LINCOLN ST STE 103 SANTA MARIA, CA 93454	NONE	501(C)3	BENEFIT CONCERT SPONSORSHIP	1,000
CENTRAL COAST FUTURE LEADERS 110 S LINCOLN ST STE 103 SANTA MARIA, CA 93454	NONE	501(C)3	GENERAL SUPPORT	5,000
CENTRAL COAST FUTURE LEADERS 110 S LINCOLN ST STE 103 SANTA MARIA, CA 93454	NONE	501(C)3	GENERAL SUPPORT	30,000
Total . . . . . ▶ 3a				837,537

Form 990PF Part XV Line 3 - Grants 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	Amount
a *Paid during the year*				
COALITION FOR SUSTAINABLE TRANSPORTATION PO BOX 2495 SANTA BARBARA, CA 93120	NONE	501(C)3	WALKING & TRANSIT NEEDS OF WORKING FAMILIES & SAFE ROUTES FOR SENIORS	25,000
CONFLICT SOLUTIONS CENTER 1530 CHAPALA ST STE C SANTA BARBARA, CA 93001	NONE	501(C)3	GENERAL SUPPORT	500
COUNTY OF SANTA BARBARA ARTS FUND 205-C SANTA BARBARA ST SANTA BARBARA, CA 93101	NONE	501(C)3	TEEN ARTS MENTORSHIP PROGRAM	1,250
CROHN'S & COLITIS FOUNDATION OF AMERICA 733 THIRD AVE STE 510 NEW YORK, NY 10017	NONE	501(C)3	GENERAL SUPPORT	500
DIVERSITY COLLECTIVE VENTURA COUNTY 508 POLI ST STE 308 VENTURA, CA 93001	NONE	501(C)3	PRIDE FESTIVAL	500
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001	NONE	501(C)3	GENERAL SUPPORT	2,500
EL CENTRITO FAMILY LEARNING CENTERS PO BOX 1613 OXNARD, CA 93032	NONE	501(C)3	PADRES PROMOTORES DE LA EDUCACION & ASOCIACION DE PADRES	34,500
FAMILIES ACT PO BOX 2152 SANTA BARBARA, CA 93120	NONE	501(C)3	BEDS NOT CELLS	25,000
FAMILY CENTERS INC 40 ARCH ST GREENWICH, CT 06830	NONE	501(C)3	GENERAL SUPPORT	1,000
FEDERATION CHILDCARE CENTERS OF ALABAMA PO BOX 214 MONTGOMERY, AL 36101	NONE	501(C)3	GENERAL SUPPORT	500
FOOD AND WATER WATCH 1814 FRANKLIN ST STE 1100 OAKLAND, CA 94612	NONE	501(C)3	COMMUNITY ORGANIZING	15,000
FOOD AND WATER WATCH 1814 FRANKLIN ST STE 1100 OAKLAND, CA 94612	NONE	501(C)3	COMMUNITY ORGANIZING	20,000
FOUNDATION OF SANTA BARBARA REGIONAL HEALTH AUTHORITY PO BOX 6307 SANTA BARBARA, CA 93160	NONE	501(C)3	INTERPRETOR TRAINING CONFERENCE	627
FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	NORTH COUNTY NONPROFIT FORUM	2,000
FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	BREAD & ROSES EVENT	1,000
Total . . . . . ▶ 3a				837,537

Form 990PF Part XV Line 3 - Grants 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	Amount
a *Paid during the year*				
FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	TECHNICAL ASSISTANCE PROGRAM	25,000
FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	EVENT SPONSORSHIPS	1,310
FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	TARDEADA SPONSORSHIP	1,000
FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	NONPROFIT RESOURCE NETWORK	5,000
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	GENERAL SUPPORT	40,000
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	REENCUENTRO SPONSORSHIP	500
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	MIDWEST ACADEMY TRAINING & BOARD RETREAT	4,000
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	YOUTH ACTIVIST CONVENING	2,375
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 SPONSORSHIP	200
GIRLS INC CARPINTERIA 5315 FOOTHILL RD CARPINTERIA, CA 93103	NONE	501(C)3	VENTURA COUNTY PROGRAMS	1,000
GREENWICH HOSPITAL FOUNDATION 35 RIVER RD COS COB, CT 06807	NONE	501(C)3	GENERAL SUPPORT	500
GREENWICH UNITED WAY 1 LAYFAYETTE CT GREENWICH, CT 06830	NONE	501(C)3	GENERAL SUPPORT	500
GUADALUPE KIDS COME FIRST FOUNDATION PO BOX 696 GUADALUPE, CA 93434	NONE	501(C)3	THRIVE PARENT ACADEMY	31,500
GUIDE DOGS FOR THE BLIND 32901 SE KELSO RD BORING, OR 97009	NONE	501(C)3	CORE SUPPORT FOR OREGON FACILITY	2,000
Total . . . . . ▶ 3a				837,537

