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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 06-01-2017 , and ending 05-31-2018

Name of foundation
ANN JACKSON FAMILY FOUNDATION

A Employer identification number
95-3367511

Number and street (or P O box number if mail is not delivered to street address)
PO BOX 5580

Room/suite

B Telephone number (see instructions)
(805) 969-2258

City or town, state or province, country, and ZIP or foreign postal code
SANTA BARBARA, CA 931505580

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)* ▶$ 58,038,489

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)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	930,312	930,312		
	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	3,557,389			
	b Gross sales price for all assets on line 6a 18,007,008				
	7 Capital gain net income (from Part IV, line 2)		3,557,389		
	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)	31,876	31,876		
	12 **Total.** Add lines 1 through 11	4,519,577	4,519,577		
Operating and Administrative Expenses	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)	13,215	2,000		11,215
	c Other professional fees (attach schedule)	190,670	183,460		7,210
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	160	0		0
	19 Depreciation (attach schedule) and depletion	1,307	0		
	20 Occupancy	67,276	0		67,276
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,456	0		3,456
	24 **Total operating and administrative expenses.** Add lines 13 through 23	276,084	185,460		89,157
	25 Contributions, gifts, grants paid	2,489,027			2,439,000
	26 **Total expenses and disbursements.** Add lines 24 and 25	2,765,111	185,460		2,528,157
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	1,754,466			
	b **Net investment income** (if negative, enter -0-)		4,334,117		
	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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,340,016	2,201,591	2,201,591
	3 Accounts receivable ▶ 139,288			
	Less allowance for doubtful accounts ▶	126,049	139,288	139,288
	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) ▶ 250,000			
	Less allowance for doubtful accounts ▶ 0	250,000	250,000	250,000
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	58,445	9,771	9,771
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	46,041,245	48,899,775	48,899,775
	c Investments—corporate bonds (attach schedule)	4,914,698	5,629,270	5,629,270
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	72,695	899,125	899,125
	14 Land, buildings, and equipment basis ▶ 11,604			
	Less accumulated depreciation (attach schedule) ▶ 6,935	4,376	4,669	4,669
	15 Other assets (describe ▶)	5,000	5,000	5,000
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	52,812,524	58,038,489	58,038,489
Liabilities	17 Accounts payable and accrued expenses	35,545		
	18 Grants payable	2,397,952	2,447,979	
	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 ▶)			
	23 **Total liabilities**(add lines 17 through 22)	2,433,497	2,447,979	
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	50,379,027	55,590,510	
	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			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	50,379,027	55,590,510	
	31 **Total liabilities and net assets/fund balances** (see instructions)	52,812,524	58,038,489	

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	50,379,027
2	Enter amount from Part I, line 27a	2	1,754,466
3	Other increases not included in line 2 (itemize) ▶	3	3,473,131
4	Add lines 1, 2, and 3	4	55,606,624
5	Decreases not included in line 2 (itemize) ▶	5	16,114
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	55,590,510

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	DETAIL AVAILABLE UPON REQUEST	P	2017-06-01	2018-05-31
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	18,007,008		14,449,619	3,557,389
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				3,557,389
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	3,557,389
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	2,576,360	49,473,874	0 052075
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

2	**Total** of line 1, column (d)	2	0 233397
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 046679
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	51,409,533
5	Multiply line 4 by line 3	5	2,399,746
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	43,341
7	Add lines 5 and 6	7	2,443,087
8	Enter qualifying distributions from Part XII, line 4	8	2,528,157

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	43,341
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	43,341
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	43,341
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 53,112		
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	53,112
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	9,771
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ 9,771 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

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

14 The books are in care of ▶ PALMER JACKSON JR Telephone no ▶ (805) 969-2258

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

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?		Yes	No
		16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			

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

			Yes	No
	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		
	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? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 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	50,643,362
b	Average of monthly cash balances	1b	1,249,852
c	Fair market value of all other assets (see instructions)	1c	299,205
d	**Total** (add lines 1a, b, and c)	1d	52,192,419
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	52,192,419
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	782,886
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	51,409,533
6	**Minimum investment return.** Enter 5% of line 5	6	2,570,477

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	2,570,477
2a	Tax on investment income for 2017 from Part VI, line 5	2a	43,341		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	43,341
3	Distributable amount before adjustments Subtract line 2c from line 1			3	2,527,136
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	2,527,136
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	2,527,136

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	2,528,157
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	2,528,157
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	43,341
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,484,816

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				2,527,136
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			2,444,282	
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 ▶ $ 2,528,157				
a Applied to 2016, but not more than line 2a			2,444,282	
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.				83,875
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				2,443,261
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

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 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**				2,439,000
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				1,140,000

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	930,312	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	31,876	
8 Gain or (loss) from sales of assets other than inventory			18	3,557,389	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		4,519,577	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	4,519,577

(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

******	2019-04-03	******
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
CHRISLEY N REED CPA				P00025230
Firm's name ▶ MCGOWAN GUNTERMANN				Firm's EIN ▶95-3680171
Firm's address ▶ 111 E VICTORIA ST 2ND FLOOR 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 PO BOX 5580 SANTA BARBARA, CA 93150	PRESIDENT 4 00	0	0	0
CHARLES A JACKSON PO BOX 5580 SANTA BARBARA, CA 93150	VICE PRESIDENT 2 00	0	0	0
JAMES H JACKSON PO BOX 5580 SANTA BARBARA, CA 93150	VICE PRESIDENT 2 00	0	0	0
PALMER G JACKSON JR PO BOX 5580 SANTA BARBARA, CA 93150	SECRETARY 20 00	0	0	0
WILLIAM L JACKSON PO BOX 5580 SANTA BARBARA, CA 93150	TREASURER 4 00	0	0	0
DEBORAH B JONES PO BOX 5580 SANTA BARBARA, CA 93150	DIRECTOR 1 00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVENTURES IN CARING 1528 CHAPALA STREET SUITE 202 SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
AHA1209 DE LA VINA STREET SUITE A SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	2,500
ALL SAINTS EPISCOPAL CHURCH 83 EUCALYPTUS LANE SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
ALL SAINTS EPISCOPAL CHURCH 83 EUCALYPTUS LANE SANTA BARBARA, CA 93108	NONE	PC	CAPITAL CAMPAIGN PLEDGE	80,000
ALPHA RESOURCE CENTER OF SANTA BARBARA 4501 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93110	NONE	PC	GENERAL OPERATING SUPPORT	10,000
ANTHONY TRUST ASSOCIATION PO BOX 205471 NEW HAVEN, CT 06520	NONE	PC	GENERAL OPERATING SUPPORT	2,000
Total . . . . . ▶ 3a				2,439,000

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*				
ARTS FUND 205-C SANTA BARBARA STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	8,000
ARTS OUTREACHPO BOX 755 LOS OLIVOS, CA 93441	NONE	PC	GENERAL OPERATING SUPPORT	8,000
BLIND CHILDREN'S CENTER 4120 MARATHON ST LOS ANGELES, CA 90029	NONE	PC	GENERAL OPERATING SUPPORT	3,000
Total . . . . . ▶ 3a				2,439,000

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*				
BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA, CA 93190	NONE	PC	GENERAL OPERATING SUPPORT	5,000
BOY SCOUTS LOS PADRES COUNCIL 4000 MODOC ROAD SANTA BARBARA, CA 93110	NONE	PC	GENERAL OPERATING SUPPORT	10,000
BOYS & GIRLS CLUB OF MONTEREY PO BOX 97 SEASIDE, CA 93955	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				2,439,000

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 SANTA BARBARA 632 EAST CANON PERDIDO ST SANTA BARBARA, CA 93103	NONE	PC	GENERAL OPERATING SUPPORT	1,000
BRAILLE INSTITUTE (LOS ANGELES) 741 N VERMONT AVENUE LOS ANGELES, CA 90029	NONE	PC	GENERAL OPERATING SUPPORT	5,000
BRAILLE INSTITUTE (LOS ANGELES) 741 N VERMONT AVENUE LOS ANGELES, CA 90029	NONE	PC	CAPITAL CAMPAIGN PLEDGE	50,000
Total . . . . . ▶ 3a				2,439,000

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*				
BRAILLE INSTITUTE (SANTA BARBARA) 2031 DE LA VINA STREET SANTA BARBARA, CA 93105	NONE	PC	GENERAL OPERATING SUPPORT	10,000
CREWPO BOX 1532 OJAI, CA 93024	NONE	PC	GENERAL OPERATING SUPPORT	10,000
CALIFORNIA 4-H FOUNDATION (SANTA BARBARA) 7127 HOLLISTER AVE STE 7 GOLETA, CA 93117	NONE	PC	GENERAL OPERATING SUPPORT	15,000
Total . . . . . ▶ 3a				2,439,000

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*				
CALIFORNIA 4-H FOUNDATION (STATE) 2801 SECOND STREET DAVIS, CA 95618	NONE	PC	GENERAL OPERATING SUPPORT	10,000
CALIFORNIA BRIDLEHORSE ASSOCIATION PO BOX 5401 SANTA BARBARA, CA 93150	NONE	PC	GENERAL OPERATING SUPPORT	4,000
CALIFORNIANS FOR POPULATION STABILIZATION (CAPS) 1129 STATE STREET SUITE 3D SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				2,439,000

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*				
CALM1236 CHAPALA STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	5,000
CAMERATA PACIFICAPO BOX 30116 SANTA BARBARA, CA 93130	NONE	PC	GENERAL OPERATING SUPPORT	10,000
CANCER FOUNDATION OF SANTA BARBARA 601 WEST JUNIPERO STREET SANTA BARBARA, CA 93105	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
CANCER FOUNDATION OF SANTA BARBARA 601 WEST JUNIPERO STREET SANTA BARBARA, CA 93105	NONE	PC	CAPITAL CAMPAIGN PLEDGE	100,000
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 94518	NONE	PC	GENERAL OPERATING SUPPORT	1,000
CARRIAGE & WESTERN ART MUSEUM PO BOX 1587 SANTA BARBARA, CA 93102	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ 3a				2,439,000

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 DEL HERRERO FOUNDATION 1387 EAST VALLEY ROAD SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING SUPPORT	27,500
CASA OF SANTA BARBARA COUNTY 2601 SKYWAY DR SUITE A3 SANTA MARIA, CA 93455	NONE	PC	GENERAL OPERATING SUPPORT	5,000
CATE SCHOOL1960 CATE MESA ROAD CARPINTERIA, CA 93103	NONE	PC	GENERAL OPERATING SUPPORT	19,000
Total . . . . . ▶ 3a				2,439,000

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*				
CATE SCHOOL1960 CATE MESA ROAD CARPINTERIA, CA 93103	NONE	PC	CAPITAL CAMPAIGN PLEDGE	50,000
CENTER FOR PERFORMING ARTS 1330 STATE STREET SUITE 101 SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	25,000
CENTER FOR PERFORMING ARTS 1330 STATE STREET SUITE 101 SANTA BARBARA, CA 93101	NONE	PC	CAPITAL CAMPAIGN PLEDGE	50,000
Total . . . . . ▶ 3a				2,439,000

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*				
CHANNEL ISLANDS YMCA MONTECITO 591 SANTA ROSA LANE SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING SUPPORT	5,000
CHANNEL ISLANDS YMCA NOAH'S ANCHORAGE 105 EAST CARRILLO STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	5,000
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD MS 29 LOS ANGELES, CA 90027	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
CIELO FOUNDATION 1812 LA CORONILLA DRIVE SANTA BARBARA, CA 93109	NONE	PC	GENERAL OPERATING SUPPORT	15,000
CLAREMONT GRADUATE SCHOOL HARPER HALL 100 150 E TENTH STREET CLAREMONT, CA 91711	NONE	PC	GENERAL OPERATING SUPPORT	2,000
COASTAL SELF DEFENSE ACADEMY 339 N KELLOG AVE SANTA BARBARA, CA 93111	NONE	PC	GENERAL OPERATING SUPPORT	4,000
Total . . . . . ▶ 3a				2,439,000

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 ARTS MUSIC ASSOCIATION CAMA 2060 ALAMEDA PADRE SERRA SUITE 201 SANTA BARBARA, CA 93103	NONE	PC	GENERAL OPERATING SUPPORT	10,000
COMMUNITY HOSPITAL OF MONTEREY PENNINSULA 23625 HOLMAN HIGHWAY MONTEREY, CA 93940	NONE	PC	GENERAL OPERATING SUPPORT	5,000
CORNERSTONE HOUSE 1451 CAMINO TRILLADO CARPINTERIA, CA 93013	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ 3a				2,439,000

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*				
CRANE SCHOOL 1795 SAN LEANDRO LANE SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING SUPPORT	2,000
CRANE SCHOOL 1795 SAN LEANDRO LANE SANTA BARBARA, CA 93108	NONE	PC	CAPITAL CAMPAIGN PLEDGE	50,000
DEERFIELD ACADEMYPO BOX 306 DEERFIELD, MA 01342	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
DIRECT RELIEF INTERNATIONAL 27 S LA PATERA LANE SANTA BARBARA, CA 93117	NONE	PC	CAPITAL CAMPAIGN PLEDGE	75,000
DISABLED SPORTS OF EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 93546	NONE	PC	GENERAL OPERATING SUPPORT	3,000
DUNN SCHOOLPO BOX 98 LOS OLIVOS, CA 93441	NONE	PC	GENERAL OPERATING SUPPORT	15,000
Total . . . . . ▶ 3a				2,439,000

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*				
DUNN SCHOOLPO BOX 98 LOS OLIVOS, CA 93441	NONE	PC	CAPITAL CAMPAIGN PLEDGE	100,000
EASY LIFT53 CASS PLACE SUITE D GOLETA, CA 93117	NONE	PC	GENERAL OPERATING SUPPORT	10,000
ELINGS PARK FOUNDATION 1298 LAS POSITAS RD SANTA BARBARA, CA 93105	NONE	PC	GENERAL OPERATING SUPPORT	2,000
Total . . . . . ▶ 3a				2,439,000

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*				
ELVERHOJ MUSEUM OF HISTORY & ART 1624 ELVERHOY WAY SOLVANG, CA 93463	NONE	PC	GENERAL OPERATING SUPPORT	5,000
ENDOWMENT FOR YOUTH COMMITTEE 606 ALAMO PINTADO RD SUITE 3274 SOLVANG, CA 93463	NONE	PC	GENERAL OPERATING SUPPORT	20,000
ENSEMBLE THEATRE COMPANY 1330 STATE ST SUITE 204 SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
FAMILY SERVICE AGENCY 123 WEST GUTIERREZ STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
FIRST TEEPO BOX 1611 SUMMERLAND, CA 93067	NONE	PC	GENERAL OPERATING SUPPORT	3,000
FOOD FROM THE HEARTPO BOX 3908 SANTA BARBARA, CA 93130	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				2,439,000

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*				
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	NONE	PC	GENERAL OPERATING SUPPORT	15,000
FOUNDATION FOR SANTA BARBARA HIGH SCHOOL PO BOX 158 SANTA BARBARA, CA 93102	NONE	PC	CAPITAL CAMPAIGN PLEDGE	12,500
FOUR LEAF CLOVER FOUNDATION PO BOX 451 LOS ALAMOS, CA 93440	NONE	PC	GENERAL OPERATING SUPPORT	4,000
Total 3a . . . . . ▶				2,439,000

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*				
FRIENDS OF THE CARPINTERIA LIBRARY 5141 CARPINTERIA AVENUE CARPINTERIA, CA 93013	NONE	PC	GENERAL OPERATING SUPPORT	5,000
FRIENDS OF THE LOS ALAMOS LIBRARY PO BOX 493 LOS ALAMOS, CA 93440	NONE	PC	GENERAL OPERATING SUPPORT	2,000
FRIENDS OF THE MONTECITO LIBRARY PO BOX 5788 SANTA BARBARA, CA 93150	NONE	PC	GENERAL OPERATING SUPPORT	4,000
Total . . . . . ▶ 3a				2,439,000

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*				
FRIENDS OF THE SANTA YNEZ VALLEY LIBRARY PO BOX 1476 SOLVANG, CA 93464	NONE	PC	GENERAL OPERATING SUPPORT	2,000
FRIENDSHIP CENTER 83 EUCALYPTUS LANE SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING SUPPORT	5,000
FRIENDSHIP HOUSEPO BOX 486 SOLVANG, CA 93464	NONE	PC	GENERAL OPERATING SUPPORT	3,000
Total . . . . . ▶ 3a				2,439,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR SANTA BARBARA 26 WEST ANAPAMU STREET 4TH FLOOR SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	5,000
GIRL SCOUTS 1500 PALMA DRIVE SUITE 110 VENTURA, CA 93003	NONE	PC	GENERAL OPERATING SUPPORT	15,000
GIRLS INC CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA, CA 93013	NONE	PC	GENERAL OPERATING SUPPORT	8,000
Total . . . . . ▶ 3a				2,439,000

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*				
GIRLS INC OF GREATER SANTA BARBARA PO BOX 236 SANTA BARBARA, CA 93102	NONE	PC	GENERAL OPERATING SUPPORT	10,000
GUIDE DOGS FOR THE BLIND PO BOX 151200 SAN RAFAEL, CA 94915	NONE	PC	GENERAL OPERATING SUPPORT	10,000
HANDS 4 OTHERSPO BOX 30321 SANTA BARBARA, CA 93130	NONE	PC	GENERAL OPERATING SUPPORT	1,000
Total . . . . . ▶ 3a				2,439,000

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*				
HEARTS THERAPEUTIC EQUESTRIAN CENTER PO BOX 30662 SANTA BARBARA, CA 93130	NONE	PC	GENERAL OPERATING SUPPORT	18,000
HILLSIDE HOUSE 1235 VERONICA SPRINGS RD SANTA BARBARA, CA 93105	NONE	PC	GENERAL OPERATING SUPPORT	30,000
HOOVER INSTITUTION 434 GALVEZ MALL STANFORD, CA 94305	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
HUNTINGTON MEMORIAL HOSPITAL PO BOX 7013 PASADENA, CA 91109	NONE	PC	GENERAL OPERATING SUPPORT	5,000
JUNIOR BLIND OF AMERICABLOOMFIELDHATLEN CENTER 5300 ANGELES VISTA BLVD LOS ANGELES, CA 90043	NONE	PC	GENERAL OPERATING SUPPORT	15,000
LAGUNA BLANCA SCHOOL 4125 PALOMA DRIVE SANTA BARBARA, CA 93110	NONE	PC	GENERAL OPERATING SUPPORT	18,000
Total . . . . . ▶ 3a				2,439,000

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*				
LAND TRUST FOR SANTA BARBARA COUNTY PO BOX 91830 SANTA BARBARA, CA 93190	NONE	PC	CAPITAL CAMPAIGN PLEDGE	25,000
LEADING FROM WITHINPO BOX 806 SANTA BARBARA, CA 93102	NONE	PC	GENERAL OPERATING SUPPORT	15,000
LOBERO THEATRE FOUNDATION 33 EAST CANON PERDIDO STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	46,000
Total . . . . . ▶ 3a				2,439,000

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*				
LOTUSLAND695 ASHLEY ROAD SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING SUPPORT	8,000
LOTUSLAND695 ASHLEY ROAD SANTA BARBARA, CA 93108	NONE	PC	CAPITAL CAMPAIGN PLEDGE	25,000
LOYALTEACHPO BOX 412 LOS OLIVOS, CA 93441	NONE	PC	GENERAL OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				2,439,000

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*				
MENTAL WELLNESS CENTER 617 GARDEN STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	20,000
MEALS ON WHEELS - MONTEREY PENNINSULA 700 JEWELL AVE PACIFIC GROVE, CA 93950	NONE	PC	GENERAL OPERATING SUPPORT	5,000
MONTECITO COMMUNITY FOUNDATION PO BOX 5001 SANTA BARBARA, CA 93150	NONE	PC	GENERAL OPERATING SUPPORT	2,000
Total . . . . . ▶ 3a				2,439,000

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*				
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY ROAD SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING SUPPORT	10,000
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY ROAD SANTA BARBARA, CA 93108	NONE	PC	CAPITAL CAMPAIGN PLEDGE	62,500
NORTHERN SANTA BARBARA COUNTY UNITED WAY PO BOX 947 SANTA MARIA, CA 93456	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
OPERA SANTA BARBARA 1330 STATE STREET SUITE 209 SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
PACIFIC LEGAL FOUNDATION 930 G STREET SACRAMENTO, CA 95814	NONE	PC	GENERAL OPERATING SUPPORT	5,000
PATHPOINT 315 WEST HALEY STREET SUITE 102 SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
PEOPLE HELPING PEOPLEPO BOX 1478 SOLVANG, CA 93464	NONE	PC	GENERAL OPERATING SUPPORT	10,000
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263	NONE	PC	GENERAL OPERATING SUPPORT	1,000
PIERRE CLAEYSSENS VETERANS FOUNDATION 1187 COAST VILLAGE RD SUITE 1-334 SANTA BARBARA, CA 93108	NONE	PC	CAPITAL CAMPAIGN PLEDGE	25,000
Total . . . . . ▶ 3a				2,439,000

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*				
PLANNED PARENTHOOD 518 GARDEN STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
POLYTECHNIC SCHOOL 1030 EAST CALIFORNIA BLVD PASADENA, CA 91106	NONE	PC	GENERAL OPERATING SUPPORT	4,000
RANDPO BOX 2138 SANTA MONICA, CA 90407	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ 3a				2,439,000

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*				
RONA BARRETT FOUNDATION PO BOX 1559 SANTA YNEZ, CA 93460	NONE	PC	CAPITAL CAMPAIGN PLEDGE	75,000
RESCUE MISSION SB 535 E YANONALI STREET SANTA BARBARA, CA 93103	NONE	PC	CAPITAL CAMPAIGN PLEDGE	25,000
RESCUE MISSION SB 535 E YANONALI STREET SANTA BARBARA, CA 93103	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total 3a . . . . . ▶				2,439,000

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 ARTS COLLABORATIVE 1936 CASTILLO ST SANTA BARBARA, CA 93101	NONE	PC	CAPITAL CAMPAIGN PLEDGE	10,000
SANTA BARBARA BOTANIC GARDEN 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	NONE	PC	GENERAL OPERATING SUPPORT	5,000
SANTA BARBARA BOTANIC GARDEN 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	NONE	PC	CAPITAL CAMPAIGN PLEDGE	50,000
Total . . . . . ▶ 3a				2,439,000

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 CHORAL SOCIETY 1330 STATE ST 202 SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
SANTA BARBARA CITY COLLEGE 721 CLIFF DRIVE SANTA BARBARA, CA 93109	NONE	PC	GENERAL OPERATING SUPPORT	20,000
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION PO BOX 689 SANTA BARBARA, CA 93102	NONE	PC	GENERAL OPERATING SUPPORT	3,000
Total . . . . . ▶ 3a				2,439,000

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 COUNTY GENEALOGICAL SOCIETY PO BOX 1303 GOLETA, CA 93116	NONE	PC	GENERAL OPERATING SUPPORT	1,000
SANTA BARBARA FIREFIGHTERS ALLIANCE PO BOX 3776 SANTA BARBARA, CA 93130	NONE	PC	GENERAL OPERATING SUPPORT	10,000
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				2,439,000

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 HISTORICAL MUSEUM 136 EAST DE LA GUERRA STREET SANTA BARBARA, CA 93102	NONE	PC	GENERAL OPERATING SUPPORT	5,000
SANTA BARBARA HUMANE SOCIETY 5399 OVERPASS ROAD SANTA BARBARA, CA 93111	NONE	PC	GENERAL OPERATING SUPPORT	2,000
SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY SUITE 190 SANTA BARBARA, CA 93109	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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 ART 1130 STATE STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	27,000
SANTA BARBARA MUSEUM OF ART 1130 STATE STREET SANTA BARBARA, CA 93101	NONE	PC	CAPITAL CAMPAIGN PLEDGE	100,000
SANTA BARBARA MUSEUM OF CONTEMPORARY ARTS 653 PASEO NUEVO SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ 3a				2,439,000

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 ROAD SANTA BARBARA, CA 93105	NONE	PC	GENERAL OPERATING SUPPORT	37,000
SANTA BARBARA MUSEUM OF NATURAL HISTORY 2559 PUESTA DEL SOL ROAD SANTA BARBARA, CA 93105	NONE	PC	CAPITAL CAMPAIGN PLEDGE	60,000
SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS ST 2ND FLOOR SANTA BARBARA, CA 93103	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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 PUBLIC LIBRARY FOUNDATION PO BOX 1019 SANTA BARBARA, CA 93102	NONE	PC	GENERAL OPERATING SUPPORT	7,500
SANTA BARBARA REVELSPO BOX 41535 SANTA BARBARA, CA 93140	NONE	PC	GENERAL OPERATING SUPPORT	2,500
SANTA BARBARA SCHOLARSHIP FOUNDATION PO BOX 3620 SANTA BARBARA, CA 93130	NONE	PC	GENERAL OPERATING SUPPORT	20,000
Total . . . . . ▶ 3a				2,439,000

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 SYMPHONY 1330 STATE STREET SUITE 102 SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	20,000
SANTA YNEZ VALLEY BOTANIC GARDEN PO BOX 1623 BUELLTON, CA 93427	NONE	PC	GENERAL OPERATING SUPPORT	1,000
SANTA YNEZ VALLEY COMMUNITY AQUATICS FOUNDATION PO BOX 1617 SANTA YNEZ, CA 93460	NONE	PC	CAPITAL CAMPAIGN PLEDGE	50,000
Total . . . . . ▶ 3a				2,439,000

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 YNEZ VALLEY COTTAGE HOSPITAL FOUNDATION 2050 VIBORG ROAD SOLVANG, CA 93463	NONE	PC	GENERAL OPERATING SUPPORT	5,000
SANTA YNEZ VALLEY FOUNDATION 540 ALISAL ROAD SUITE 10 SOLVANG, CA 93463	NONE	PC	GENERAL OPERATING SUPPORT	1,000
SANTA YNEZ VALLEY HISTORICAL MUSEUM PO BOX 181 SANTA YNEZ, CA 93460	NONE	PC	GENERAL OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				2,439,000

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 YNEZ VALLEY HUMANE SOCIETY PO BOX 335 BUELLTON, CA 93427	NONE	PC	GENERAL OPERATING SUPPORT	1,000
SANTA YNEZ VALLEY MASTER CHORALE PO BOX 1902 SANTA YNEZ, CA 93460	NONE	PC	GENERAL OPERATING SUPPORT	8,000
SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM PO BOX 256 SOLVANG, CA 93464	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ 3a				2,439,000

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 YNEZ VALLEY YMCA 900 NORTH REFUGIO ROAD SANTA YNEZ, CA 93460	NONE	PC	GENERAL OPERATING SUPPORT	2,000
SANTA YNEZ VALLEY YOUTH RECREATION PO BOX 503 SOLVANG, CA 93464	NONE	PC	GENERAL OPERATING SUPPORT	5,000
SANTA YNEZ VALLEY YOUTH SOCCER PO BOX 5580 SANTA BARBARA, CA 93150	NONE	PC	GENERAL OPERATING SUPPORT	3,000
Total . . . . . ▶ 3a				2,439,000

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*				
SARAH HOUSEPO BOX 20031 SANTA BARBARA, CA 93120	NONE	PC	GENERAL OPERATING SUPPORT	10,000
SENIOR CITIZENS FOUNDATION INC PO BOX 1946 BUELLTON, CA 93427	NONE	PC	GENERAL OPERATING SUPPORT	5,000
SHEPHERD OF THE VALLEY CHURCH 3550 BASELINE AVE SANTA YNEZ, CA 93460	NONE	PC	GENERAL OPERATING SUPPORT	7,500
Total . . . . . ▶ 3a				2,439,000

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*				
SHEPHERD OF THE VALLEY CHURCH 3550 BASELINE AVE SANTA YNEZ, CA 93460	NONE	PC	CAPITAL CAMPAIGN PLEDGE	20,000
SHERIFF'S BENEVOLENT POSSE OF SANTA BARBARA COUNTY 4434 CALLE REAL SANTA BARBARA, CA 93110	NONE	PC	GENERAL OPERATING SUPPORT	3,000
SINGS LIKE HELL3509 SOCORRO TRAIL AUSTIN, TX 78739	NONE	PC	GENERAL OPERATING SUPPORT	2,500
Total . . . . . ▶ 3a				2,439,000

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*				
SOLVANG LUTHERAN HOME 36 ATTERDAG ROAD SOLVANG, CA 93463	NONE	PC	GENERAL OPERATING SUPPORT	3,000
SOLVANG SENIOR CENTER 1745 MISSION DRIVE SOLVANG, CA 93463	NONE	PC	GENERAL OPERATING SUPPORT	3,000
SPECIAL OLYMPICS OF SANTA BARBARA COUNTY PO BOX 567 SANTA BARBARA, CA 93102	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
ST EDMUND'S EPISCOPAL CHURCH PO BOX 80038 SAN MARINO, CA 91118	NONE	PC	GENERAL OPERATING SUPPORT	2,000
ST GEORGE'S SCHOOLPO BOX 1910 NEWPORT, RI 02840	NONE	PC	GENERAL OPERATING SUPPORT	1,000
ST VINCENT'S4200 CALLE REAL SANTA BARBARA, CA 93110	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ 3a				2,439,000

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*				
STANFORD UNIVERSITYPO BOX 20466 STANFORD, CA 94309	NONE	PC	GENERAL OPERATING SUPPORT	2,000
STANFORD UNIVERSITYPO BOX 20466 STANFORD, CA 94309	NONE	PC	CAPITAL CAMPAIGN PLEDGE	25,000
STANFORD UNIVERSITY GRADUATE SCHOOL OF BUSINESS 518 MEMORIAL WAY STANFORD, CA 94305	NONE	PC	CAPITAL CAMPAIGN PLEDGE	10,000
Total 3a . . . . . ▶				2,439,000

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*				
STANFORD UNIVERSITY GRADUATE SCHOOL OF BUSINESS 518 MEMORIAL WAY STANFORD, CA 94305	NONE	PC	GENERAL OPERATING SUPPORT	10,000
STATE STREET BALLET 2285 LAS POSITAS ROAD SANTA BARBARA, CA 93105	NONE	PC	GENERAL OPERATING SUPPORT	10,000
STEVENSON SCHOOL 3152 FOREST LAKE ROAD PEBBLE BEACH, CA 93953	NONE	PC	GENERAL OPERATING SUPPORT	7,500
Total . . . . . ▶ 3a				2,439,000

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*				
STEVENSON SCHOOL 3152 FOREST LAKE ROAD PEBBLE BEACH, CA 93953	NONE	PC	CAPITAL CAMPAIGN PLEDGE	25,000
STORYTELLER2115 STATE STREET SANTA BARBARA, CA 93105	NONE	PC	GENERAL OPERATING SUPPORT	2,500
SUMMIT ASSISTANCE DOGSPO BOX 699 ANACORTES, WA 98221	NONE	PC	GENERAL OPERATING SUPPORT	2,500
Total . . . . . ▶ 3a				2,439,000

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*				
THEATERFEST SOLVANGPO BOX 917 SOLVANG, CA 93464	NONE	PC	GENERAL OPERATING SUPPORT	5,000
TRANSITION HOUSE425 E COTA ST SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
UCP WORK INC 5320 CARPINTERIA AVE SUITE G CARPINTERIA, CA 93013	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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 ARTS & LECTURES UC REGENTS BLDG 402 SANTA BARBARA, CA 93106	NONE	PC	GENERAL OPERATING SUPPORT	2,500
UNITED BOYS & GIRLS CLUBS OF SB COUNTY (CAMP WHITTIER) PO BOX 1485 SANTA BARBARA, CA 93102	NONE	PC	CAMP WHITTIER	10,000
UNITED BOYS & GIRLS CLUBS OF SB COUNTY PO BOX 1485 SANTA BARBARA, CA 93102	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				2,439,000

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 SHOPPE (VICTORIA ST HOUSE) 110 W SOLA ST SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
UNIVERSITY OF CALIFORNIA BERKELEY 2440 BANKCROFT WAY 4200 BERKELEY, CA 94720	NONE	PC	GENERAL OPERATING SUPPORT	1,000
UNIVERSITY OF CALIFORNIA BERKELEY HAAS SCHOOL OF BUSINESS 545 STUDENT SERVICES BLDG 1900 BERKELEY, CA 94720	NONE	PC	GENERAL OPERATING SUPPORT	2,000
Total . . . . . ▶ 3a				2,439,000

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*				
UNIVERSITY OF DENVERPO BOX 910585 DENVER, CO 80291	NONE	PC	GENERAL OPERATING SUPPORT	1,000
UNIVERSITY OF PUGET SOUND 1500 NORTH WERNER STREET TACOMA, WA 98416	NONE	PC	GENERAL OPERATING SUPPORT	1,000
USC MARSHALL SCHOOL OF BUSINESS 1150 S OLIVE STREET 29TH FLOOR LOS ANGELES, CA 90015	NONE	PC	GENERAL OPERATING SUPPORT	1,000
Total . . . . . ▶ 3a				2,439,000

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*				
VEGGIE RESCUEPO BOX 1651 SANTA YNEZ, CA 93460	NONE	PC	GENERAL OPERATING SUPPORT	3,000
VISITING NURSE & HOSPICE CARE OF SANTA BARBARA 509 E MONTECITO ST SUITE 200 SANTA BARBARA, CA 93103	NONE	PC	GENERAL OPERATING SUPPORT	10,000
WESTMONT COLLEGE955 LA PAZ ROAD SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING SUPPORT	2,000
Total . . . . . ▶ 3a				2,439,000

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*				
WESTMONT COLLEGE955 LA PAZ ROAD SANTA BARBARA, CA 93108	NONE	PC	CAPITAL CAMPAIGN PLEDGE	25,000
WHITMAN COLLEGE345 BOYER AVENUE WALLA WALLA, WA 99362	NONE	PC	GENERAL OPERATING SUPPORT	1,000
WILDERNESS YOUTH PROJECT 5386 HOLLISTER AVENUE SUITE D SANTA BARBARA, CA 93111	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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*				
WILDLING ART MUSEUM 1511-B MISSION DR SOLVANG, CA 93463	NONE	PC	GENERAL OPERATING SUPPORT	10,000
WILDLING ART MUSEUM 1511-B MISSION DR SOLVANG, CA 93463	NONE	PC	CAPITAL CAMPAIGN PLEDGE	50,000
WILLIAM SANSUM DIABETES CENTER 2219 BATH STREET SANTA BARBARA, CA 93105	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ 3a				2,439,000

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*				
WILLAMETTE UNIVERSITY 900 STATE STREET SALEM, OR 97301	NONE	PC	GENERAL OPERATING SUPPORT	1,000
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 06521	NONE	PC	GENERAL OPERATING SUPPORT	9,000
YOUNG AMERICA'S FOUNDATION 217 STATE STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ 3a				2,439,000

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TY 2017 Accounting Fees Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	13,215	2,000		11,215

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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: 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	1,349	200DB	7 000000000000	300	0		
OFFICE CABINET	2014-12-24	6,091	3,427	200DB	7 000000000000	761	0		
OFFICE SINK	2015-01-26	1,515	852	200DB	7 000000000000	189	0		
PETAN DIARY ITEM	2018-04-10	1,600		200DB	7 000000000000	57	0		

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TY 2017 Investments Corporate Bonds Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME	5,629,270	5,629,270

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TY 2017 Investments Corporate Stock Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	48,899,775	48,899,775

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TY 2017 Investments - Other Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
LIMITED PARTNERSHIPS	AT COST	899,125	899,125

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TY 2017 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	1,649	749	
OFFICE CABINET	6,091	4,188	1,903	
OFFICE SINK	1,515	1,041	474	
PETAN DIARY ITEM	1,600	57	1,543	

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TY 2017 Other Assets Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSITS	5,000	5,000	5,000

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TY 2017 Other Decreases Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Description	Amount
FEDERAL EXCISE TAXES	16,114

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TY 2017 Other Expenses Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES	1,956	0		1,956
DUES AND SUBSCRIPTIONS	1,500	0		1,500

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TY 2017 Other Income Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
AG CAPITAL RECOVERY VI, LP	31,876	31,876	31,876
CHANGE IN CASH EQUIVALENTS	0	0	0

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TY 2017 Other Increases Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	3,473,131

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TY 2017 Other Professional Fees Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	149,611	149,611		0
CUSTODIAL FEES	20,526	20,526		0
CONSULTING	7,210	0		7,210
EIIRC INVESTMENT EXP	13,309	13,309		0
K-1 EXP	14	14		0

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TY 2017 Taxes Schedule

Name: ANN JACKSON FAMILY FOUNDATION

EIN: 95-3367511

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL FILINGS	160	0		0