

For calendar year 2016, or tax year beginning 06-01-2016, and ending 05-31-2017

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                                                  |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Name of foundation<br>ANN JACKSON FAMILY FOUNDATION                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      | A Employer identification number<br>95-3367511                                                                                                                                   |                                                         |
| Number and street (or P O box number if mail is not delivered to street address)<br>PO BOX 5580                                                                                                                                                                                                                |                                                                                                                                                                                                      | Room/suite                                                                                                                                                                       | B Telephone number (see instructions)<br>(805) 969-2258 |
| City or town, state or province, country, and ZIP or foreign postal code<br>SANTA BARBARA, CA 931505580                                                                                                                                                                                                        |                                                                                                                                                                                                      | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                     |                                                         |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                                      | D 1. Foreign organizations, check here ▶ <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/> |                                                         |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                         |                                                                                                                                                                                                      | E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>                                                                  |                                                         |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 52,812,524                                                                                                                                                                                                              | J Accounting method<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(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 ▶ <input type="checkbox"/>                                                               |                                                         |

| 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)                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check ▶ <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                                   | 996,464                            | 996,464                   |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10 _____                                                   | 269,017                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____<br>11,784,707                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                                       |                                    | 269,017                   |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____                                                                |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less Cost of goods sold . . . . .                                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                                      | 83,288                             | 83,288                    |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                                       | 1,348,769                          | 1,348,769                 |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc . . . . .                                                  | 0                                  | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                                    | 13,504                             | 2,000                     |                         | 11,504                                                      |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                            | 166,084                            | 157,953                   |                         | 8,131                                                       |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                                          | 23,642                             | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                                        | 1,749                              | 0                         |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                                           | 63,213                             | 0                         |                         | 63,213                                                      |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                                   | 559                                | 0                         |                         | 559                                                         |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                                    | 3,341                              | 0                         |                         | 3,341                                                       |
|                                                                                                                                                                     | 24 Total operating and administrative expenses.<br>Add lines 13 through 23 . . . . .                             | 272,092                            | 159,953                   |                         | 86,748                                                      |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                                   | 1,875,270                          |                           |                         | 2,501,500                                                   |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                                         | 2,147,362                          | 159,953                   |                         | 2,588,248                                                   |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                              | -798,593                           |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                                 |                                    | 1,188,816                 |                         |                                                             |
| 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                      | <b>1</b>                                                                                                                                               | Cash—non-interest-bearing . . . . .                                                                                               |                |                       |                   |             |  |
|                             | <b>2</b>                                                                                                                                               | Savings and temporary cash investments . . . . .                                                                                  | 1,661,490      | 1,340,016             | 1,340,016         |             |  |
|                             | <b>3</b>                                                                                                                                               | Accounts receivable ▶ <u>126,049</u>                                                                                              |                |                       |                   |             |  |
|                             |                                                                                                                                                        | Less allowance for doubtful accounts ▶ _____                                                                                      | 109,287        | 126,049               | 126,049           |             |  |
|                             | <b>4</b>                                                                                                                                               | Pledges receivable ▶ _____                                                                                                        |                |                       |                   |             |  |
|                             |                                                                                                                                                        | Less allowance for doubtful accounts ▶ _____                                                                                      |                |                       |                   |             |  |
|                             | <b>5</b>                                                                                                                                               | Grants receivable . . . . .                                                                                                       |                |                       |                   |             |  |
|                             | <b>6</b>                                                                                                                                               | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                |                       |                   |             |  |
|                             | <b>7</b>                                                                                                                                               | Other notes and loans receivable (attach schedule) ▶ <u>250,000</u>                                                               |                |                       |                   |             |  |
|                             |                                                                                                                                                        | Less allowance for doubtful accounts ▶ <u>0</u>                                                                                   | 0              | 250,000               | 250,000           |             |  |
|                             | <b>8</b>                                                                                                                                               | Inventories for sale or use . . . . .                                                                                             |                |                       |                   |             |  |
|                             | <b>9</b>                                                                                                                                               | Prepaid expenses and deferred charges . . . . .                                                                                   | 132,313        | 58,445                | 58,445            |             |  |
|                             | <b>10a</b>                                                                                                                                             | Investments—U S and state government obligations (attach schedule)                                                                |                |                       |                   |             |  |
|                             | <b>b</b>                                                                                                                                               | Investments—corporate stock (attach schedule) . . . . .                                                                           | 41,288,372     | 46,041,245            | 46,041,245        |             |  |
|                             | <b>c</b>                                                                                                                                               | Investments—corporate bonds (attach schedule) . . . . .                                                                           | 5,767,410      | 4,914,698             | 4,914,698         |             |  |
|                             | <b>11</b>                                                                                                                                              | Investments—land, buildings, and equipment basis ▶ _____                                                                          |                |                       |                   |             |  |
|                             | Less accumulated depreciation (attach schedule) ▶ _____                                                                                                |                                                                                                                                   |                |                       |                   |             |  |
| <b>12</b>                   | Investments—mortgage loans . . . . .                                                                                                                   |                                                                                                                                   |                |                       |                   |             |  |
| <b>13</b>                   | Investments—other (attach schedule) . . . . .                                                                                                          | 1,020,520                                                                                                                         | 72,695         | 72,695                |                   |             |  |
| <b>14</b>                   | Land, buildings, and equipment basis ▶ <u>10,004</u>                                                                                                   |                                                                                                                                   |                |                       |                   |             |  |
|                             | Less accumulated depreciation (attach schedule) ▶ <u>5,628</u>                                                                                         | 6,125                                                                                                                             | 4,376          | 4,376                 |                   |             |  |
| <b>15</b>                   | Other assets (describe ▶ _____)                                                                                                                        | 5,000                                                                                                                             | 5,000          | 5,000                 |                   |             |  |
| <b>16</b>                   | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                                      | 49,990,517                                                                                                                        | 52,812,524     | 52,812,524            |                   |             |  |
| Liabilities                 | <b>17</b>                                                                                                                                              | Accounts payable and accrued expenses . . . . .                                                                                   |                | 35,545                |                   |             |  |
|                             | <b>18</b>                                                                                                                                              | Grants payable . . . . .                                                                                                          | 3,024,182      | 2,397,952             |                   |             |  |
|                             | <b>19</b>                                                                                                                                              | Deferred revenue . . . . .                                                                                                        |                |                       |                   |             |  |
|                             | <b>20</b>                                                                                                                                              | Loans from officers, directors, trustees, and other disqualified persons                                                          |                |                       |                   |             |  |
|                             | <b>21</b>                                                                                                                                              | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                |                       |                   |             |  |
|                             | <b>22</b>                                                                                                                                              | Other liabilities (describe ▶ _____)                                                                                              |                |                       |                   |             |  |
|                             | <b>23</b>                                                                                                                                              | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                      | 3,024,182      | 2,433,497             |                   |             |  |
| Net Assets or Fund Balances | <b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                                   |                |                       |                   |             |  |
|                             | <b>24</b>                                                                                                                                              | Unrestricted . . . . .                                                                                                            | 46,966,335     | 50,379,027            |                   |             |  |
|                             | <b>25</b>                                                                                                                                              | Temporarily restricted . . . . .                                                                                                  |                |                       |                   |             |  |
|                             | <b>26</b>                                                                                                                                              | Permanently restricted . . . . .                                                                                                  |                |                       |                   |             |  |
|                             | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>                         |                                                                                                                                   |                |                       |                   |             |  |
|                             | <b>27</b>                                                                                                                                              | Capital stock, trust principal, or current funds . . . . .                                                                        |                |                       |                   |             |  |
|                             | <b>28</b>                                                                                                                                              | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                    |                |                       |                   |             |  |
|                             | <b>29</b>                                                                                                                                              | Retained earnings, accumulated income, endowment, or other funds                                                                  |                |                       |                   |             |  |
|                             | <b>30</b>                                                                                                                                              | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                             | 46,966,335     | 50,379,027            |                   |             |  |
|                             | <b>31</b>                                                                                                                                              | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                        | 49,990,517     | 52,812,524            |                   |             |  |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|          |                                                                                                                                                                    |          |            |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>1</b> | 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) . . . . . | <b>1</b> | 46,966,335 |
| <b>2</b> | Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | -798,593   |
| <b>3</b> | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> | 4,211,285  |
| <b>4</b> | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 50,379,027 |
| <b>5</b> | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> | 0          |
| <b>6</b> | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                              | <b>6</b> | 50,379,027 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1 a</b> DETAIL AVAILABLE UPON REQUEST                                                                                                | P                                               | 2016-06-01                              | 2017-05-31                          |
| <b>b</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                                |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 11,784,707      |                                               | 11,515,690                                         | 269,017                                         |
| <b>b</b>                 |                                               |                                                    |                                                 |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b>                                                                                    |                                         |                                                  | 269,017                                                                                         |
| <b>b</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |                                                                                             |          |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------|---------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7         } | <b>2</b> | 269,017 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | {                                                                                           | <b>3</b> |         |

**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)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2015                                                                 | 2,468,375                                | 53,092,417                                   | 0 046492                                                  |
| 2014                                                                 | 2,269,472                                | 52,755,970                                   | 0 043018                                                  |
| 2013                                                                 | 2,136,960                                | 49,774,072                                   | 0 042933                                                  |
| 2012                                                                 | 2,166,560                                | 44,324,907                                   | 0 048879                                                  |
| 2011                                                                 | 2,058,385                                | 41,793,358                                   | 0 049251                                                  |

  

|                                                                                                                                                                                        |          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                   | <b>2</b> | 0 230573   |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years | <b>3</b> | 0 046115   |
| <b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5                                                                                                  | <b>4</b> | 49,473,874 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                     | <b>5</b> | 2,281,488  |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                    | <b>6</b> | 11,888     |
| <b>7</b> Add lines 5 and 6                                                                                                                                                             | <b>7</b> | 2,293,376  |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                          | <b>8</b> | 2,588,248  |

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)**

|           |                                                                                                                                                                                                                                   |           |        |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |        |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                              | <b>1</b>  | 11,888 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |        |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  | 0      |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 11,888 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  | 0      |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 11,888 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |        |
| <b>a</b>  | 2016 estimated tax payments and 2015 overpayment credited to 2016                                                                                                                                                                 | <b>6a</b> | 65,000 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |        |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> |        |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> |        |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 65,000 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  |        |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .                                                                                                                             | <b>9</b>  |        |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .                                                                                                                 | <b>10</b> | 53,112 |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> 53,112 <b>Refunded</b> <input type="checkbox"/>                                                                                  | <b>11</b> | 0      |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                          | Yes       | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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? . . . . .                                                                                                                                                                                 | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br>If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                           | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0                                                                                                                                               |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0                                                                                                                                                                                              |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                                          | <b>2</b>  | No  |
| <b>3</b> 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 . . . . .                                                                                                                            | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                          | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                               | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                                    | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? . . . . .                     | <b>6</b>  | Yes |
| <b>7</b> 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 . . . . .                                                                                                                                                                                                                      | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><input type="checkbox"/> CA                                                                                                                                                                                                                              |           |     |
| <b>b</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 .                                                                                                                                                   | <b>8b</b> | Yes |
| <b>9</b> 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)?<br>If "Yes," complete Part XIV . . . . .                                                                                               | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .                                                                                                                                                                                                                   | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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). | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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) | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW ANNJACKSONFAMILYFOUNDATION ORG</b>            | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>PALMER JACKSON JR</b> Telephone no <b>(805) 969-2258</b>                                                                                                     |           |            |           |

Located at **PO BOX 5580 SANTA BARBARA CA** ZIP+4 **931505580**

|           |                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>                                                                                                                                         |           |            |           |
| <b>16</b> | 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?<br>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 <b>▶</b> | <b>16</b> | <b>Yes</b> | <b>No</b> |

**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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |            |           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                            |  |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                |  |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                             |  |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                   |  |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/> <b>1b</b>                                                                                                                                                                                                                                                                                                                |  |            |           |
| <b>c</b>  | 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? <input type="checkbox"/> <b>1c</b>                                                                                                                                                                                                                                                                                                                                                    |  |            | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |           |
| <b>a</b>  | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>                                                                                                                                                                                                                                                                                     |  |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> <b>2b</b>                                                                                                                                                                                                                      |  |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>                                                                                                                                                                                                                                                                                                                                                                                                                |  |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                |  |            |           |
| <b>b</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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>3b</b> |  |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |            | <b>No</b> |
| <b>b</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? <b>4b</b>                                                                                                                                                                                                                                                                                                                                   |  |            | <b>No</b> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------|
| <b>5a</b> During the year did the foundation pay or incur any amount to<br><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> |  |  |           |
| <b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? . . . . . <span style="float:right;"><b>5b</b></span><br>Organizations relying on a current notice regarding disaster assistance check here. . . . . <span style="float:right;"><input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |           |
| <b>c</b> 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? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |           |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <span style="float:right;"><b>6b</b></span><br><i>If "Yes" to 6b, file Form 8870</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | <b>No</b> |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . <span style="float:right;"><b>7b</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |           |

**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<br>(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<br>(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. ▶

**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 |
|----------|----------|
| <b>1</b> |          |
| <b>2</b> |          |
| <b>3</b> |          |
| <b>4</b> |          |

**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 |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
| <b>2</b>                                                                                                         |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
| Total. Add lines 1 through 3 . . . . . ►                                                                         |        |

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

|          |                                                                                                              |           |            |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |            |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 48,413,982 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 1,555,650  |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 257,651    |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 50,227,283 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0          |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0          |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 50,227,283 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 753,409    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 49,473,874 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 2,473,694  |

**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.)

|           |                                                                                                            |           |           |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 2,473,694 |
| <b>2a</b> | Tax on investment income for 2016 from Part VI, line 5.                                                    | <b>2a</b> | 11,888    |
| <b>b</b>  | Income tax for 2016 (This does not include the tax from Part VI).                                          | <b>2b</b> |           |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 11,888    |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 2,461,806 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  | 0         |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 2,461,806 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  | 0         |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 2,461,806 |

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

|          |                                                                                                                                                       |           |           |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                             |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                          | <b>1a</b> | 2,588,248 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                     | <b>1b</b> | 0         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                            | <b>2</b>  |           |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                   |           |           |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                       | <b>3a</b> |           |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                                | <b>3b</b> |           |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                    | <b>4</b>  | 2,588,248 |
| <b>5</b> | 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). | <b>5</b>  | 11,888    |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                                | <b>6</b>  | 2,576,360 |

**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)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | (d)<br>2016 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2016 from Part XI, line 7                                                                                                                                |               |                            |             | 2,461,806   |
| <b>2</b> Undistributed income, if any, as of the end of 2016                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2015 only. . . . .                                                                                                                                               |               |                            | 2,570,724   |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2016                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2011. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2012. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2013. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>f</b> Total of lines 3a through e. . . . .                                                                                                                                              | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>2,588,248</u>                                                                                                     |               |                            |             |             |
| <b>a</b> Applied to 2015, but not more than line 2a                                                                                                                                        |               |                            | 2,570,724   |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2016 distributable amount. . . . .                                                                                                                                     |               |                            |             | 17,524      |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2016<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                            |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 0             |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .                                                               |               |                            |             | 2,444,282   |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 0             |                            |             |             |
| <b>9</b> Excess distributions carryover to 2017.<br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                          | 0             |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2012. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2013. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2014. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             |             |

## Part XIV

|           |                                                                                                                                                                                |                                        |                                                                  |  |  |                  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------|--|--|------------------|
| <b>1a</b> | 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>b</b>  | Check box to indicate whether the organization is a private operating foundation described in section                                                                          | <input type="checkbox"/> 4942(j)(3) or | <input type="checkbox"/> 4942(j)(5)                              |  |  |                  |
| <b>2a</b> | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                                            | Tax year<br><b>(a)</b> 2016            | Prior 3 years<br><b>(b)</b> 2015 <b>(c)</b> 2014 <b>(d)</b> 2013 |  |  | <b>(e)</b> Total |
| <b>b</b>  | 85% of line 2a . . . . .                                                                                                                                                       |                                        |                                                                  |  |  |                  |
| <b>c</b>  | Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                  |                                        |                                                                  |  |  |                  |
| <b>d</b>  | Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                |                                        |                                                                  |  |  |                  |
| <b>e</b>  | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .                                                         |                                        |                                                                  |  |  |                  |
| <b>3</b>  | Complete 3a, b, or c for the alternative test relied upon                                                                                                                      |                                        |                                                                  |  |  |                  |
| <b>a</b>  | "Assets" alternative test—enter                                                                                                                                                |                                        |                                                                  |  |  |                  |
|           | (1) Value of all assets . . . . .                                                                                                                                              |                                        |                                                                  |  |  |                  |
|           | (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                                                  |                                        |                                                                  |  |  |                  |
| <b>b</b>  | "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .                                                       |                                        |                                                                  |  |  |                  |
| <b>c</b>  | "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

**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) )

**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

PALMER G JACKSON JR  
PO BOX 5580  
SANTA BARBARA, CA 93150  
(805) 969-2258

**b** The form in which applications should be submitted and information and materials they should include

APPLICATIONS SHOULD BE IN LETTER FORM AND BE ACCOMPANIED BY PHOTOCOPIES OF THE MOST CURRENT FEDERAL AND STATE RULING LETTERS SHOWING THE APPLICANT TO BE AN ORGANIZATION DECLARED TO BE A PUBLIC CHARITY UNDER INTERNAL REVENUE SECTION 509 (A)(1), (2) OR (3) THE APPLICATION SHOULD ALSO BE ACCOMPANIED BY A CERTIFICATE SIGNED BY AN OFFICER OF THE APPLYING ORGANIZATION THAT THE STATUS OF THE APPLICANT HAS NOT CHANGED SINCE THE ISSUANCE OF THE EXEMPT RULING LETTERS AND THAT RECEIPT OF A GRANT FROM THE ANN JACKSON FAMILY FOUNDATION WILL NOT CHANGE THE APPLICANT'S STATUS AS A PUBLIC CHARITY

**c** Any submission deadlines  
NONE

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

AWARDS ARE MADE IN THE SOLE AND ABSOLUTE DISCRETION OF THE FOUNDATION TRUSTEES TO PUBLIC CHARITIES WHICH FOSTER RELIGIOUS, CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES AND TO ORGANIZATIONS WHICH PROMOTE THE PREVENTION OF CRUELTY TO CHILDREN AND ANIMALS

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                      |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table        |                                                                                                                    |                                      |                                     |           |
| <b>Total . . . . . ▶ 3a</b>                                              |                                                                                                                    |                                      |                                     | 2,501,500 |
| <b>b</b> <i>Approved for future payment</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |           |
| <b>Total . . . . . ▶ 3b</b>                                              |                                                                                                                    |                                      |                                     | 595,000   |

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated                                 | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|--------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                                                | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1</b> Program service revenue                                               |                           |               |                                      |               |                                                                    |
| <b>a</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>f</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>g</b> Fees and contracts from government agencies                           |                           |               |                                      |               |                                                                    |
| <b>2</b> Membership dues and assessments. . . .                                |                           |               |                                      |               |                                                                    |
| <b>3</b> Interest on savings and temporary cash<br>investments . . . . .       |                           |               | 14                                   | 996,464       |                                                                    |
| <b>4</b> Dividends and interest from securities. . . .                         |                           |               |                                      |               |                                                                    |
| <b>5</b> Net rental income or (loss) from real estate                          |                           |               |                                      |               |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                       |                           |               |                                      |               |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                   |                           |               |                                      |               |                                                                    |
| <b>6</b> Net rental income or (loss) from personal property                    |                           |               |                                      |               |                                                                    |
| <b>7</b> Other investment income. . . . .                                      |                           |               | 14                                   | 83,288        |                                                                    |
| <b>8</b> Gain or (loss) from sales of assets other than<br>inventory . . . . . |                           |               | 18                                   | 269,017       |                                                                    |
| <b>9</b> Net income or (loss) from special events                              |                           |               |                                      |               |                                                                    |
| <b>10</b> Gross profit or (loss) from sales of inventory                       |                           |               |                                      |               |                                                                    |
| <b>11</b> Other revenue <b>a</b> _____                                         |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>12</b> Subtotal Add columns (b), (d), and (e). .                            |                           | 0             |                                      | 1,348,769     | 0                                                                  |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .               |                           |               | <b>13</b>                            |               | 1,348,769                                                          |

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[illegible]

- 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 |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

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

|                                                                                 |                      |      |                                                 |                         |
|---------------------------------------------------------------------------------|----------------------|------|-------------------------------------------------|-------------------------|
| Print/Type preparer's name<br><br>CHRISLEY N REED CPA                           | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P00025230   |
| Firm's name ► MCGOWAN GUNTERMANN                                                |                      |      |                                                 | Firm's EIN ► 95-3680171 |
| Firm's address ► 111 E VICTORIA ST 2ND FLOOR<br><br>SANTA BARBARA, CA 931012018 |                      |      |                                                 | Phone no (805) 962-9175 |

| 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 |
| PALMER G JACKSON                                                                                                 | PRESIDENT<br>4 00                                         | 0                                         | 0                                                                     | 0                                     |
| PO BOX 5580<br>SANTA BARBARA, CA 93150                                                                           |                                                           |                                           |                                                                       |                                       |
| CHARLES A JACKSON                                                                                                | VICE PRESIDENT<br>2 00                                    | 0                                         | 0                                                                     | 0                                     |
| PO BOX 5580<br>SANTA BARBARA, CA 93150                                                                           |                                                           |                                           |                                                                       |                                       |
| JAMES H JACKSON                                                                                                  | VICE PRESIDENT<br>2 00                                    | 0                                         | 0                                                                     | 0                                     |
| PO BOX 5580<br>SANTA BARBARA, CA 93150                                                                           |                                                           |                                           |                                                                       |                                       |
| PALMER G JACKSON JR                                                                                              | SECRETARY<br>20 00                                        | 0                                         | 0                                                                     | 0                                     |
| PO BOX 5580<br>SANTA BARBARA, CA 93150                                                                           |                                                           |                                           |                                                                       |                                       |
| WILLIAM L JACKSON                                                                                                | TREASURER<br>4 00                                         | 0                                         | 0                                                                     | 0                                     |
| PO BOX 5580<br>SANTA BARBARA, CA 93150                                                                           |                                                           |                                           |                                                                       |                                       |
| DEBORAH B JONES                                                                                                  | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 5580<br>SANTA BARBARA, CA 93150                                                                           |                                                           |                                           |                                                                       |                                       |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                                                        |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                                    |                                      |                                     |           |
| ADVENTURES IN CARING<br>1528 CHAPALA STREET SUITE 202<br>SANTA BARBARA, CA 93101                           | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| AHA 1209 DE LA VINA STREET SUITE A<br>SANTA BARBARA, CA 93101                                              | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 2,500     |
| ALL SAINTS EPISCOPAL CHURCH<br>83 EUCALYPTUS LANE<br>SANTA BARBARA, CA 93108                               | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| ALL SAINTS EPISCOPAL CHURCH<br>83 EUCALYPTUS LANE<br>SANTA BARBARA, CA 93108                               | NONE                                                                                                               | PC                                   | CAPITAL CAMPAIGN PLEDGE             | 80,000    |
| ALPHA RESOURCE CENTER OF SANTA<br>BARBARA<br>4501 CATHEDRAL OAKS ROAD<br>SANTA BARBARA, CA 93110           | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| <b>Total</b> . . . . .  |                                                                                                                    |                                      |                                     | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                                    |                                      |                                     |           |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ALZHEMIER'S ASSOCIATION<br>1528 CHAPALA STREET SUITE 204<br>SANTA BARBARA, CA 93101                      | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| ANTHONY TRUST ASSOCIATION<br>PO BOX 205471<br>NEW HAVEN, CT 06520                                        | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,000     |
| ARTS FUND<br>205-C SANTA BARBARA STREET<br>SANTA BARBARA, CA 93101                                       | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 8,000     |
| ARTS OUTREACH PO BOX 755<br>LOS OLIVOS, CA 93441                                                         | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 8,000     |
| BLIND CHILDREN'S CENTER<br>4120 MARATHON ST<br>LOS ANGELES, CA 90029                                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 3,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                                  | 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    |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                              |                                                                                                           |                                |                                  |           |
| BOY SCOUTS LOS PADRES COUNCIL<br>4000 MODOC ROAD<br>SANTA BARBARA, CA 93110                                | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| BOYS & GIRLS CLUB OF MONTEREY<br>PO BOX 97<br>SEASIDE, CA 93955                                            | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| BOYS & GIRLS CLUB OF SANTA BARBARA<br>632 EAST CANON PERDIDO ST<br>SANTA BARBARA, CA 93103                 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| BRAILLE INSTITUTE (LOS ANGELES)<br>741 N VERMONT AVENUE<br>LOS ANGELES, CA 90029                           | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| BRAILLE INSTITUTE (SANTA BARBARA)<br>2031 DE LA VINA STREET<br>SANTA BARBARA, CA 93105                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| <b>Total</b> . . . . .  |                                                                                                           |                                |                                  | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |           |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                    | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                                                          |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                                         |                                                                                                                    |                                      |                                     |           |
| BUELLTON AYSO PO BOX 737<br>BUELLTON, CA 93427                                                               | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 3,000     |
| CREW PO BOX 1532<br>OJAI, CA 93024                                                                           | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| CALIFORNIA 4-H FOUNDATION (SANTA<br>BARBARA)<br>7127 HOLLISTER AVE STE 7<br>GOLETA, CA 93117                 | NONE                                                                                                               | PC                                   | CAPITAL CAMPAIGN PLEDGE             | 15,000    |
| CALIFORNIA 4-H FOUNDATION (STATE)<br>2801 SECOND STREET<br>DAVIS, CA 95618                                   | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| CALIFORNIANS FOR POPULATION<br>STABILIZATION (CAPS)<br>1129 STATE STREET SUITE 3D<br>SANTA BARBARA, CA 93101 | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 5,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                        |                                                                                                                    |                                      |                                     | 2,501,500 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                    | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                                          |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                         |                                                                                                                    |                                      |                                     |           |
| CALM 1236 CHAPALA STREET<br>SANTA BARBARA, CA 93101                                          | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 5,000     |
| CAMERATA PACIFICA PO BOX 30116<br>SANTA BARBARA, CA 93130                                    | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| CANCER FOUNDATION OF SANTA<br>BARBARA<br>601 WEST JUNIPERO STREET<br>SANTA BARBARA, CA 93105 | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| CANCER FOUNDATION OF SANTA<br>BARBARA<br>601 WEST JUNIPERO STREET<br>SANTA BARBARA, CA 93105 | NONE                                                                                                               | PC                                   | CAPITAL CAMPAIGN PLEDGE             | 100,000   |
| CARONDELET HIGH SCHOOL<br>1133 WINTON DRIVE<br>CONCORD, CA 94518                             | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 1,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                        |                                                                                                                    |                                      |                                     | 2,501,500 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                        | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                              |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                             |                                                                                                                    |                                      |                                     |           |
| CARRIAGE & WESTERN ART MUSEUM<br>PO BOX 1587<br>SANTA BARBARA, CA 93102          | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 5,000     |
| CASA DEL HERRERO FOUNDATION<br>1387 EAST VALLEY ROAD<br>SANTA BARBARA, CA 93108  | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 27,500    |
| CASA OF MONTEREY<br>945 S MAIN STREET SUITE 107<br>SALINAS, CA 93901             | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 5,000     |
| CASA OF SANTA BARBARA COUNTY<br>2601 SKYWAY DR SUITE A3<br>SANTA MARIA, CA 93455 | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 5,000     |
| CATE SCHOOL 1960 CATE MESA ROAD<br>CARPINTERIA, CA 93103                         | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 19,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                            |                                                                                                                    |                                      |                                     | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                  |           |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                  | 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    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| CATE SCHOOL 1960 CATE MESA ROAD<br>CARPINTERIA, CA 93103                                                   | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 5,000     |