Form 990PF Part XV Line 3 - Grants 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	Amount
a *Paid during the year*				
HOUSE FARM WORKERS PO BOX 402 SANTA PAULA, CA 93061	NONE	501(C)3	FROM FIELD TO FORK SPONSORSHIP	600
HUMAN RIGHTS WATCH INC 1030 MISSION RIDGE RD SANTA BARBARA, CA 93103	NONE	501(C)3	GENERAL SUPPORT	500
HUNGER ACTION LOS ANGELES 961 S MARIPOSA 205 LOS ANGELES, CA 90006	NONE	501(C)3	PROYECTO JARDIN	700
IMPORTA SANTA BARBARA 129 E CARRILLO ST SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	500
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	NONE	501(C)3	CORE SUPPORT	40,000
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	NONE	501(C)3	INSTITUTE FOR EQUITY IN EDUCATION	5,000
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	NONE	501(C)3	COMMUNITY LEADERSHIP INSTITUTE	24,750
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	500
KIDS IN CRISIS 1 SALEM ST COS COB, CT 06807	NONE	501(C)3	GENERAL SUPPORT	500
LA HERMANDAD HANK LACAYO YOUTH & FAMILY CENTER 520 W 5TH ST D OXNARD, CA 93030	NONE	501(C)3	IMMIGRANT ORGANIZING AND LEADERSHIP DEVELOPMENT	25,000
LEADING FROM WITHIN PO BOX 806 SANTA BARBARA, CA 93102	NONE	501(C)3	COURAGE TO LEAD	1,000
LEADING FROM WITHIN PO BOX 806 SANTA BARBARA, CA 93102	NONE	501(C)3	LEADING FOR SOCIAL IMPACT PROGRAM	10,000
LOMPOC COOPERATIVE DEVELOPMENT PROJECT 613 N 7TH STREET LOMPOC, CA 93436	NONE	501(C)3	OUTREACH TO THE COMMUNITY	15,000
LOMPOC COOPERATIVE DEVELOPMENT PROJECT 613 N 7TH STREET LOMPOC, CA 93436	NONE	501(C)3	COOP FESTIVAL SPONSORSHIP	400
LUCHA 632 W GUAVA OXNARD, CA 93033	NONE	501(C)3	INLAKECH CULTURAL ARTS CENTER	500
Total . . . . . ▶ 3a				837,537

Form 990PF Part XV Line 3 - Grants 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	Amount
a *Paid during the year*				
MEDIA4GOOD 209 ANACAPA ST SANTA BARBARA, CA 93101	NONE	501(C)3	YOUTH INTERACTIVE	1,250
MEINERS OAKS ELEMENTARY PTA 400 S LOMITA AVE OJAI, CA 93023	NONE	501(C)3	ONE ROOM, MANY VOICES	1,000
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543 OXNARD, CA 93034	NONE	501(C)3	INDIGENOUS KNOWLEDGE CONFERENCE	800
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543 OXNARD, CA 93034	NONE	501(C)3	TECHNICAL ASSISTANCE	7,500
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543 OXNARD, CA 93034	NONE	501(C)3	NIGHT IN OAXACA	500
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543 OXNARD, CA 93034	NONE	501(C)3	COMMUNITY ORGANIZING BY OAXACAN RESIDENTS	40,000
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543 OXNARD, CA 93034	NONE	501(C)3	GENERAL SUPPORT	1,000
ONE STEP A LA VEZ PO BOX 192 FILLMORE, CA 93016	NONE	501(C)3	MIDWEST ACADEMY TRAINING FOR ED	1,200
ONE STEP A LA VEZ PO BOX 192 FILLMORE, CA 93016	NONE	501(C)3	SPRING BRUNCH SPONSORSHIP	400
ONE STEP A LA VEZ PO BOX 192 FILLMORE, CA 93016	NONE	501(C)3	YOUTH COMMUNITY ORGANIZING IN FILLMORE	30,000
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS PO BOX 20033 OXNARD, CA 93034	NONE	501(C)3	ADDRESSING & PREVENTING SEXUAL VIOLENCE	25,000
PACIFIC PRIDE FOUNDATION 126 E HALEY ST STE A-11 SANTA BARBARA, CA 93101	NONE	501(C)3	LGBTQ ADVOCACY	30,000
PEOPLES' SELF-HELP HOUSING 3533 EMPLEO ST SAN LUIS OBISPO, CA 93401	NONE	501(C)3	COMMUNITY BUILDING AND ENGAGEMENT	21,500
PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAMS ST NEW YORK, NY 10038	NONE	501(C)3	GENERAL SUPPORT	1,500
ROSA VERA FUND 910 E AVENUE DOUGLAS, AZ 85607	NONE	501(C)3	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				837,537

