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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation
VOLENTINE FAMILY FOUNDATION

A Employer identification number
77-0203235

Number and street (or P O box number if mail is not delivered to street address)
19 WEST CARRILLO STREET NO STE B

Room/suite

B Telephone number (see instructions)
(805) 962-5719

City or town, state or province, country, and ZIP or foreign postal code
SANTA BARBARA, CA 93101

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 30,385,550

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	22,623			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	2,619	2,619		
	4	Dividends and interest from securities	543,271	543,271		
	5a	Gross rents	66,856	66,856		
	b	Net rental income or (loss) 24,123				
	6a	Net gain or (loss) from sale of assets not on line 10	634,501			
	b	Gross sales price for all assets on line 6a 5,439,788				
	7	Capital gain net income (from Part IV, line 2)		634,501		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	20,009	17,752		
	12	**Total.** Add lines 1 through 11	1,289,879	1,264,999		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	188,085	68,221		119,864
	14	Other employee salaries and wages	5,635	0		5,635
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	56,521	42,391		14,130
	c	Other professional fees (attach schedule)	258,155	256,935		1,221
	17	Interest	4,484	4,484		0
	18	Taxes (attach schedule) (see instructions)	49,779	19,797		14,733
	19	Depreciation (attach schedule) and depletion	56,317	43,396		
	20	Occupancy	9,854	4,927		4,927
	21	Travel, conferences, and meetings	7,796	3,898		3,898
	22	Printing and publications				
	23	Other expenses (attach schedule)	50,074	24,636		25,438
	24	**Total operating and administrative expenses.** Add lines 13 through 23	686,700	468,685		189,846
	25	Contributions, gifts, grants paid	1,318,750			1,318,750
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,005,450	468,685		1,508,596
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-715,571			
	b	**Net investment income** (if negative, enter -0-)		796,314		
	c	**Adjusted net income**(if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	853,383	621,301	621,301
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ 1,280,758			
	Less accumulated depreciation (attach schedule) ▶ 302,243	1,008,990	978,515	1,390,329
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	24,843,891	24,416,698	27,241,245
	14 Land, buildings, and equipment basis ▶ 1,084,548			
	Less accumulated depreciation (attach schedule) ▶ 292,825	817,565	791,723	1,132,440
	15 Other assets (describe ▶)	3,050	235	235
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	27,526,879	26,808,472	30,385,550
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	13,694	10,858	
	23 **Total liabilities**(add lines 17 through 22)	13,694	10,858	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	27,513,185	26,797,614	
	30 **Total net assets or fund balances** (see instructions)	27,513,185	26,797,614	
	31 **Total liabilities and net assets/fund balances** (see instructions)	27,526,879	26,808,472	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	27,513,185
2	Enter amount from Part I, line 27a	2	-715,571
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	26,797,614
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	26,797,614

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	634,501
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,394,378	27,217,957	0 051230
2015	1,372,396	28,750,643	0 047734
2014	1,297,947	29,324,346	0 044262
2013	1,186,353	27,933,490	0 042471
2012	1,319,038	26,538,290	0 049703

2	**Total** of line 1, column (d)	2	0 235400
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 047080
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	28,330,759
5	Multiply line 4 by line 3	5	1,333,812
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	7,963
7	Add lines 5 and 6	7	1,341,775
8	Enter qualifying distributions from Part XII, line 4	8	1,508,596

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	7,963
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	7,963
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	7,963
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 19,082		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	19,082
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	11,119
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ 11,119 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ CLAUDETTE SABIRON Telephone no ▶ (805) 962-5719

Located at ▶ 19 WEST CARRILLO STREET SANTA BARBARA CA ZIP+4 ▶ 93101

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2017, 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? 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 ▶	16		No

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.

1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		☐ Yes	☑ No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes	☑ No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☑ Yes	☐ No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☑ Yes	☐ No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		☐ Yes	☑ No
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).		☐ Yes	☑ No
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ▶ 20____, 20____, 20____, 20____		☐ Yes	☑ No
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☐ Yes	☑ No
b	If "Yes," did it have excess business holdings in 2017 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 2017).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

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

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

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

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

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

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 . . . . . ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	26,604,623
b	Average of monthly cash balances		1b	749,123
c	Fair market value of all other assets (see instructions)		1c	1,408,446
d	**Total** (add lines 1a, b, and c)		1d	28,762,192
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	28,762,192
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	431,433
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	28,330,759
6	**Minimum investment return.** Enter 5% of line 5		6	1,416,538

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

1	Minimum investment return from Part X, line 6		1	1,416,538
2a	Tax on investment income for 2017 from Part VI, line 5	2a 7,963		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b 189		
c	Add lines 2a and 2b		2c	8,152
3	Distributable amount before adjustments Subtract line 2c from line 1		3	1,408,386
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	1,408,386
6	Deduction from distributable amount (see instructions)		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	1,408,386

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,508,596
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,508,596
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	7,963
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,500,633

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,408,386
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			1,326,868	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 1,508,596				
a Applied to 2016, but not more than line 2a			1,326,868	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				181,728
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				1,226,658
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2018.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2013. . . .				
b Excess from 2014. . . .				
c Excess from 2015. . . .				
d Excess from 2016. . . .				
e Excess from 2017. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

VOLENTINE FAMILY FOUNDATION
19 W CARRILLO STREET
SANTA BARBARA, CA 93101
(805) 962-5719

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

GRANT REQUEST APPLICATION AND APPLICABLE SUPPORTING DOCUMENTATION

c Any submission deadlines

APRIL 20

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

AWARDS ARE LIMITED TO ORGANIZATIONS OPERATING IN THE FOLLOWING GEOGRAPHICAL AREAS SANTA BARBARA, CA, MCCOOK, NE AND LOVELAND, CO

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,318,750
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	2,619	
4 Dividends and interest from securities. . . .			14	543,271	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.			16	24,123	
6 Net rental income or (loss) from personal property					
7 Other investment income.	523000	2,257	15	17,752	
8 Gain or (loss) from sales of assets other than inventory			18	634,501	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		2,257		1,222,266	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	1,224,523

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2018-11-05	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
CATHERINE MACAULAY				P00178796

Firm's name ▶ DAMITZ BROOKS NIGHTINGALE	Firm's EIN ▶77-0076647
Firm's address ▶ 200 EAST CARRILLO STREET SUITE 303 SANTA BARBARA, CA 93101	Phone no (805) 963-1837

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
GOLDMAN SACHS #7660 HARDING		2016-01-01	2017-12-31
GOLDMAN SACHS #8452 EQUITIES & FIXED INCOME		2016-01-01	2017-12-31
GOLDMAN SACHS #8668		2016-01-01	2017-12-31
GOLDMAN SACHS #8718 CORPORATE FIXED INCOME		2016-01-01	2017-12-31
GOLDMAN SACHS #8726		2016-01-01	2017-12-31
GOLDMAN SACHS #8734		2016-01-01	2017-12-31
GOLDMAN SACHS #8742		2016-01-01	2017-12-31
MONTECITO BANK & TRUST #8459-00		2016-01-01	2017-12-31
MONTECITO BANK & TRUST #8459-01		2016-01-01	2017-12-31
NORTHERN TRUST #4797		2016-01-01	2017-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
60,247		56,814	3,433
260,000		257,863	2,137
303,697		267,385	36,312
646,247		642,942	3,305
277,036		217,788	59,248
148,591		135,710	12,881
431,858		419,180	12,678
1,587,330		1,361,835	225,495
445,065		451,277	-6,212
716,484		609,425	107,059

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			3,433
			2,137
			36,312
			3,305
			59,248
			12,881
			12,678
			225,495
			-6,212
			107,059

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
NORTHERN TRUST #96747		2016-01-01	2017-12-31
NT HEDGE FUND PARTNERSHIP		2016-01-01	2017-12-31
NT PRIVATE EQUITY PARTNERSHIP		2016-01-01	2017-12-31
COST BASIS ADJUSTMENTS		2016-01-01	2017-12-31
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
233,709		236,836	-3,127
67,347			67,347
165,638			165,638
		148,232	-148,232
96,539			96,539

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-3,127
			67,347
			165,638
			-148,232
			96,539

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
NANCY K POPENHAGEN 19 W CARRILLO STREET SANTA BARBARA, CA 93101	VICE PRESIDENT 5 00	28,800	0	0
DIANE K HAYES 19 W CARRILLO STREET SANTA BARBARA, CA 93101	PRESIDENT 30 00	75,747	20,213	0
CLAUDETTE SABIRON 19 W CARRILLO STREET SANTA BARBARA, CA 93101	SECRETARY 30 00	55,538	6,037	0
CATHERINE MACAULAY 19 W CARRILLO STREET SANTA BARBARA, CA 93101	TREASURER 1 00	14,000	0	0
RICHARD A NIGHTINGALE 19 W CARRILLO STREET SANTA BARBARA, CA 93101	CHIEF FINANCIAL OFFICER 1 00	14,000	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY OF HEALING ARTS FOR TEENS (AHA) 1209 DE LA VINA ST STE A SANTA BARBARA, CA 93101	NONE	PC	YOUTH SUPPORT SERVICES	10,000
ALANO CLUB OF SANTA BARBARA 235 E COTA ST SANTA BARBARA, CA 93101	NONE	PC	ALCOHOL AND DRUG RECOVERY SERVICES	30,000
ALEXANDER HOUSEPO BOX 23642 SANTA BARBARA, CA 93121	NONE	PC	COMMUNITY SUPPORT SERVICES	10,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION 212 W FIGUEROA ST SANTA BARBARA, CA 93101	NONE	PC	HUMAN HEALTH SERVICES	500
ANGELS FOSTER CARE OF SANTA BARBARA 3905 STATE ST STE 7 SANTA BARBARA, CA 93105	NONE	PC	YOUTH SUPPORT SERVICES	5,000
ASSISTANCE LEAGUE 1249 VERONICA SPRINGS RD SANTA BARBARA, CA 93105	NONE	PC	SCHOOL BELL PROGRAM	15,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF LARIMER COUNTY 103 SMOKEY ST FORT COLLINS, CO 80525	NONE	PC	YOUTH SUPPORT SERVICES	10,000
CALM1236 CHAPALA ST SANTA BARBARA, CA 93101	NONE	PC	CHILD ABUSE TREATMENT AND PREVENTION	10,000
CANCER CENTER OF SANTA BARBARA 300 W PUEBLO ST SANTA BARBARA, CA 93105	NONE	PC	HUMAN HEALTH SERVICES	1,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA COURT APPOINTED SPECIAL ADVOCATES 402 E GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	PC	CHILD ABUSE TREATMENT AND PREVENTION	10,000
CASA SERENA1515 BATH ST SANTA BARBARA, CA 93101	NONE	PC	ALCOHOL AND DRUG RECOVERY SERVICES	30,850
CHILDREN'S MUSEUM OF SANTA BARBARA (MOXI) 125 STATE ST SANTA BARBARA, CA 93101	NONE	PC	EDUCATION	35,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF GOODYEAR 190 N LITCHFIELD RD GOODYEAR, AZ 85338	NONE	PC	COMMUNITY SUPPORT SERVICES	7,000
CITY OF SB POLICE MEMORIAL FUND PO BOX 687 SANTA BARBARA, CA 93102	NONE	PC	COMMUNITY SUPPORT SERVICES	5,000
COMMUNITY HOSPITAL HEALTH FOUNDATION PO BOX 1328 MCCOOK, NE 69001	NONE	PC	HUMAN HEALTH SERVICES	10,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY KITCHEN816 CACIQUE ST SANTA BARBARA, CA 93103	NONE	PC	FAMILY SUPPORT SERVICES	3,000
COTTAGE REHAB HOSPITAL FOUNDATION 2415 DE LA VINA ST SANTA BARBARA, CA 93105	NONE	PC	HUMAN HEALTH SERVICES	10,000
COUNCIL ON ALCOHOLISM & DRUG ABUSE PO BOX 28 SANTA BARBARA, CA 93102	NONE	PC	ALCOHOL AND DRUG RECOVERY SERVICES	22,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMESTIC VIOLENCE SOLUTIONS PO BOX 3782 SANTA BARBARA, CA 93103	NONE	PC	FAMILY SUPPORT SERVICES	10,000
DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION PO BOX 313 GOLETA, CA 93116	NONE	PC	EDUCATION	5,000
DOS PUEBLOS LITTLE LEAGUE PO BOX 8245 GOLETA, CA 93118	NONE	PC	RECREATION AND SPORTS	10,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM FOUNDATION 1528 CHAPALA ST 304 SANTA BARBARA, CA 93101	NONE	PC	DREAMS FOR VETERANS	5,000
EASTSIDE BOYS & GIRLS CLUB 632 E CANON PERDIDO ST SANTA BARBARA, CA 93101	NONE	PC	YOUTH SUPPORT SERVICES	10,000
EATON SCHOOL DISTRICT200 PARK AVE EATON, CO 80615	NONE	PC	EDUCATION	790
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ED THOMAS YMCA901 W E ST MCCOOK, NE 69001	NONE	PC	RECREATION AND SPORTS	10,000
ESTES PARK SCHOOL DISTRICT RE3 1605 BRODIE AVE ESTES PARK, CO 80517	NONE	PC	EDUCATION	3,510
FAMILY SERVICE AGENCY 123 W GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	PC	FAMILY SUPPORT SERVICES	10,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FROM THE HEARTPO BOX 3908 SANTA BARBARA, CA 93130	NONE	PC	FAMILY SUPPORT SERVICES	10,100
FOODBANK OF SANTA BARBARA 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	NONE	PC	FAMILY SUPPORT SERVICES	25,000
FOUNDATION FOR GIRSH PARK 7050 PHELPS RD GOLETA, CA 93117	NONE	PC	RECREATION AND SPORTS	1,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR SBCCCARE 721 CLIFF DR SANTA BARBARA, CA 93109	NONE	PC	EDUCATION	20,500
GIRLS INCHOLLISTER AVE SANTA BARBARA, CA 93111	NONE	PC	YOUTH SUPPORT SERVICES	15,000
GREATER SANTA BARBARA ICE SKATING ASSOCIATION PO BOX 478 SANTA BARBARA, CA 93102	NONE	PC	RECREATION AND SPORTS	5,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY 6860 CORTONA DR A GOLETA, CA 93117	NONE	PC	AFFORDABLE HOME OWNERSHIP	5,000
HARMONY FOUNDATION INC 1600 FISH HATCHERY RD ESTES PARK, CO 80517	NONE	PC	ALCOHOL AND DRUG RECOVERY SERVICES	12,850
HEARTS & HORSES 163 N COUNTY RD 29 LOVELAND, CO 80537	NONE	PC	DISABILITY SUPPORT SERVICES	5,500
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND HIGH SCHOOL 2900 ROYAL SCOTS WAY BAKERSFIELD, CA 93306	NONE	PC	EDUCATION	5,070
HONOR FLIGHT INC 175 SOUTH TUTTLE RD SPRINGFIELD, OH 45505	NONE	PC	VETERAN MEMORIAL SERVICES	1,000
HOSPICE OF SANTA BARBARA INC 520 W JUNIPERO ST SANTA BARBARA, CA 93105	NONE	PC	HUMAN HEALTH SERVICES	10,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF NEIGHBORLY SERVICE 565 N CLEVELAND AVE LOVELAND, CO 80537	NONE	PC	FAMILY SUPPORT SERVICES	60,000
JUSTICE HIGH SCHOOL 805 EXCALIBUR ST LAFAYETTE, CO 80026	NONE	PC	EDUCATION	4,875
KIDS PACK HOPE AND CHARITY FOR CHILDREN 3725 FRONTAGE RD NORTH STE 1 LAKELAND, FL 33810	NONE	PC	YOUTH SERVICES	5,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA CUMBRE JUNIOR HIGH SCHOOL FOUNDATION 2255 MODOC RD SANTA BARBARA, CA 93101	NONE	PC	EDUCATION	50,000
LITTLE STAR PONY FOUNDATION 1036 ARBOLADO RD SANTA BARBARA, CA 93103	NONE	PC	DISABILITY SUPPORT SERVICES	500
LOVELAND FOOD BANK 245 S MADISON AVE LOVELAND, CO 80537	NONE	PC	FAMILY SUPPORT SERVICES	70,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCOOK COLLEGE FOUNDATION 1205 E 3RD ST MCCOOK, NE 69001	NONE	PC	EDUCATION	10,000
MEALS ON WHEELS LOVELAND & BERTHOUD 535 N DOUGLAS AVE LOVELAND, CO 80537	NONE	PC	FAMILY SUPPORT SERVICES	20,000
MENTAL WELLNESS CENTER 617 GARDEN ST SANTA BARBARA, CA 93101	NONE	PC	HUMAN HEALTH SERVICES	10,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL TTT SOCIETY 811 E WASHINGTON ST 102 MOUNT PLEASANT, IA 52641	NONE	PC	YOUTH SUPPORT SERVICES	2,500
NEW BEGINNINGS COUNSELING CENTER 324 E CARRILLO ST C SANTA BARBARA, CA 93101	NONE	PC	COUNSELNG SERVICES	20,000
NEW HOUSE2434 BATH ST SANTA BARBARA, CA 93105	NONE	PC	ALCOHOL AND DRUG RECOVERY SERVICES	23,225
Total . . . . . ▶ **3a**				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC PRIDE FOUNDATION 608 ANACAPA ST SANTA BARBARA, CA 93101	NONE	PC	COMMUNITY SUPPORT SERVICES	10,000
PAGE YOUTH CENTER 4540 HOLLISTER AVE SANTA BARBARA, CA 93110	NONE	PC	RECREATION AND SPORTS	15,000
PATHPOINT315 W HALEY ST 102 SANTA BARBARA, CA 93101	NONE	PC	DISABILITY SUPPORT SERVICES	10,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHWAYS HOSPICE585 N MARY AVE SUNNYVALE, CA 94085	NONE	PC	HUMAN HEALTH SERVICES	10,000
PINNACLE CHARTER SCHOOL 1001 W 84TH AVE DENVER, CO 80260	NONE	PC	EDUCATION	5,070
POLICE ACTION LEAGUE (PAL) 222 E ANAPAMU STE 24 SANTA BARBARA, CA 93190	NONE	PC	YOUTH SUPPORT SERVICES	13,750
Total 3a . . . . . ▶				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT SELF-SUFFICIENCY 2001 S SHIELD ST D-203 FORT COLLINS, CO 80526	NONE	PC	FAMILY SUPPORT SERVICES	10,000
RESURRECTION CHRISTIAN SCHOOL 6508 E CROSS ROADS BLVD LOVELAND, CO 80538	NONE	PC	EDUCATION	4,300
ROCKY MOUNTAIN LUTHERAN HIGH SCHOOL 2300 W 90TH AVE DENVER, CO 80260	NONE	PC	EDUCATION	390
Total 3a . . . . . ▶				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMYPO BOX 6190 SANTA BARBARA, CA 93160	NONE	PC	HOMELESS SUPPORT SERVICES	22,000
SALVATION ARMY OF LOVELAND 840 N LINCOLN AVE LOVELAND, CO 80537	NONE	PC	GENERAL	5,000
SANTA BARBARA CITY COLLEGE PROMISE 721 CLIFF DR SANTA BARBARA, CA 93109	NONE	PC	EDUCATION	50,000
Total . . . . . ▶ **3a**				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA CITY COLLEGE SOFTBALL TRUST 721 CLIFF DR SANTA BARBARA, CA 93109	NONE	PC	COLLEGE SPORTS	5,000
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION PO BOX 689 SANTA BARBARA, CA 93102	NONE	PC	HUMAN HEALTH SERVICES	55,000
SANTA BARBARA INTERNATIONAL FILM FESTIVAL 1528 CHAPALA ST 203 SANTA BARBARA, CA 93101	NONE	PC	ARTS	27,000
Total 3a . . . . . ▶				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA MUSEUM OF NATURAL HISTORY 2559 PUESTA DEL SOL SANTA BARBARA, CA 93105	NONE	PC	EDUCATION	10,000
SANTA BARBARA NEIGHBORHOOD CLINICS 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	NONE	PC	HUMAN HEALTH SERVICES	30,000
SANTA BARBARA POLICE OFFICERS ASSOCIATION PO BOX 687 SANTA BARBARA, CA 93102	NONE	PC	COMMUNITY SUPPORT SERVICES	500
Total . . . . . ▶ **3a**				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 93103	NONE	PC	ALCOHOL AND DRUG RECOVERY SERVICES	65,000
SANTA BARBARA SCHOOL OF SQUASH 1530 CHAPALA ST STE B SANTA BARBARA, CA 93101	NONE	PC	RECREATION AND SPORTS	10,000
SANTA BARBARA YMCA 36 HITCHCOCK WAY SANTA BARBARA, CA 93105	NONE	PC	RECREATION AND SPORTS	10,000
Total 3a . . . . . ▶				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA ZOO500 NINOS DR SANTA BARBARA, CA 93103	NONE	PC	EDUCATION	10,242
SANTA COPS OF LARIMER COUNTY PO BOX 580 FORT COLLINS, CO 80522	NONE	PC	YOUTH SUPPORT SERVICES	1,000
SCHOLARSHIP FOUNDATION OF SANTA BARBARA PO BOX 3620 SANTA BARBARA, CA 93130	NONE	PC	EDUCATION	20,000
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STORYTELLER2115 STATE ST SANTA BARBARA, CA 93105	NONE	PC	EDUCATION	10,000
TEACHING TREE424 PINE ST STE 100 FORT COLLINS, CO 80524	NONE	PC	EDUCATION	10,000
TEDDY BEAR CANCER FOUNDATION 133 E DE LA GUERRA ST 163 SANTA BARBARA, CA 93101	NONE	PC	HUMAN HEALTH SERVICES	13,500
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FIRST TEE CENTRAL COAST PO BOX 1611 SUMMERLAND, CA 93067	NONE	PC	RECREATION AND SPORTS	15,000
TRANSITION HOUSE425 E COTA ST SANTA BARBARA, CA 93101	NONE	PC	FAMILY SUPPORT SERVICES	18,000
UCLA MEDICAL CENTER 757 WESTWOOD PLAZA LOS ANGELES, CA 90095	NONE	PC	HUMAN HEALTH SERVICES	250
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UCSB FOUNDATION1210 CHEADLE HALL SANTA BARBARA, CA 93106	NONE	PC	GUARDIAN SCHOLARS PROGRAM	10,000
UNITED BOYS & GIRLS CLUB OF SANTA BARBARA 5701 HOLISTER AVE GOLETA, CA 93116	NONE	PC	YOUTH SUPPORT SERVICES	15,000
UNITED WAY OF SANTA BARBARA 320 E GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	PC	COMMUNITY SUPPORT SERVICES	20,000
Total 3a . . . . . ▶				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITY SHOPPE1236 CHAPALA ST SANTA BARBARA, CA 93101	NONE	PC	FAMILY SUPPORT SERVICES	40,000
VISITING NURSE & HOSPICE CARE 220 E CANON PERDIDO ST SANTA BARBARA, CA 93101	NONE	PC	HUMAN HEALTH SERVICES	17,500
WELD COUNTY RE-1 SCHOOL DISTRICT 14827 WELD COUNTY RD 42 GILCREST, CO 80623	NONE	PC	EDUCATION	14,235
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELD COUNTY RE-3J SCHOOL DISTRICT 99 W BROADWAY ST KEENESBURG, CO 80643	NONE	PC	EDUCATION	6,933
WELD COUNTY RE-7 SCHOOL DISTRICT 501 CLARK ST KERSEY, CO 80644	NONE	PC	EDUCATION	4,485
WELD COUNTY RE-8 SCHOOL DISTRICT 301 REYNOLDS ST FORT LUPTON, CO 80621	NONE	PC	EDUCATION	14,430
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDSOR HIGH SCHOOL900 MAIN ST WINDSOR, CO 80550	NONE	PC	EDUCATION	975
WINDSOR MIDDLE SCHOOL 1100 MAIN ST WINDSOR, CO 80550	NONE	PC	EDUCATION	1,170
YOUNG LIFE123 W PADRE ST 3 SANTA BARBARA, CA 93105	NONE	PC	YOUTH SUPPORT SERVICES	17,250
Total . . . . . ▶ 3a				1,318,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH AND FAMILY SERVICES YMCA 105 E CARRILLO ST SANTA BARBARA, CA 93101	NONE	PC	FAMILY PROGRAMS	10,000
Total . . . . . ▶ 3a				1,318,750

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TY 2017 Accounting Fees Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DAMITZ, BROOKS, NIGTHINGALE, ET AL	56,521	42,391		14,130

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

TY 2017 Depreciation Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

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
BUILDING	2001-12-20	752,332	265,400	SL	39 000000000000	19,291	0		
LAND	2001-12-20	112,418		L		0	0		
FMV IN EXCESS OF BASIS	2001-12-20	60,000		L		0	0		
FOUNDATION OFFICE CHAIRS	2004-02-17	3,507	3,507	200DB	7 000000000000	0	0		
CONFERENCE TABLE	2004-02-24	4,254	4,254	200DB	7 000000000000	0	0		
OFFICE FURNITURE	2005-10-27	2,353	2,287	200DB	7 000000000000	0	0		
OFFICE FURNITURE	2006-04-30	1,540	1,540	200DB	7 000000000000	0	0		
HP LASER JET P3015	2011-01-03	795	795	SL	5 000000000000	0	0		
HP LASER JET P3015	2011-06-30	630	630	SL	5 000000000000	0	0		
BUILDING REMODEL	2012-07-01	892,939	103,032	SL	39 000000000000	22,896	0		
DESK	2012-01-25	10,364	10,192	SL	5 000000000000	172	0		
BUILDING REMODEL	2013-07-01	30,678	2,754	SL	39 000000000000	787	0		
REMOVABLE WALL	2013-07-01	19,855	4,634	SL	15 000000000000	1,324	0		
BUILDING REMODEL	2015-07-01	51,305	1,974	SL	39 000000000000	1,316	0		
BUILDING	2001-12-20	335,168	135,424	SL	39 000000000000	8,594	0		
LAND	2001-12-20	50,082		L		0	0		
ELECTRICAL RECONFIGURATION	2014-09-30	5,512	317	SL	39 000000000000	141	0		
DELL OFFICE COMPUTER	2014-12-15	2,594	1,081	SL	5 000000000000	519	0		
COPIER	2014-06-06	1,101	568	SL	5 000000000000	220	0		
KEYLESS LOCKING SYSTEM	2016-07-12	8,334	278	SL	15 000000000000	556	0		

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
BUILDING REMODEL	2016-11-09	19,546	84	SL	39 000000000000	501	0		

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TY 2017 General Explanation Attachment

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	PART VII-B, LINE 1A(3)	FORM 990-PF	THE FOUNDATION UTILIZES THE SERVICES OF THE CPA FIRM DAMITZ,BROOKS, NIGHTINGALE, TURNER & MORRISSET FOR TAX RETURNAND ACCOUNTING SERVICES, MRS MACAULAY IS A PARTNEROF THE ACCOUNTING FIRM AND A TREASURER OF THE FOUNDATION FOR THESE SERVICES THE FOUNDATION PAYS THE USUAL ANDCUSTOMARY FEES AS BILLED TO IT BY THIS ENTITY

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TY 2017 Investments - Land Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDING	565,500	222,928	342,572	490,097
LAND	115,700	0	115,700	165,525
REMODEL	571,369	73,357	498,012	712,476
FURNITURE AND FIXTURES	28,189	5,958	22,231	22,231

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TY 2017 Investments - Other Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
TRITON PACIFIC	AT COST	30,890	30,890
LANX OFFSHORE PARTNERS II	AT COST	1,939	1,939
TERRAPIN OFFSHORE	AT COST	2,307	2,307
NORTHERN TRUST #797	AT COST	3,453,933	3,893,543
NORTHERN TRUST DIVERSIFIED HEDGE FUND	AT COST	3,163,927	2,944,301
NORTHERN TRUST PRIVATE EQUITY	AT COST	541,516	918,718
NORTHER TRUST PRIVATE EQUITY CORE FUND	AT COST	790,104	912,868
NORTHERN TRUST COMMODITIES	AT COST	691,693	804,919
NORTHERN TRUST CORPORATE/GOVERNMENT	AT COST	643,183	695,329
MINERAL INTEREST - WATERFLOOD	AT COST	10,025	10,025
MINERAL INTEREST - ACKMAN	AT COST	360	360
GOLDMAN SACHS #7660	AT COST	501,691	637,543
GOLDMAN SACHS #8452	AT COST	5,055,606	5,639,241
GOLDMAN SACHS #8668	AT COST	596,333	669,851
GOLDMAN SACHS #8718	AT COST	2,969,064	2,954,096
GOLDMAN SACHS #8726	AT COST	353,874	449,627
GOLDMAN SACHS #8734	AT COST	623,913	835,106
MONTECITO BANK & TRUST #8459-00	AT COST	3,538,788	4,404,544
MONTECITO BANK & TRUST #8459-01	AT COST	1,447,552	1,436,038

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TY 2017 Land, Etc. Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE AND FIXTURES	27,138	26,599	539	539
REMODEL	428,611	60,445	368,166	526,713
BUILDING	522,000	205,781	316,219	452,396
LAND	106,799	0	106,799	152,792

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TY 2017 Other Assets Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
LEASE COMMISSIONS	3,050	235	235

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TY 2017 Other Expenses Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	29,185	8,030		21,155
AUTO EXPENSE	860	430		430
MISCELLANEOUS	3,032	1,516		1,516
OFFICE EXPENSE	4,673	2,336		2,337
FINANCE CHARGE	66	66		0
RENTAL EXPENSES	12,258	12,258		0

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TY 2017 Other Income Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP UNRELATED BUSINESS INCOME	2,257	0	2,257
ROYALTY INCOME - MINERAL INTERESTS	5,828	5,828	5,828
ORDINARY INCOME FROM PASSTHROUGHS	11,924	11,924	11,924

TY 2017 Other Liabilities Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Description	Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARD PAYABLE	0	1,697
PAYROLL TAXES PAYABLE	8,419	3,886
SECURITY DEPOSITS	5,275	5,275

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TY 2017 Other Professional Fees Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISOR FEES	255,714	255,714		0
CONSULTING	2,441	1,221		1,221

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TY 2017 Taxes Schedule

Name: VOLENTINE FAMILY FOUNDATION

EIN: 77-0203235

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	685	0		685
PAYROLL TAXES	9,777	2,322		7,455
REAL ESTATE TAXES	13,186	6,593		6,593
FOREIGN TAXES	10,582	10,582		0
FEDERAL 990PF	14,666	0		0
	583	0		0
MINERAL TAX	300	300		0

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

Schedule of Contributors

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

OMB No 1545-0047

2017

Name of the organization
VOLENTINE FAMILY FOUNDATION

Employer identification number
77-0203235

Organization type (check one)

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
VOLENTINE FAMILY FOUNDATION	77-0203235

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY G VOLENTINE ADMIN TRUST 19 W CARRILLO STREET SANTA BARBARA, CA93101	$ 22,623	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization
VOLENTINE FAMILY FOUNDATION

Employer identification number
77-0203235

Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
VOLENTINE FAMILY FOUNDATION

Employer identification number
77-0203235

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

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

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