| CATE SCHOOL 1960 CATE MESA ROAD<br>CARPINTERIA, CA 93103                                                   | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 50,000    |
| CENTER FOR PERFORMING ARTS<br>1330 STATE STREET SUITE 101<br>SANTA BARBARA, CA 93101                       | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 20,000    |
| CENTER FOR PERFORMING ARTS<br>1330 STATE STREET SUITE 101<br>SANTA BARBARA, CA 93101                       | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 50,000    |
| CHANNEL ISLANDS YMCA MONTECITO<br>591 SANTA ROSA LANE<br>SANTA BARBARA, CA 93108                           | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| <b>Total . . . . .</b>  |                                                                                                           |                                |                                  | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |           |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                                                                     |           |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------|-----------|
| Recipient                                                                                                  | 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    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                                                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                                                                     |           |
| CHANNEL ISLANDS YMCA NOAH'S ANCHORAGE<br>105 EAST CARRILLO STREET<br>SANTA BARBARA, CA 93101               | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT                                                           | 5,000     |
| CHILDREN'S HOSPITAL LOS ANGELES<br>4650 SUNSET BOULEVARD MS 29<br>LOS ANGELES, CA 90027                    | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT                                                           | 10,000    |
| CIELO FOUNDATION<br>1812 LA CORONILLA DRIVE<br>SANTA BARBARA, CA 93109                                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT                                                           | 15,000    |
| CLAREMONT GRADUATE SCHOOL<br>HARPER HALL 100 150 E TENTH STREET<br>CLAREMONT, CA 91711                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT                                                           | 2,000     |
| COMMUNITY ARTS MUSIC ASSOCIATION CAMA<br><br>2060 ALAMEDA PADRE SERRA SUITE 201<br>SANTA BARBARA, CA 93103 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT                                                           | 10,000    |
| <b>Total . . . . .</b><br><b>3a</b>                                                                        |                                                                                                           |                                |  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CORNERSTONE HOUSE<br>1451 CAMINO TRILLADO<br>CARPINTERIA, CA 93013                                       | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| CRANE SCHOOL<br>1795 SAN LEANDRO LANE<br>SANTA BARBARA, CA 93108                                         | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,000     |
| CRANE SCHOOL<br>1795 SAN LEANDRO LANE<br>SANTA BARBARA, CA 93108                                         | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 50,000    |
| CRESCEND HEALTH<br>107 E MICHELTORENA STREET<br>SANTA BARBARA, CA 93101                                  | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| DEERFIELD ACADEMY PO BOX 306<br>DEERFIELD, MA 01342                                                      | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| DIRECT RELIEF INTERNATIONAL<br>27 S LA PATERA LANE<br>SANTA BARBARA, CA 93117                            | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 75,000    |
| DISABLED SPORTS OF EASTERN SIERRA<br>PO BOX 7275<br>MAMMOTH LAKES, CA 93546                              | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 3,000     |
| DUNN SCHOOL PO BOX 98<br>LOS OLIVOS, CA 93441                                                            | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 15,000    |
| DUNN SCHOOL PO BOX 98<br>LOS OLIVOS, CA 93441                                                            | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 100,000   |
| EASY LIFT 53 CASS PLACE SUITE D<br>GOLETA, CA 93117                                                      | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| <b>Total . . . . .</b><br><b>3a</b>                                                                      |                                                                                                           |                                |                                  | 2,501,500 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                                   |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                  |                                                                                                                    |                                      |                                     |           |
| ELINGS PARK FOUNDATION<br>1298 LAS POSITAS RD<br>SANTA BARBARA, CA 93105              | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 2,000     |
| ELINGS PARK FOUNDATION<br>1298 LAS POSITAS RD<br>SANTA BARBARA, CA 93105              | NONE                                                                                                               | PC                                   | CAPITAL SUPPORT                     | 10,000    |
| ELVERHOJ MUSEUM OF HISTORY & ART<br>1624 ELVERHOY WAY<br>SOLVANG, CA 93463            | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 5,000     |
| ENDOWMENT FOR YOUTH COMMITTEE<br>606 ALAMO PINTADO RD SUITE 3274<br>SOLVANG, CA 93463 | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 20,000    |
| ENSEMBLE THEATRE COMPANY<br>1330 STATE ST SUITE 204<br>SANTA BARBARA, CA 93101        | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                 |                                                                                                                    |                                      |                                     | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FAMILY SERVICE AGENCY<br>123 WEST GUTIERREZ STREET<br>SANTA BARBARA, CA 93101                            | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| FIRST TEE PO BOX 1611<br>SUMMERLAND, CA 93067                                                            | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 3,000     |
| FOOD FROM THE HEART PO BOX 3908<br>SANTA BARBARA, CA 93130                                               | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| FOODBANK OF SANTA BARBARA COUNTY<br>4554 HOLLISTER AVE<br>SANTA BARBARA, CA 93110                        | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 15,000    |
| FOUNDATION FOR SANTA BARBARA HIGH SCHOOL<br>PO BOX 158<br>SANTA BARBARA, CA 93102                        | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 12,500    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                  |           |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                  | 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    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| FOUR LEAF CLOVER FOUNDATION<br>PO BOX 451<br>LOS ALAMOS, CA 93440                                          | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 4,000     |
| FRESH WATER ACTION<br>149 EAST SIDE DRIVE<br>CONCORD, NH 03301                                             | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 50,000    |
| FRIENDS OF THE CARPINTERIA LIBRARY<br>5141 CARPINTERIA AVENUE<br>CARPINTERIA, CA 93013                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| FRIENDS OF THE LOS ALAMOS LIBRARY<br>PO BOX 493<br>LOS ALAMOS, CA 93440                                    | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,000     |
| FRIENDS OF THE LOS BANOS DEL MAR POOL<br>620 LAGUNA STREET<br>SANTA BARBARA, CA 93101                      | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,500     |
| <b>Total</b> . . . . .  |                                                                                                           |                                |                                  | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |           |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                                                        |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                                    |                                      |                                     |           |
| FRIENDS OF THE MONTECITO LIBRARY<br>PO BOX 5788<br>SANTA BARBARA, CA 93150                                 | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 4,000     |
| FRIENDS OF THE SANTA YNEZ VALLEY<br>LIBRARY<br>PO BOX 1476<br>SOLVANG, CA 93464                            | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 2,000     |
| FRIENDSHIP CENTER<br>83 EUCALYPTUS LANE<br>SANTA BARBARA, CA 93108                                         | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 5,000     |
| FRIENDSHIP HOUSE PO BOX 486<br>SOLVANG, CA 93464                                                           | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 3,000     |
| FUND FOR SANTA BARBARA<br>26 WEST ANAPAMU STREET 4TH FLOOR<br>SANTA BARBARA, CA 93101                      | NONE                                                                                                               | PC                                   | NONPROFIT RESOURCE<br>NETWORK       | 5,000     |
| <b>Total . . . . .</b>  |                                                                                                                    |                                      |                                     | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                                    |                                      |                                     |           |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                   | 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    |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                        |                                                                                                           |                                |                                  |           |
| GIRL SCOUTS<br>1500 PALMA DRIVE SUITE 110<br>VENTURA, CA 93003              | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 15,000    |
| GIRLS INC CARPINTERIA<br>5315 FOOTHILL ROAD<br>CARPINTERIA, CA 93013        | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 8,000     |
| GIRLS INC OF GREATER SANTA BARBARA<br>PO BOX 236<br>SANTA BARBARA, CA 93102 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| GUIDE DOGS FOR THE BLIND<br>PO BOX 151200<br>SAN RAFAEL, CA 94915           | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| GUIDE DOGS FOR THE BLIND<br>PO BOX 151200<br>SAN RAFAEL, CA 94915           | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 12,500    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                       |                                                                                                           |                                |                                  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HANDS 4 OTHERS PO BOX 30321<br>SANTA BARBARA, CA 93130                                                   | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| HARMONY AT HOME<br>3785 VIA NONA MARIE SUITE 300<br>CARMEL, CA 93923                                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| HEARTS THERAPEUTIC EQUESTRIAN CENTER<br>PO BOX 30662<br>SANTA BARBARA, CA 93130                          | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 18,000    |
| HILLSIDE HOUSE<br>1235 VERONICA SPRINGS RD<br>SANTA BARBARA, CA 93105                                    | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| HOOVER INSTITUTION<br>434 GALVEZ MALL<br>STANFORD, CA 94305                                              | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                                  | 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    |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                              |                                                                                                           |                                |                                  |           |
| HUNTINGTON MEMORIAL HOSPITAL<br>PO BOX 7013<br>PASADENA, CA 91109                                          | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| ICE IN PARADISE PO BOX 478<br>SANTA BARBARA, CA 93102                                                      | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 25,000    |
| JUNIOR BLIND OF AMERICABLOOMFIELDHATLEN CENTER<br>5300 ANGELES VISTA BLVD<br>LOS ANGELES, CA 90043         | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 15,000    |
| KANAKUK MINISTRIES<br>1353 LAKE SHORE DRIVE<br>BRANSON, MO 65616                                           | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 5,000     |
| LA CUMBRE JUNIOR HIGH SCHOOL FOUNDATION<br>PO BOX 6502<br>SANTA BARBARA, CA 93160                          | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 25,000    |
| <b>Total</b> . . . . .  |                                                                                                           |                                |                                  | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |           |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LAGUNA BLANCA SCHOOL<br>4125 PALOMA DRIVE<br>SANTA BARBARA, CA 93110                                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 18,000    |
| LAND TRUST FOR SANTA BARBARA COUNTY<br>PO BOX 91830<br>SANTA BARBARA, CA 93190                           | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 25,000    |
| LEADING FROM WITHIN PO BOX 806<br>SANTA BARBARA, CA 93102                                                | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 15,000    |
| LOBERO THEATRE FOUNDATION<br>33 EAST CANON PERDIDO STREET<br>SANTA BARBARA, CA 93101                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 21,000    |
| LOBERO THEATRE FOUNDATION<br>33 EAST CANON PERDIDO STREET<br>SANTA BARBARA, CA 93101                     | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 50,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| LOTUSLAND 695 ASHLEY ROAD<br>SANTA BARBARA, CA 93108                                                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 8,000     |
| LOTUSLAND 695 ASHLEY ROAD<br>SANTA BARBARA, CA 93108                                                     | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 25,000    |
| MENTAL WELLNESS CENTER<br>617 GARDEN STREET<br>SANTA BARBARA, CA 93101                                   | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 20,000    |
| MONTECITO COMMUNITY FOUNDATION<br>PO BOX 5001<br>SANTA BARBARA, CA 93150                                 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,000     |
| MUSIC ACADEMY OF THE WEST<br>1070 FAIRWAY ROAD<br>SANTA BARBARA, CA 93108                                | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 20,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                  |           |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                  | 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    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| MUSIC ACADEMY OF THE WEST<br>1070 FAIRWAY ROAD<br>SANTA BARBARA, CA 93108                                  | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 62,500    |
| OPERA SANTA BARBARA<br>1330 STATE STREET SUITE 209<br>SANTA BARBARA, CA 93101                              | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| PACIFIC LEGAL FOUNDATION<br>930 G STREET<br>SACRAMENTO, CA 95814                                           | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| PARTNERSHIP FOR HAAS PREEMINENCE (UC BERKELEY)<br>2180 SAND HILL ROAD SUITE 100<br>MENLO PARK, CA 94025    | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 25,000    |
| PATHPOINT<br>315 WEST HALEY STREET SUITE 102<br>SANTA BARBARA, CA 93101                                    | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| <b>Total</b> . . . . .  |                                                                                                           |                                |                                  | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |           |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment  |                                                                                                           |                                |                                  |           |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                 | 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    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| PEOPLE HELPING PEOPLE PO BOX 1478<br>SOLVANG, CA 93464                                                    | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| PIERRE CLAEYSSSENS VETERANS<br>FOUNDATION<br>1187 COAST VILLAGE RD SUITE 1-334<br>SANTA BARBARA, CA 93108 | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 25,000    |
| PLANNED PARENTHOOD<br>518 GARDEN STREET<br>SANTA BARBARA, CA 93101                                        | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| POLYTECHNIC SCHOOL<br>1030 EAST CALIFORNIA BLVD<br>PASADENA, CA 91106                                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 4,000     |
| RAND PO BOX 2138<br>SANTA MONICA, CA 90407                                                                | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                     |                                                                                                           |                                |                                  | 2,501,500 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                  | 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    |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| RONA BARRETT FOUNDATION<br>PO BOX 1559<br>SANTA YNEZ, CA 93460                                             | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 75,000    |
| SANTA BARBARA BOTANIC GARDEN<br>1212 MISSION CANYON ROAD<br>SANTA BARBARA, CA 93105                        | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| SANTA BARBARA BOTANIC GARDEN<br>1212 MISSION CANYON ROAD<br>SANTA BARBARA, CA 93105                        | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 50,000    |
| SANTA BARBARA CHAMBER ORCHESTRA<br>PO BOX 90903<br>SANTA BARBARA, CA 93190                                 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| SANTA BARBARA CHORAL SOCIETY<br>1330 STATE ST 202<br>SANTA BARBARA, CA 93101                               | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| <b>Total . . . . .</b>  |                                                                                                           |                                |                                  | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |           |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SANTA BARBARA CITY COLLEGE<br>721 CLIFF DRIVE<br>SANTA BARBARA, CA 93109                                 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 20,000    |
| SANTA BARBARA COTTAGE HOSPITAL FOUNDATION<br>PO BOX 689<br>SANTA BARBARA, CA 93102                       | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 3,000     |
| SANTA BARBARA COUNTY GENEALOGICAL SOCIETY<br>PO BOX 1303<br>GOLETA, CA 93116                             | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| SANTA BARBARA COURTHOUSE LEGACY FOUNDATION<br>PO BOX 91459<br>SANTA BARBARA, CA 93190                    | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| SANTA BARBARA FOUNDATION<br>1111 CHAPALA STREET SUITE 200<br>SANTA BARBARA, CA 93101                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,500    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SANTA BARBARA HISTORICAL MUSEUM<br>136 EAST DE LA GUERRA STREET<br>SANTA BARBARA, CA 93102               | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 15,000    |
| SANTA BARBARA HUMANE SOCIETY<br>5399 OVERPASS ROAD<br>SANTA BARBARA, CA 93111                            | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| SANTA BARBARA MARITIME MUSEUM<br>113 HARBOR WAY SUITE 190<br>SANTA BARBARA, CA 93109                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| SANTA BARBARA MUSEUM OF ART<br>1130 STATE STREET<br>SANTA BARBARA, CA 93101                              | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 27,000    |
| SANTA BARBARA MUSEUM OF ART<br>1130 STATE STREET<br>SANTA BARBARA, CA 93101                              | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 100,000   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                      | 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    |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                  |                                                                                                           |                                |                                  |           |
| SANTA BARBARA MUSEUM OF CONTEMPORARY ARTS<br>653 PASEO NUEVO<br>SANTA BARBARA, CA 93101        | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| SANTA BARBARA MUSEUM OF NATURAL HISTORY<br>2559 PUESTA DEL SOL ROAD<br>SANTA BARBARA, CA 93105 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 19,000    |
| SANTA BARBARA MUSEUM OF NATURAL HISTORY<br>2559 PUESTA DEL SOL ROAD<br>SANTA BARBARA, CA 93105 | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 60,000    |
| SANTA BARBARA NEIGHBORHOOD CLINICS<br>915 N MILPAS ST 2ND FLOOR<br>SANTA BARBARA, CA 93103     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| SANTA BARBARA PUBLIC LIBRARY FOUNDATION<br>PO BOX 1019<br>SANTA BARBARA, CA 93102              | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 7,500     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                          |                                                                                                           |                                |                                  | 2,501,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                         | 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    |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                               |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                              |                                                                                                           |                                |                                  |           |
| SANTA BARBARA PUBLIC LIBRARY FOUNDATION<br>PO BOX 1019<br>SANTA BARBARA, CA 93102 | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 62,500    |
| SANTA BARBARA RESCUE MISSION<br>535 E YANONALI STREET<br>SANTA BARBARA, CA 93103  | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| SANTA BARBARA RESCUE MISSION<br>535 E YANONALI STREET<br>SANTA BARBARA, CA 93103  | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 25,000    |
| SANTA BARBARA REVELS<br>PO BOX 41535<br>SANTA BARBARA, CA 93140                   | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,500     |
| SANTA BARBARA SCHOLARSHIP FOUNDATION<br>PO BOX 3620<br>SANTA BARBARA, CA 93130    | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 20,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                             |                                                                                                           |                                |                                  | 2,501,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                 | 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    |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                      |                                                                                                           |                                |                                  |           |
| SANTA BARBARA SYMPHONY<br>1330 STATE STREET SUITE 102<br>SANTA BARBARA, CA 93101          | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 20,000    |
| SANTA YNEZ VALLEY BOTANIC GARDEN<br>PO BOX 1623<br>BUELLTON, CA 93427                     | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| SANTA YNEZ VALLEY COTTAGE<br>HOSPITAL FOUNDATION<br>2050 VIBORG ROAD<br>SOLVANG, CA 93463 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| SANTA YNEZ VALLEY FOUNDATION<br>540 ALISAL ROAD SUITE 10<br>SOLVANG, CA 93463             | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| SANTA YNEZ VALLEY HISTORICAL<br>MUSEUM<br>PO BOX 181<br>SANTA YNEZ, CA 93460              | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 3,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                     |                                                                                                           |                                |                                  | 2,501,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                       | 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    |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                             |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                            |                                                                                                           |                                |                                  |           |
| SANTA YNEZ VALLEY HUMANE SOCIETY<br>PO BOX 335<br>BUELLTON, CA 93427            | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| SANTA YNEZ VALLEY MASTER CHORALE<br>PO BOX 1902<br>SANTA YNEZ, CA 93460         | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 8,000     |
| SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM<br>PO BOX 256<br>SOLVANG, CA 93464 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| SANTA YNEZ VALLEY YMCA<br>900 NORTH REFUGIO ROAD<br>SANTA YNEZ, CA 93460        | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,000     |
| SANTA YNEZ VALLEY YOUTH RECREATION<br>PO BOX 503<br>SOLVANG, CA 93464           | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                           |                                                                                                           |                                |                                  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SARAH HOUSE PO BOX 20031<br>SANTA BARBARA, CA 93120                                                      | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| SENIOR CITIZENS FOUNDATION INC<br>PO BOX 1946<br>BUELLTON, CA 93427                                      | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| SHEPHERD OF THE VALLEY CHURCH<br>3550 BASELINE AVE<br>SANTA YNEZ, CA 93460                               | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 7,500     |
| SHERIFF'S BENEVOLENT POSSE OF<br>SANTA BARBARA COUNTY<br>4434 CALLE REAL<br>SANTA BARBARA, CA 93110      | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 3,000     |
| SIGHT SURGERY INTERNATIONAL<br>4135 B VIA ANDORRA<br>SANTA BARBARA, CA 93110                             | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                  |           |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                  | 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    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| SINGS LIKE HELL<br>3509 SOCORRO TRAIL<br>AUSTIN, TX 78739                                                  | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,500     |
| SOLVANG LUTHERAN HOME<br>36 ATTERDAG ROAD<br>SOLVANG, CA 93463                                             | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 3,000     |
| SOLVANG SENIOR CENTER<br>1745 MISSION DRIVE<br>SOLVANG, CA 93463                                           | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 3,000     |
| SPECIAL OLYMPICS OF SANTA BARBARA COUNTY<br>PO BOX 567<br>SANTA BARBARA, CA 93102                          | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| ST EDMUND'S EPISCOPAL CHURCH<br>PO BOX 80038<br>SAN MARINO, CA 91118                                       | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,000     |
| <b>Total</b> . . . . .  |                                                                                                           |                                |                                  | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |           |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST GEORGE'S SCHOOL PO BOX 1910<br>NEWPORT, RI 02840                                                      | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| ST VINCENT'S 4200 CALLE REAL<br>SANTA BARBARA, CA 93110                                                  | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| STANFORD UNIVERSITY PO BOX 20466<br>STANFORD, CA 94309                                                   | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| STANFORD UNIVERSITY GRADUATE<br>SCHOOL OF BUSINESS<br>518 MEMORIAL WAY<br>STANFORD, CA 94305             | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 12,000    |
| STATE STREET BALLET<br>2285 LAS POSITAS ROAD<br>SANTA BARBARA, CA 93105                                  | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                  | 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    |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| STEVENSON SCHOOL<br>3152 FOREST LAKE ROAD<br>PEBBLE BEACH, CA 93953                                        | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 7,500     |
| STORYTELLER 2115 STATE STREET<br>SANTA BARBARA, CA 93105                                                   | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,500     |
| SUMMIT ASSISTANCE DOGS<br>PO BOX 699<br>ANACORTES, WA 98221                                                | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,500     |
| THEATERFEST SOLVANG PO BOX 917<br>SOLVANG, CA 93464                                                        | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 5,000     |
| TRANSITION HOUSE 425 E COTA ST<br>SANTA BARBARA, CA 93101                                                  | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| <b>Total . . . . .</b>  |                                                                                                           |                                |                                  | 2,501,500 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |           |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                           | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                                                 |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                                |                                                                                                                    |                                      |                                     |           |
| TRANSITION HOUSE 425 E COTA ST<br>SANTA BARBARA, CA 93101                                           | NONE                                                                                                               | PC                                   | LANDLORD LIAISON PROGRAM            | 10,000    |
| UCP WORK INC<br>5320 CARPINTERIA AVE SUITE G<br>CARPINTERIA, CA 93013                               | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| UCSB ARTS & LECTURES UC REGENTS<br>BLDG 402<br>SANTA BARBARA, CA 93106                              | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 2,500     |
| UNITED BOYS & GIRLS CLUBS OF SB<br>COUNTY (CAMP WHITTIER)<br>PO BOX 1485<br>SANTA BARBARA, CA 93102 | NONE                                                                                                               | PC                                   | CAMP WHITTIER                       | 10,000    |
| UNITY SHOPPE (VICTORIA ST HOUSE)<br>110 W SOLA ST<br>SANTA BARBARA, CA 93101                        | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                               |                                                                                                                    |                                      |                                     | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment             |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                            | 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    |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF CALIFORNIA BERKELEY<br>2440 BANKCROFT WAY 4200<br>BERKELEY, CA 94720                                   | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| UNIVERSITY OF CALIFORNIA BERKELEY<br>HAAS SCHOOL OF BUSINESS<br>545 STUDENT SERVICES BLDG 1900<br>BERKELEY, CA 94720 | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,000     |
| UNIVERSITY OF DENVER<br>PO BOX 910585<br>DENVER, CO 80291                                                            | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 2,500     |
| UNIVERSITY OF PUGET SOUND<br>1500 NORTH WERNER STREET<br>TACOMA, WA 98416                                            | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| USC MARSHALL SCHOOL OF BUSINESS<br>1150 S OLIVE STREET 29TH FLOOR<br>LOS ANGELES, CA 90015                           | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| <b>Total</b> . . . . .            |                                                                                                           |                                |                                  | 2,501,500 |
| <b>3a</b>                                                                                                            |                                                                                                           |                                |                                  |           |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                    | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                                                          |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                                         |                                                                                                                    |                                      |                                     |           |
| VEGGIE RESCUE PO BOX 1651<br>SANTA YNEZ, CA 93460                                                            | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 3,000     |
| VISITING NURSE & HOSPICE CARE OF<br>SANTA BARBARA<br>509 E MONTECITO ST SUITE 200<br>SANTA BARBARA, CA 93103 | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 10,000    |
| WESTMONT COLLEGE<br>955 LA PAZ ROAD<br>SANTA BARBARA, CA 93108                                               | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 2,000     |
| WESTMONT COLLEGE<br>955 LA PAZ ROAD<br>SANTA BARBARA, CA 93108                                               | NONE                                                                                                               | PC                                   | CAPITAL CAMPAIGN PLEDGE             | 25,000    |
| WHITMAN COLLEGE<br>345 BOYER AVENUE<br>WALLA WALLA, WA 99362                                                 | NONE                                                                                                               | PC                                   | GENERAL OPERATING SUPPORT           | 1,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                        |                                                                                                                    |                                      |                                     | 2,501,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                | 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    |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                            |                                                                                                           |                                |                                  |           |
| WILDERNESS YOUTH PROJECT<br>5386 HOLLISTER AVENUE SUITE D<br>SANTA BARBARA, CA 93111     | NONE                                                                                                      | PC                             | ENDOWMENT SUPPORT                | 5,000     |
| WILDLING ART MUSEUM<br>1511-B MISSION DR<br>SOLVANG, CA 93463                            | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| WILDLING ART MUSEUM<br>1511-B MISSION DR<br>SOLVANG, CA 93463                            | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 50,000    |
| WILLAMETTE UNIVERSITY<br>900 STATE STREET<br>SALEM, OR 97301                             | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 1,000     |
| WOLF MUSEUM OF EXPLORATION & INNOVATION (MOXI)<br>PO BOX 4808<br>SANTA BARBARA, CA 93140 | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 25,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                    |                                                                                                           |                                |                                  | 2,501,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | 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    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| YALE UNIVERSITY PO BOX 2038<br>NEW HAVEN, CT 06521                                                       | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 9,000     |
| YOUNG AMERICA'S FOUNDATION<br>217 STATE STREET<br>SANTA BARBARA, CA 93101                                | NONE                                                                                                      | PC                             | GENERAL OPERATING SUPPORT        | 10,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,501,500 |

**TY 2016 Accounting Fees Schedule****Name:** ANN JACKSON FAMILY FOUNDATION**EIN:** 95-3367511

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| ACCOUNTING FEES | 13,504        | 2,000                            |                                | 11,504                                               |

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

## TY 2016 Depreciation Schedule

**Name:** ANN JACKSON FAMILY FOUNDATION

**EIN:** 95-3367511

| 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 |
|-------------------------|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| TABLES AND CHAIRS       | 2014-12-05    | 2,398               | 930                       | 200DB              | 7 0000000000000          | 419                                 | 0                     |                     |                                 |
| OFFICE CABINET          | 2014-12-24    | 6,091               | 2,362                     | 200DB              | 7 0000000000000          | 1,065                               | 0                     |                     |                                 |
| OFFICE SINK             | 2015-01-26    | 1,515               | 587                       | 200DB              | 7 0000000000000          | 265                                 | 0                     |                     |                                 |

**TY 2016 Investments Corporate Bonds Schedule****Name:** ANN JACKSON FAMILY FOUNDATION**EIN:** 95-3367511

| <b>Name of Bond</b> | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|---------------------|-------------------------------|--------------------------------------|
| FIXED INCOME        | 4,914,698                     | 4,914,698                            |

**TY 2016 Investments Corporate Stock Schedule****Name:** ANN JACKSON FAMILY FOUNDATION**EIN:** 95-3367511

| <b>Name of Stock</b> | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|----------------------|-------------------------------|--------------------------------------|
| EQUITIES             | 46,041,245                    | 46,041,245                           |
| REAL ESTATE FUNDS    | 0                             | 0                                    |

## TY 2016 Investments - Other Schedule

**Name:** ANN JACKSON FAMILY FOUNDATION

**EIN:** 95-3367511

| Category/ Item       | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|----------------------|-----------------------|------------|-------------------------------|
| LIMITED PARTNERSHIPS | AT COST               | 72,695     | 72,695                        |

**TY 2016 Land, Etc.  
Schedule****Name:** ANN JACKSON FAMILY FOUNDATION**EIN:** 95-3367511

| Category / Item   | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|-------------------|--------------------|--------------------------|------------|-------------------------------|
| TABLES AND CHAIRS | 2,398              | 1,349                    | 1,049      |                               |
| OFFICE CABINET    | 6,091              | 3,427                    | 2,664      |                               |
| OFFICE SINK       | 1,515              | 852                      | 663        |                               |

## TY 2016 Other Assets Schedule

**Name:** ANN JACKSON FAMILY FOUNDATION

**EIN:** 95-3367511

### Other Assets Schedule

| Description | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|-------------|-----------------------------------|-----------------------------|------------------------------------|
| DEPOSITS    | 5,000                             | 5,000                       | 5,000                              |

**TY 2016 Other Expenses Schedule****Name:** ANN JACKSON FAMILY FOUNDATION**EIN:** 95-3367511**Other Expenses Schedule**

| Description            | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| OFFICE SUPPLIES        | 2,242                                | 0                        |                        | 2,242                                       |
| DUES AND SUBSCRIPTIONS | 1,099                                | 0                        |                        | 1,099                                       |

**TY 2016 Other Income Schedule****Name:** ANN JACKSON FAMILY FOUNDATION**EIN:** 95-3367511**Other Income Schedule**

| Description                | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|----------------------------|-----------------------------------|--------------------------|---------------------|
| AG CAPITAL RECOVERY VI, LP | 66,525                            | 66,525                   | 66,525              |
| CHANGE IN CASH EQUIVALENTS | 16,763                            | 16,763                   | 16,763              |

**TY 2016 Other Increases Schedule**

**Name:** ANN JACKSON FAMILY FOUNDATION  
**EIN:** 95-3367511

| Description                    | Amount    |
|--------------------------------|-----------|
| UNREALIZED GAIN ON INVESTMENTS | 4,211,285 |

**TY 2016 Other Professional Fees Schedule****Name:** ANN JACKSON FAMILY FOUNDATION**EIN:** 95-3367511

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| INVESTMENT FEES | 138,732       | 138,732                          |                                | 0                                                    |
| CUSTODIAL FEES  | 19,221        | 19,221                           |                                | 0                                                    |
| CONSULTING      | 8,131         | 0                                |                                | 8,131                                                |

**TY 2016 Taxes Schedule****Name:** ANN JACKSON FAMILY FOUNDATION**EIN:** 95-3367511

| Category        | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|-----------------|--------|--------------------------|------------------------|---------------------------------------------|
| EXCISE TAX PAID | 23,482 | 0                        |                        | 0                                           |
| ANNUAL FILINGS  | 160    | 0                        |                        | 0                                           |