Form 990PF Part XV Line 3 - Grants 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	Amount
a *Paid during the year*				
SAN MARCOS KIDS HELPING KIDS FOUNDATION 4750 HOLLISTER AVE SANTA BARBARA, CA 93110	NONE	501(C)3	BOMBAY TEEN CHALLENGE	500
SANCTUARY CENTERS OF SANTA BARBARA PO BOX 551 SANTA BARBARA, CA 93102	NONE	501(C)3	INTEGRATED CARE CLINIC	500
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA, CA 93190	NONE	501(C)3	CONNECTING OUR COMMUNITY	30,000
SANTA BARBARA COUNTY ACTION NETWORK PO BOX 23453 SANTA BARBARA, CA 93121	NONE	501(C)3	NORTH COUNTY AWARDS DINNER SPONSORSHIP	250
SANTA BARBARA EDUCATION FOUNDATION 720 SANTA BARBARA ST SANTA BARBARA, CA 93101	NONE	501(C)3	HOMELESS STUDENT OUTREACH PROGRAM	1,825
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	NONE	501(C)3	PARTNERSHIP FOR EXCELLENCE CONFERENCE	2,500
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	250
SANTA BARBARA FRIENDS MEETING 2012 CHAPALA ST SANTA BARBARA, CA 93105	NONE	501(C)3	TRUTH IN RECRUITMENT	2,000
SANTA PAULA LATINO TOWN HALL 233 CORTE LINDA SANTA PAULA, CA 93060	NONE	501(C)3	GENERAL SUPPORT	1,000
SANTA PAULA LATINO TOWN HALL 233 CORTE LINDA SANTA PAULA, CA 93060	NONE	501(C)3	GENERAL SUPPORT	500
SCHOLARSHIP FOUNDATION OF SANTA BARBARA PO BOX 3620 SANTA BARBARA, CA 93130	NONE	501(C)3	ADSUM FOUNDATION SCHOLARSHIP FUND	500
SHE SHOULD RUN 718 7TH STREET NW 2ND FLOOR WASHINGTON, DC 20001	NONE	501(C)3	GENERAL SUPPORT	1,500
SOCIAL JUSTICE FUND FOR VENTURA COUNTY 4001 MISSION OAKS BLVD STE O CAMARILLO, CA 93012	NONE	501(C)3	CURRENTS OF CHANGE SPONSORSHIP	500
SOCIAL JUSTICE FUND FOR VENTURA COUNTY 4001 MISSION OAKS BLVD STE O CAMARILLO, CA 93012	NONE	501(C)3	EDUCATION CONFERENCE	500
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	501(C)3	KPCC	5,000
Total . . . . . ▶ 3a				837,537

Form 990PF Part XV Line 3 - Grants 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	Amount
a *Paid during the year*				
STAMFORD HOSPITAL HEALTH FOUNDATION 1351 WASHINGTON BLVD STE 202 STAMFORD, CA 06902	NONE	501(C)3	GENERAL SUPPORT	500
THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES 6505 WILSHIRE BLVD STE 1000 LOS ANGELES, CA 90048	NONE	501(C)3	GENERAL SUPPORT	2,000
TRANSITION HOUSE 425 E COTA ST SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	1,000
TRANSITIONS-MENTAL HEALTH ASSOCIATION PO BOX 15408 SAN LUIS OBISPO, CA 93406	NONE	501(C)3	LIVED EXPERIENCE ADVOCACY DEVELOPMENT PROJECT	20,000
UCSB FOUNDATION UNIVERSITY OF CALIFORNIA SANTA BARBARA SANTA BARBARA, CA 93106	NONE	501(C)3	DISSERTATION FELLOWSHIP	34,400
UNITED WAY OF NORTHERN SANTA BARBARA COUNTY PO BOX 947 SANTA MARIA, CA 93456	NONE	501(C)3	AMERICORPS PARTNERSHIP FOR VETERANS & PEOPLE EXPERIENCING HOMELESSNESS	5,000
UNITED WAY OF VENTURA COUNTY 1317 DEL NORTE RD STE 100 CAMARILLO, CA 93010	NONE	501(C)3	WOMEN UNITED PROJECT	1,000
VENTURA COUNTY CLERGY & LAITY UNITED FOR ECONOMIC JUSTICE PO BOX 3066 VENTURA, CA 93006	NONE	501(C)3	FAITH-ROOTED ORGANIZING TRAINING	700
VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD STE O CAMARILLO, CA 93012	NONE	501(C)3	GENERAL SUPPORT	250
WESTMINSTER FREE CLINIC 5560 NAPOLEAN AVE OAK PARK, CA 91377	NONE	501(C)3	TECHNICAL ASSISTANCE	2,000
WESTMINSTER FREE CLINIC 5560 NAPOLEAN AVE OAK PARK, CA 91377	NONE	501(C)3	FOR SALUD (STUDENTS ADVOCATING LIFE-UPLIFTING DECISIONS)	30,000
Total . . . . . ▶ 3a				837,537

TY 2016 Accounting Fees Schedule

Name: THE MCCUNE FOUNDATION

EIN: 77-0242953

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	15,620	5,936		9,684

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

TY 2016 Depreciation Schedule

Name: THE MCCUNE FOUNDATION

EIN: 77-0242953

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	444	SL	5 000000000000	242	0		
BOARD VIDEO (DOWN PAYMENT 3-1-16 $8,875)	2016-08-01	19,715		SL	5 000000000000	2,300	0		

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TY 2016 Investments Corporate Stock Schedule

Name: THE MCCUNE FOUNDATION

EIN: 77-0242953

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCK	1,673,592	1,668,630

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TY 2016 Land, Etc. Schedule

Name: THE MCCUNE FOUNDATION

EIN: 77-0242953

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	1,212	686	526	
BOARD VIDEO (DOWN PAYMENT 3-1-16 $8,875)	19,715	2,300	17,415	

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TY 2016 Other Expenses Schedule

Name: THE MCCUNE FOUNDATION

EIN: 77-0242953

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	3,520	0		3,520
OFFICE	7,235	0		7,235
POSTAGE	907	0		907
DUES & SUBSCRIPTIONS	5,946	0		5,946
UTILITIES	813	0		813
WEBSITE	109	0		109
DIRECTOR'S EXPENSES	1,015	0		1,015
INVESTMENT FEES	1,316	1,316		0
SITE VISITS	8,783	0		8,783

TY 2016 Other Liabilities Schedule

Name: THE MCCUNE FOUNDATION

EIN: 77-0242953

Description	Beginning of Year - Book Value	End of Year - Book Value
FEDERAL INCOME TAX PAYABLE	2,007	0
401K EMPLOYEE CONTRIBUTION	247	255
401K EMPLOYER CONTRIBUTION	248	255

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TY 2016 Other Professional Fees Schedule

Name: THE MCCUNE FOUNDATION

EIN: 77-0242953

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	49,190	0		49,190

TY 2016 Taxes Schedule

Name: THE MCCUNE FOUNDATION

EIN: 77-0242953

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	7,962	0		7,962
EXCISE TAX	7,030	0		0
STATE TAXES	10	0		10
ATTORNEY GENERAL	150	0		150
OTHER TAXES	29	0		29

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2016

Name of the organization
THE MCCUNE FOUNDATION

Employer identification number
77-0242953

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that 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	Employer identification number
THE MCCUNE FOUNDATION	77-0242953

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAGE PUBLICATIONS 2455 TELLER ROAD THOUSAND OAKS, CA91320	$ 1,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	SARA MILLER MCCUNE 2979 EUCALYPTUS HILL ROAD MONTECITO, CA93108	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
THE MCCUNE FOUNDATION	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
		$	
(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
		$	

Name of organization	**Employer identification number**
THE MCCUNE FOUNDATION	77-0242953

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee