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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491310002439

2018

OMB No 1545-0052

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. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 07-01-20)18 , aı	nd en	ding 06-30-	2019	
		indation JNE FOUNDATION			A Employer ide	entification numbe	r
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			77-0242953		
	ber and	street (or P O box number if mail is not delivered to street address)	Room/suite		B Telephone nu	mber (see instructio	ns)
P	J BUX 2	24340			(805) 223-8373	· i	
		, state or province, country, and ZIP or foreign postal code	l				a shook boro
VEN	TURA, C	A 93002			C II exemption	application is pendin	g, check here
G Ch	neck al	l that apply $igcap \operatorname{Initial}$ return $igcap \operatorname{Initial}$ return of a	former public charity		D 1. Foreign org	ganızatıons, check he	ere 📘
		☐ Final return ☐ Amended return				ganizations meeting	
		Address change Name change			·	k here and attach co	
H Ch	neck ty	pe of organization $\ \ \ \ \ \ \ \ \ \ \ \ \ $	foundation			ındatıon status was i n 507(b)(1)(A), ched	
	Section	4947(a)(1) nonexempt charitable trust 🔲 Other taxable	e private foundation				
			🗹 Cash 🔲 Accru	ıal		ation is in a 60-mont	
		rom Part II, col (c), ▶\$ 2,349,272 Other (specify)			under section	n 507(b)(1)(B), ched	k nere
		(Part I, column (d) must	be on cash basis)				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b) N	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	י לט	income	income	purposes
	1	Contributions, gifts, grants, etc , received (attach	<u> </u>				(cash basis only)
		schedule)	1,001,000				
	2	Check ▶ ☐ If the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments	14,138		14,138		
	4	Dividends and interest from securities	24,044	1	24,044		
	5a b	Gross rents					
ө	6a	Net gain or (loss) from sale of assets not on line 10	965				
Ę			903	_			
Revenue	р 7	Gross sales price for all assets on line 6a 59,079 Capital gain net income (from Part IV, line 2)			965		
~	8	Net short-term capital gain			303		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,040,147	,	39,147		
	13	Compensation of officers, directors, trustees, etc	109,232	!	0		109,232
	14	Other employee salaries and wages					
Ş	15	Pension plans, employee benefits	21,473		0		21,47
1156	16a	Legal fees (attach schedule)					
<u>ş</u>	ь	Accounting fees (attach schedule)	9,915	,	4,957		4,958
Operating and Administrative Expenses	С	Other professional fees (attach schedule)	47,869		19,411		28,458
₹	17	Interest					
et ta	18	Taxes (attach schedule) (see instructions)	9,419		0		8,788
≣	19	Depreciation (attach schedule) and depletion	4,146		0		
ŧ	20	Occupancy	7,580		0		7,580
ک	21	Travel, conferences, and meetings					
ä	22	Printing and publications	2,644		0		2,644
bi	23	Other expenses (attach schedule)	25,116		0		25,116
E E	24	Total operating and administrative expenses.					
ğ		Add lines 13 through 23	237,394	-	24,368		208,249
O	25	Contributions, gifts, grants paid	779,605	<u> </u>			779,605
	26	Total expenses and disbursements. Add lines 24 and					
	27	Subtract line 26 from line 12	1,016,999	1	24,368		987,854
	27 a	Excess of revenue over expenses and					
	"	disbursements	23,148	<u> </u>			
	ь	Net investment income (if negative, enter -0-)			14,779		
	С	Adjusted net income (if negative, enter -0-)					
	Danar	want Hadrickian Act Natica assinctionation		_		, –	000 DE (201

100.000

498

990,986

663,285

43,239

12,361

1,957,505

9

3,309

530

3,839

1,953,666

1,953,666

1,957,505

0

100.000

981,950

660,100

74,986

8 215

1,980,938

3,285

839

4,124

1,976,814

1,976,814

1,980,938

2

3

4

5

6

1,953,666

1,976,814

1,976,814 Form 990-PF (2018)

23,148

0

100,000

1,352,715

657,669

74,986

8.215

2,349,272

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule) ▶ 12,712

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Deferred revenue .

Other liabilities (describe ▶_

Less allowance for doubtful accounts

Inventories for sale or use

	5
	6
	7
2	8
Assets	9
As	10a
	b
	С
	11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

28

29

31

Part III

2

3

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

(b)

Page 3

• •	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs	How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a US BANK			Р		
b GAIN ON PRAXAIR INC M	1ERGER		Р		
С					
d					
	(f)		(a)	,	h)
(e)	Depreciation allowed		(g) other basis	,	or (loss)
Gross sales price	(or allowable)		ense of sale) minus (g)
a 4	2,733		45,851		-3,118
b 1	.6,346		12,263		4,083
С					
d					
e					
	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		11
Complete only for assets	(i)	i	(k)		(I) h) gain minus
(i)	Adjusted basis		of col (ı)		less than -0-) or
F M V as of 12/31/69	as of 12/31/69		(j), if any	Losses (fr	om col (h))
а					-3,118
b					4,083
c					
d					
e					
2 Capital gain net income	e or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F		2	965
	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	· }	3	
Part V Qualification l	Under Section 4940(e) for Re	duced Tax on Net	Investment In	come	
If section 4940(d)(2) applies, le	private foundations subject to the sec eave this part blank he section 4942 tax on the distributal of qualify under section 4940(e) Do	ble amount of any year			es 🗸 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by o	
2017	1,009,680		2,048,010		0 493005
2016	1,121,937		1,922,038		0 583723
2015	1,062,325		1,801,914		0 589554
2014	1,031,574		1,803,672		0 571930
2013	998,255		1,774,799		0 562461
2 Total of line 1, column (d)		2		2 800673
3 Average distribution ration number of years the four	o for the 5-year base period—divide indation has been in existence if less	the total on line 2 by 5 than 5 years	0, or by the 3		0 560135
	ncharitable-use assets for 2018 fron	•	· · · · <u>4</u>		2,346,602
5 Multiply line 4 by line 3					1,314,414
	ent income (1% of Part I, line 27b)				148
					1,314,562
	ions from Part XII, line 4 , eater than line 7, check the box in Pa			l g a 1% tax rate Se	987,854 e the Part VI
				F	orm 990-PF (2018)

Page **6**

1.	Statements Regard	iiiig	ACTIVITIES IOI WITHCIT	FOITH 4720 May be	Kequirea (continuea)			
5a	During the year did the foundation p	oay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or otherw	vise a	ittempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ No	,		
	(2) Influence the outcome of any sp	pecifi	c public election (see sect	tion 4955), or to carry					
	on, directly or indirectly, any vo		-		· · · 🔲 Yes	✓ No	,		
	(3) Provide a grant to an individual	for t	ravel, study, or other sım	ılar purposes?		✓ No			
	(4) Provide a grant to an organization section 4945(d)(4)(A)? See in		•	, -	d				
	(5) Provide for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	⊔ Yes	⊻ No	'		
	educational purposes, or for the		· ·		∟ Yes	✓ No	,		
b	If any answer is "Yes" to $5a(1)-(5)$,	did a	any of the transactions fa	nd to qualify under the ex	ceptions described in				
	Regulations section 53 4945 or in a	curre	ent notice regarding disas	ter assistance? See instr	ructions		5b		
	Organizations relying on a current n	otice	regarding disaster assist	ance check here		П			
C	If the answer is "Yes" to question 5a	a(4),	does the foundation clain	n exemption from the		_			
	tax because it maintained expenditu	ire re	sponsibility for the grant?	⁷	· · 🔲 Yes	□ No	,		
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)			´		
6 a	Did the foundation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on				
	a personal benefit contract?				· 🔲 Yes	.	_		
b	Did the foundation, during the year,				res :	NC	° 6ь		No
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter tra	nsaction? Yes				
b	If yes, did the foundation receive ar				∟ res i	⊻ No	7b		
8	Is the foundation subject to the sec		•						
_	excess parachute payment during th		, , ,						
					∟ Yes	<u>✓ No</u>			l
Pai	and Contractors	JIIIC	ers, Directors, Trust	ices, roundation ma	anagers, Highly Paid	Emp	ioyees,		
1	List all officers, directors, truste	es. fo	oundation managers ar	nd their compensation	. See instructions				
			b) Title, and average	(c) Compensation (If		Τ,	- \		
	(a) Name and address		hours per week	not paid, enter	employee benefit plans a	and 1	e) Expen other al		
		ļ	devoted to position	-0-)	deferred compensation	n			
See /	Additional Data Table	1							
		1							
		1							
2	Compensation of five highest-pa	id en	nployees (other than t	hose included on line	1-see instructions). If	none,	enter "	NONE.	."
			(b) Title, and average		(d) Contributions to				
(a)	Name and address of each employee	paid	hours per week	(c) Compensation	employee benefit	(€	Expens		
	more than \$50,000		devoted to position		plans and deferred compensation		other all	owanc	es
NON	===============================				Compensation				
	_								
						-			
			-						
Tota	I number of other employees paid ov	er \$5	0,000						
						F	orm 99 0	0-PF	(2018

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (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 releving and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	astructions)	
Describe the two largest program-related investments made by the foundation during the	<u>'</u>	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		P 0
		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

987.854

987.854

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Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

117,034

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0

Form 990-PF (20	018)
Part XIII	Und

b Total for prior years

b From 2014. . . . c From 2015. .

d From 2016. . . .

e From 2017.

From 2013.

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2018 distributable amount. . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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) 8 Excess distributions carryover from 2013 not

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. .

b Excess from 2015. .

c Excess from 2016. .

d Excess from 2017. .

e Excess from 2018. .

Subtract lines 7 and 8 from line 6a

same amount must be shown in column (a))

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

Form 990-PF (2018)									
Part XIII Undistributed Income (see instructions)									
		(a) Corpus	(b) Years prior to 2017	(c) 2017					

909.970 943,415

984 917

401.656 907,614

943.415

984,917

401.656

907.614

870.820

Undistributed Income (see instructions)								
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018				
able amount for 2018 from Part XI, line 7				117.034				

4.147.572

870.820

5,018,392

909.970

4,108,422

		Corpus	Years prior to 2017	2017	2018
1	Distributable amount for 2018 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2018				·

JUSTICE INITIATIVES



Enter gros	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
-	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies					
	ership dues and assessments					
	st on savings and temporary cash ments			14	14,138	
	nds and interest from securities			14	24,044	
	ntal income or (loss) from real estate				·	
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property investment income					
	or (loss) from sales of assets other than					
ınvent	• •			18	965	
9 Net in	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
	tal Add columns (b), (d), and (e)		0		39,147	C
	Add line 12, columns (b), (d), and (e)			13	.	39,147
	vorksheet in line 13 instructions to verify calcu 1-B Relationship of Activities to th		ment of Exem	nt Purnoses		
Line No. ▼	Explain below how each activity for which	income is reporte	ed in column (e) of	f Part XVI-A contribut		
	Instructions)					
	+					
	1					

. ,	1 0,
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
1111	Exempt Organizations

Part	XVII	Exempt Organia	zations					•			
		janization directly or in- than section 501(c)(3)							n 501	Yes	No
a Tran	nsfers f	rom the reporting foun	dation to a n	oncharitable	exempt organizati	on of					
(1)	Cash.								1a(1)		No
(2)	Other	assets							. 1a(2)		No
b Othe	er trans	sactions									
(1)	Sales	of assets to a nonchari	table exemp	t organizatioi	n				. 1ь(1)		No
		ases of assets from a n	•	-					. 1b(2)		No
		l of facilities, equipmen							. 1b(3)		No
		oursement arrangemen	•						1b(4)		No
٠.		or loan guarantees.							. 1b(5)		No
٠.		mance of services or m							1b(6)		No
٠.		facilities, equipment, n	•	_					. 1c		No
	_	ver to any of the above		•							
of th	ne good	ds, other assets, or serv	vices given b	y the reportii	ng foundation If th	ne foundatio	on receive	d less than fair mark	et value		
ın aı	ny tran	saction or sharing arra	ngement, sh	ow in column	(d) the value of t	he goods, o	ther asse	ts, or services receive	ed		
(a) Line	No I	(b) Amount involved	(a) Nama of	noncharitable	exempt organization	(d) Dos	-cription of	transfers, transactions, a	and charing arra	ngomon	te
(a) Line	NO	(b) Amount involved	(C) Name of	nonchantable (exempt organization	(u) Des	scription or	transfers, transactions, a	and snaring are	ngemen	11.5
		dation directly or indire	•	•	•						
desc	cribed i	n section 501(c) (other	than section	1 501(c)(3))	or in section 527?			∐Yes	s 🗹 No		
b If "Y	es," co	emplete the following so									
		(a) Name of organization	<u>in</u>		(b) Type of organiz	ation		(c) Description o	of relationship		
					1.1	1 1					
	of m	er penalties of perjury, i y knowledge and belief	i declare that , it is true. co	rrect, and co	mined this return, i emplete Declaration	ncluaing aco on of prepar	companyı er (other	ng schedules and sta than taxpaver) is bas	rements, and sed on all info	ιο της rmation	ນest າ of
		h preparer has any kno		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	omplete beclarate	or propur	C. (Othor	and reappy or y to but	oca on an imo		
Sign	_	r de de de de de			2010 10 22				May the IRS d	scuss th	าเร
Here	 				2019-10-23	\	****		return with the prepa	rar show	wn.
	7						T		below	101 31101	
	5	Signature of officer or to	rustee		Date		Title		(see ınstr)?	✓ Yes l	□ _{No}
	<u> </u>			B	·						
		Print/Type preparer's	name	Preparer's S	oignature	Date		Check if self-	TIN		
								employed ▶ □	P0125	5292	
Paid		VANESSA M GARCI	iΑ					employed F			
Prepa	aror										
Jse (Firm's name ► MAC	FARLANE FAL	ETTI & CO L	LP			Fı	rm's EIN ▶95	-28359	976
J3C (Jilly	Firm's address ▶ 11	5 E MICHELT	ORENA ST 2	00						
		3 334 11		21 2				ام	hone no (Qne	1 066	4157
		SA	NTA BARBAR	RA, CA 9310	1				hone no (805	, 300-4	T13/

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation CLAUDIA Z ARMANN EXECUTIVE DIRECTOR 109,232 21.473 35 00 700 E MAIN ST VENTURA, CA 93001 SARA MILLER MCCUNE PRESIDENT 0 0 4 00 700 E MAIN ST VENTURA, CA 93001 SANDRA BALL-ROKEACH VICE-PRESIDENT 0 0 1 00 700 E MAIN ST VENTURA, CA 93001 VICKI FISHER MAGASINN SECRETARY 0 0 1 00 700 E MAIN ST VENTURA, CA 93001 HILDA ZACARIAS O 0 **TREASURER** 2 00 700 E MAIN ST VENTURA, CA 93001 0 MARCOS VARGAS DIRECTOR 0 1 50 700 E MAIN ST VENTURA, CA 93001 SUSAN ROSE DIRECTOR 0 0 0 1 00 700 E MAIN ST VENTURA, CA 93001 DAVID MCCUNE 0 0 DIRECTOR 1 00 700 E MAIN ST VENTURA, CA 93001 VICTOR RIOS DIRECTOR 0 0 1 00 700 E MAIN ST VENTURA, CA 93001 **CHARLES HALE** ۵ 0 DIRECTOR 1 00 700 E MAIN ST VENTURA, CA 93001 MONIQUE LIMON DIRECTOR 0 1 00 700 E MAIN ST VENTURA, CA 93001

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
ADSUM EDUCATION FOUNDATION PO BOX 90710	NONE	501(C)3	GENERAL SUPPORT	1,000

recipient

SANTA BARBARA, CA 93190				
ALLIANCE FOR GLOBAL JUSTICE 199 W HILLCREST DR THOSAND OAKS, CA 91360	NONE	501(C)3	BUEN VECINO	2,000

ALLIANCE FOR GLOBAL JUSTICE 199 W HILLCREST DR THOSAND OAKS, CA 91360	NONE	501(C)3	BUEN VECINO	2,000
ALLIANCE FOR GLOBAL JUSTICE 199 W HILLCREST DR THOSAND OAKS, CA 91360	NONE	501(C)3	IMMIGRANT EMPOWERMENT	6,000

199 W HILLCREST DR THOSAND OAKS, CA 91360				
ALLIANCE FOR GLOBAL JUSTICE 199 W HILLCREST DR THOSAND OAKS, CA 91360	NONE	501(C)3	IMMIGRANT EMPOWERMENT	6,000
Total			▶ 3a	779,605

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ALLIANCE FOR PHARMACEUTICAL ACCESS INC 221 TOWN CENTER WEST 122 SANTA MARIA, CA 93458	NONE	501(C)3	GENERAL SUPPORT	1,000
ALPHA RESOURCE CENTER OF SANTA	NONE	501(C)3	FAMILY VOICES SUMMIT	3,500

ALTERNATIVES TO VIOLENCE	NONE	E01/C\2	WORKSHOP FOOD AND	1 000
ALPHA RESOURCE CENTER OF SANTA BARBARA 4501 CATHEDRAL OAKS RD SANTA BARBARA, CA 93110	NONE	501(C)3	FAMILY VOICES SUMMIT	3,500
SANTA MARIA, CA 93458				

ALPHA RESOURCE CENTER OF SANTA BARBARA 4501 CATHEDRAL OAKS RD SANTA BARBARA, CA 93110	NONE	501(C)3	FAMILY VOICES SUMMIT	3,500
ALTERNATIVES TO VIOLENCE PO BOX 3294	NONE	501(C)3	WORKSHOP FOOD AND INTERPRETATION	1,000

SANTA BARBARA, CA 93110				
ALTERNATIVES TO VIOLENCE PO BOX 3294 SANTA BARBARA, CA 93130	NONE	501(C)3	WORKSHOP FOOD AND INTERPRETATION	1,000
				(

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CALIFORNIA LUTHERAN UNIVERSITY NONE 501(C)3 CENTER FOR NONPROFIT 17,500

60 W OLSEN RD 4400

Total .

THOUSAND OAKS, CA 91360				
CANCER SUPPORT COMMUNITY VALLEY VENTURA SANTA BARBARA 530 HAMPSHIRE RD WESTLAKE VILLAGE, CA 91361	NONE	501(C)3	GENERAL SUPPORT	2,500

LEADERSHIP

VENTURA SANTA BARBARA 530 HAMPSHIRE RD WESTLAKE VILLAGE, CA 91361				
CARPINTERIA ARTS COUNCIL 855 LINDEN AVE CARPINTERIA, CA 93013	NONE	501(C)3	FACING OURSELVES EXHIBIT	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAUSE (CENTRAL COAST ALLIANCE NONE 501(C)3 RAISING JUSTICE FUNDRAISER 950 UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9

VENTURA, CA 93003				
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9 VENTURA, CA 93003	NONE	501(C)3	RAISING JUSTICE FUNDRAISER	1,000
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9	NONE	501(C)3	RAISING JUSTICE FUNDRAISER	1,000

Total			▶ 3a	779,605
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9 VENTURA, CA 93003	NONE	501(C)3	RAISING JUSTICE FUNDRAISER	1,000
VENTURA, CA 93003				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAUSE (CENTRAL COAST ALLIANCE NONE 501(C)3 BUILDING LEADERSHIP AND 40,000 UNITED FOR A SUSTAINABLE ORGANIZING IN OUR ECONOMY) **NEIGHBORHOODS** 2021 SPERRY AVE STE 9 VENTURA, CA 93003 CALICE (CENTRAL COAST ALLIANCE NONE E01/C\2 CENERAL CURRORT 1 250

UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9 VENTURA, CA 93003	NONE	301(C)3	GENERAL SOFFORT	1,250
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY)	NONE	501(C)3	CLIMATE JUSTICE NETWORK TRAINING	4,000

779,605

2021 SPERRY AVE STE 9 VENTURA, CA 93003				
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9 VENTURA. CA 93003	NONE	501(C)3	CLIMATE JUSTICE NETWORK TRAINING	4,00

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CAUSE (CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY) 2021 SPERRY AVE STE 9	NONE	501(C)3	GENERAL SUPPORT	35,000

2021 SPERRY AVE STE 9 VENTURA, CA 93003				
CITIZENS FOR RESPONSIBLE OIL & GAS PO BOX 114 OJAI, CA 93024	NONE	501(C)3	MIDWEST ACADEMY TRAINING	3,064
COALITION FOR SUSTAINABLE	NONE	501(C)3	EASTSIDE NEIGHBORHOOD	20,000

PO BOX 114 OJAI, CA 93024	NONE	501(C)3	MIDWEST ACADEMY TRAINING	3,064
COALITION FOR SUSTAINABLE TRANSPORTATION PO BOX 2495 SANTA BARBARA, CA 93120	NONE	. ,	EASTSIDE NEIGHBORHOOD COUNCIL /TRANSIT AND PEDESTRIAN ORGANIZING	20,000

·			<u> </u> ▶ 3a	779,605
COALITION FOR SUSTAINABLE TRANSPORTATION PO BOX 2495 SANTA BARBARA, CA 93120	NONE	501(C)3	EASTSIDE NEIGHBORHOOD COUNCIL /TRANSIT AND PEDESTRIAN ORGANIZING	20,000
PO BOX 114 OJAI, CA 93024				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

	NONE	E04/C)2	CENTOD MUTDITION DOCCDAM	4 000
COALITION FOR SUSTAINABLE FRANSPORTATION PO BOX 2495 5ANTA BARBARA, CA 93120	NONE	501(C)3	LEADING FROM WITHIN REGISTRATION	2,700

SANTA BARBARA, CA 93120				
COMMUNITY ACTION COMMISSION 5638 HOLLISTER AVE STE 230 GOLETA, CA 93117	NONE	501(C)3	SENIOR NUTRITION PROGRAM	1,000
COMMUNITY ADVOCACY COALITION OF	NONE	501(C)3	GENERAL SUPPORT	500

5638 HOLLISTER AVE STE 230 GOLETA, CA 93117		(-)-		2,525
COMMUNITY ADVOCACY COALITION OF VENTURA 4000 S ROSE AVENUE	NONE	501(C)3	GENERAL SUPPORT	500

GOLETA, CA 93117				
COMMUNITY ADVOCACY COALITION OF VENTURA 4000 S ROSE AVENUE OXNARD, CA 93033	NONE	501(C)3	GENERAL SUPPORT	500
Total			▶ 3a	779.605

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMMUNITY ADVOCACY COALITION OF E01/C\2 DADIO CTATION FOO

VENTURA 4000 S ROSE AVENUE OXNARD, CA 93033	NONE	501(C)3	RADIO STATION	500
COMMUNITY WATER CENTER 900 W OAK AVE	NONE	501(C)3	GENERAL SUPPORT	500

OXNARD, CA 93033				
COMMUNITY WATER CENTER 900 W OAK AVE VISALIA, CA 93291	NONE	501(C)3	GENERAL SUPPORT	500
COUNCIL ON AMERICAN-ISLAMIC RELATIONS 2180 W CRESCENT AVE STE F ANAHEIM, CA 92801	NONE	501(C)3	MENTAL HEALTH AND SAFETY TRAINING	1,500

Total			▶ 3a	779,605
COUNCIL ON AMERICAN-ISLAMIC RELATIONS 2180 W CRESCENT AVE STE F ANAHEIM, CA 92801	NONE	501(C)3	MENTAL HEALTH AND SAFETY TRAINING	1,500
VISALIA, CA 93291				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CUYAMA VALLEY FAMILY RESOURCE CENTER PO BOX 5 CUYAMA, CA 93254	NONE	501(C)3	LATINO ENGAGEMENT INITIATIVE	20,000
	l .			

CUYAMA, CA 93254				
DIVERSITY COLLECTIVE VENTURA COUNTY 2471 PORTOLA ROAD SUITE 100 VENTURA, CA 93003	NONE	501(C)3	LGBTQ ADVOCACY IN VENTURA COUNTY	15,000
DIVERSITY COLLECTIVE VENTURA	NONE	E01/C\2	CENERAL SURBORT	500

COUNTY 2471 PORTOLA ROAD SUITE 100 VENTURA, CA 93003			COUNTY	
DIVERSITY COLLECTIVE VENTURA COUNTY 2471 PORTOLA ROAD SUITE 100 VENTURA, CA 93003	NONE	501(C)3	GENERAL SUPPORT	500

2471 PORTOLA ROAD SUITE 100 VENTURA, CA 93003			COUNT	
DIVERSITY COLLECTIVE VENTURA COUNTY 2471 PORTOLA ROAD SUITE 100 VENTURA, CA 93003	NONE	501(C)3	GENERAL SUPPORT	500
Total			▶ 3a	779,605

Recipient If recipient is an individual, show any relationship to status of status of

or substantial contributor

Name and address (home or business)

Total . . .

a Paid during the year				
DOCTORS WITHOUT BORDERS USA 40 RECTOR ST 16TH NEW YORK, NY 10006	NONE	501(C)3	GENERAL SUPPORT	2,500
DOS PUEBLOS ENGINEERING ACADEMY 7266 ALHAMBRA AVE	NONE	501(C)3	GENERAL SUPPORT	1,500

recipient

DOS PUEBLOS ENGINEERING ACADEMY 7266 ALHAMBRA AVE GOLETA, CA 93117	NONE	501(C)3	GENERAL SUPPORT	1,500
ENCAMPMENT FOR CITIZENSHIP PO BOX 1210	NONE	501(C)3	SUMMER YOUTH PROGRAM	2,736

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
FAMILIES ACTPO BOX 2152 SANTA BARBARA, CA 93120	NONE	501(C)3	BEDS NOT CELLS	

DANTA BARBARA, CA 95120				
FOOD AND WATER WATCH 155 GRAND AVE STE 905 DAKLAND, CA 94612	NONE	501(C)3	COMMUNITY ORGANIZING	

FOOD AND WATER WATCH 155 GRAND AVE STE 905 OAKLAND, CA 94612	NONE	501(C)3	COMMUNITY ORGANIZING	25,000
FUND FOR SANTA BARBARA	NONE	501(C)3	SANTA BARBARA GIVES	5,000

OAKLAND, CA 94612				
FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	SANTA BARBARA GIVES	5,000

FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	SANTA BARBARA GIVES	5,000
Total			▶ 3a	779,605

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

or substantial contributor

Name and address (home or business)

Total .

	or substantial continuator			
a Paid during the year				
FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	NONPROFIT RESOURCE NETWORK	3,000
FUND FOR SANTA BARBARA	NONE	501(C)3	YOUTH MAKING CHANGE	1,000

recipient

FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	YOUTH MAKING CHANGE	1,000
FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	TECHNICAL ASSISTANCE PROGRAM	25,000

FUND FOR SANTA BARBARA 26 W ANAPAMU STE 100 SANTA BARBARA, CA 93101	NONE	501(C)3	YOUTH MAKING CHANGE	1
FUND FOR SANTA BARBARA	NONE	501(C)3	TECHNICAL ASSISTANCE	25

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
FUTURE LEADERS OF AMERICA PO BOX 51637	NONE	501(C)3	REENCUENTRO SPONSORSHIP	425

OXNARD, CA 93031				
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	YOUTH LEADERSHIP AND ADVOCACY PROGRAMS	35,000

FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	YOUTH LEADERSHIP AND ADVOCACY PROGRAMS	35,000
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	MIDWEST ACADEMY TRAINING	4,000

OXNARD, CA 93031			ADVOCACY PROGRAMS	
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	MIDWEST ACADEMY TRAINING	4,000
Total			▶ 3a	779,605

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

or substantial contributor

Name and address (home or business)

Total .

	or substantial continuator			
a Paid during the year				
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	LATINO LEGACY AWARDS	1,000
FUTURE LEADERS OF AMERICA	NONE	501(C)3	GENERAL SUPPORT	37,500

recipient

FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	GENERAL SUPPORT	37,5
FUTURE LEADERS OF AMERICA	NONE	501(C)3	SANTA MARIA/ LOMPOC CAMP	1,0

PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	GENERAL SUPPORT	37,50
FUTURE LEADERS OF AMERICA PO BOX 51637	NONE	501(C)3	SANTA MARIA/ LOMPOC CAMP	1,00

OXNARD, CA 93031				
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	SANTA MARIA/ LOMPOC CAMP	1,000

	1			
FUTURE LEADERS OF AMERICA PO BOX 51637 OXNARD, CA 93031	NONE	501(C)3	SANTA MARIA/ LOMPOC CAMP	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
GEFFEN PLAYHOUSE INC 10886 LE CONTE AVE LOS ANGELES, CA 90024	NONE	501(C)3	GENERAL SUPPORT	3,000

recipient

<u>'</u>				
HISPANICS IN PHILANTHROPY 414 13TH ST SUITE 200 OAKLAND, CA 94612	NONE	501(C)3	805 UNDOCUFUND	500
HOUSE OF PRIDE AND EQUALITY	NONE	501(C)3	SANTA MARIA WOMEN'S MARCH	500

414 13TH ST SUITE 200 OAKLAND, CA 94612		001(0)0		
HOUSE OF PRIDE AND EQUALITY 518 N OAKLEY AVE SANTA BARBARA, CA 93458	NONE	501(C)3	SANTA MARIA WOMEN'S MARCH	500

Total			▶ 3a	779,605
HOUSE OF PRIDE AND EQUALITY 518 N OAKLEY AVE SANTA BARBARA, CA 93458	NONE	501(C)3	SANTA MARIA WOMEN'S MARCH	500
OAKLAND, CA 94612				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101

Total .

recipient

a Paid during the year				
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	NONE	501(C)3	LAWSUIT-RELATED COSTS	3,000
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	NONE	501(C)3	IMMIGRATION CONFERENCE	500
JUST COMMUNITIES CENTRAL COAST	NONE	501(C)3	GENERAL SUPPORT	40,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)

a Paid during the year JUST COMMUNITIES CENTRAL COAST NONE			
THET COMMUNITIES CENTRAL COAST NONE			
1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	501(C)3	LAWSUIT-RELATED COSTS	1,000

recipient

SANTA BARBARA, CA 93101				
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	1,250

1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	1,250
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA CA 93101	NONE	501(C)3	GENERAL SUPPORT	500

Total			▶ 3a	779,605
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	500
SANTA BARBARA, CA 93101				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

or substantial contributor

Name and address (home or business)

SANTA BARBARA, CA 93103

Total .

	or substantial contributor			
a Paid during the year				
LA CASA DE LA RAZA 601 E MONTECITO ST SANTA BARBARA, CA 93103	NONE	501(C)3	GENERAL SUPPORT	1,500
LA CASA DE LA RAZA 601 E MONTECITO ST SANTA BARBARA, CA 93103	NONE	501(C)3	ED TRANSITION COSTS	1,250

recipient

	<u> </u>			
LA CASA DE LA RAZA 601 E MONTECITO ST SANTA BARBARA, CA 93103	NONE	501(C)3	ED TRANSITION COSTS	1,250
LA CASA DE LA RAZA 601 E MONTECITO ST	NONE	501(C)3	ED TRANSITION COSTS	4,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LA HERMANDAD HANK LACAYO YOUTH NONE 501(C)3 2,000 GENERAL SUPPORT & FAMILY CENTER 534 SOUTH A ST

OXNARD, CA 93030				
LEADING FROM WITHINPO BOX 806 SANTA BARBARA, CA 93102	NONE	501(C)3	GENERAL SUPPORT	1,000
LEADING FROM WITHINPO BOX 806	NONE	501(C)3	LEADING FOR COMMUNITY	10,000

779,605

▶ 3a

LEADING FROM WITHINPO BOX 806 SANTA BARBARA, CA 93102	NONE	501(C)3	GENERAL SUPPORT	1,0
LEADING FROM WITHINPO BOX 806	NONE	501(C)3	LEADING FOR COMMUNITY	10,0

SANTA BARBARA, CA 93102				
LEADING FROM WITHINPO BOX 806	NONE	501(C)3	LEADING FOR COMMUNITY	10,0

Total . .

LEADING FROM WITHINPO BOX 806 NONE SANTA BARBARA, CA 93102	501(C)3	LEADING FOR COMMUNITY IMPACT	10,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
LUCHA632 W GUAVA OXNARD, CA 93033	NONE	501(C)3	OXNARD POWWOW	1,000
MANY MANSIONS 1459 E THOUSAND OAKS BLVD STE D THOUSAND OAKS, CA 91362	NONE	501(C)3	VULNERABLE POPULATIONS HOUSING ADVOCACY NETWORK	1,000
MIXTECOINDIGENA COMMUNITY	NONE	501(C)3	NIGHT IN OAXACA	675

779,605

,				
MANY MANSIONS 1459 E THOUSAND OAKS BLVD STE D THOUSAND OAKS, CA 91362	NONE	501(C)3	VULNERABLE POPULATIONS HOUSING ADVOCACY NETWORK	1,
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT	NONE	501(C)3	NIGHT IN OAXACA SPONSORSHIP	

MANY MANSIONS 1459 E THOUSAND OAKS BLVD STE D THOUSAND OAKS, CA 91362	NONE	501(C)3	VULNERABLE POPULATIONS HOUSING ADVOCACY NETWORK	1,
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543	NONE	501(C)3	NIGHT IN OAXACA SPONSORSHIP	

OXNARD, CA 93034

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

- '				
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543 OXNARD, CA 93034	NONE	501(C)3	INDIGENOUS KNOWLEDGE CONFERENCE	500
MIXTECOINDIGENA COMMUNITY	NONE	501(C)3	JUSTICIA LABORAL PROJECT	35,000

UXNARD, CA 93034				
MIXTECOINDIGENA COMMUNITY ORGANIZING PROJECT PO BOX 20543 OXNARD, CA 93034	NONE	501(C)3	JUSTICIA LABORAL PROJECT	35,000
NEW BEGINNINGS COUNSELING CENTER	NONE	501(C)3	HOMELESSNESS CONFERENCE	2,500

PO BOX 20543 OXNARD, CA 93034				
NEW BEGINNINGS COUNSELING CENTER 324 E CARRILLO ST STE C SANTA BARBARA, CA 93101	NONE	501(C)3	HOMELESSNESS CONFERENCE	2,500
Total			▶ 3a	779,605

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

a Paid during the year				
ONE COMMUNITY ACTION 2226 SIGNAL ST SANTA MARIA, CA 93458	NONE	501(C)3	GENERAL SUPPORT	1,00

ONE STEP A LA VEZPO BOX 192 FILLMORE, CA 93016	NONE	501(C)3	ONE STEP ADELANTE	
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS	NONE	501(C)3	ADDRESSING & PREVENTING SEXUAL VIOLENCE IN THE	

or substantial contributor

FILLMORE, CA 93016				
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS PO BOX 20033 OXNARD, CA 93034	NONE	501(C)3	ADDRESSING & PREVENTING SEXUAL VIOLENCE IN THE WORKPLACE	20,000

30,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

OXNARD, CA 93034				
PACIFIC PRIDE FOUNDATION 608 ANACAPA ST SUITE A SANTA BARBARA, CA 93101	NONE	501(C)3	LGBTQ+ ADVOCACY PROGRAMS	20,000
PACIFIC PRIDE FOUNDATION	NONE	501(C)3	GENERAL SUPPORT	500

PACIFIC PRIDE FOUNDATION 608 ANACAPA ST SUITE A SANTA BARBARA, CA 93101	NONE	501(C)3	LGBTQ+ ADVOCACY PROGRAMS	20,000
PACIFIC PRIDE FOUNDATION 608 ANACAPA ST SUITE A SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	500

779,605

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

_ `				
PEOPLES' SELF-HELP HOUSING 3533 EMPLEO ST SAN LUIS OBISPO, CA 93401	NONE	501(C)3	RESIDENT EMPOWERMENT PROJECT	20,000
SANTA BARBARA BICYCLE COALITION	NONE	501(C)3	PUBLIC ENGAGEMENT FOR	25 000

SAN LUIS OBISPO, CA 93401				
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA, CA 93190	NONE	501(C)3	PUBLIC ENGAGEMENT FOR SAFER BICYCLING	25,000
SANTA BARBARA COUNTY IMMIGRANT LEGAL DEFENSE CENTER	NONE	501(C)3	SANTA BARBARA COUNTY IMMIGRANT LEGAL DEFENSE	20,000

PO BOX 92047 SANTA BARBARA, CA 93190			SAFER BICYCLING	
SANTA BARBARA COUNTY IMMIGRANT LEGAL DEFENSE CENTER 120 E JONES ST STE 117 SANTA MARIA, CA 93454	NONE	501(C)3	SANTA BARBARA COUNTY IMMIGRANT LEGAL DEFENSE CENTER	20,000
Total			▶ 3a	779,605

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SANTA BARBARA COUNTY IMMIGRANT NONE 501(C)3 GENERAL SUPPORT 2,500 LEGAL DEFENSE CENTER

SANTA MARIA, CA 93454				
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	NONE	501(C)3	GENERAL SUPPORT	250
CANTA DADDADA FOUNDATION	NONE	E01/C\2	DARTHERCHIR FOR EVERY ENCE	2 500

1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101				
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	NONE	501(C)3	PARTNERSHIP FOR EXCELLENCE CONFERENCE	2,500

779,605

l	SANTA BARBARA, CA 93101				
	SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	NONE	501(C)3	PARTNERSHIP FOR EXCELLENCE CONFERENCE	2,500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SANTA BARBARA FRIENDS MEETING 2012 CHAPALA ST SANTA BARBARA, CA 93105	NONE	501(C)3	TRUTH IN RECRUITMENT	20,000
	· · · · · · · · · · · · · · · · · · ·			

SANTA BARBARA LOWER WESTSIDE NONE 501(C)3 ESCUELITA DE EL CENTRO 1,250 COMMUNITY CENTER 211 W GUTIERREZ ST UNIT 6 SANTA BARBARA, CA 93101	STATITE BRANCH (10), CT 33103				
	COMMUNITY CENTER 211 W GUTIERREZ ST UNIT 6	NONE	501(C)3	ESCUELITA DE EL CENTRO	1,250

COMMUNITY CENTER 211 W GUTIERREZ ST UNIT 6 SANTA BARBARA, CA 93101				
SANTA BARBARA RESPONSE NETWORK 115 W CANON PERDIDO SANTA BARBARA, CA 93101	NONE	501(C)3	IMMIGRATION ADVOCACY COLLABORATIVE	5,000

Total			▶ 3a	779,605
SANTA BARBARA RESPONSE NETWORK 115 W CANON PERDIDO SANTA BARBARA, CA 93101	NONE	501(C)3	IMMIGRATION ADVOCACY COLLABORATIVE	5,000
211 W GUTIERREZ ST UNIT 6 SANTA BARBARA, CA 93101				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST STE 400	NONE	501(C)3	YEMEN CHILDREN'S RELIEF FUND	2,500

	HONE	E04 (0) 0	011000000000000000000000000000000000000	
SEVEN DANCERS COALITION 352 STATE ROUTE 37 HOGANSBURG, NY 13655	NONE	501(C)3	GENERAL SUPPORT	500
FAIRFIELD, CT 06825				

SEVEN DANCERS COALITION 352 STATE ROUTE 37 HOGANSBURG, NY 13655	NONE	501(C)3	GENERAL SUPPORT	500
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	501(C)3	SUPPORT FOR LOS ANGELES REGION RADIO PROGRAMMING	5,000

Total			▶ 3a	779,605
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	501(C)3	SUPPORT FOR LOS ANGELES REGION RADIO PROGRAMMING	5,000
352 STATE ROUTE 37 HOGANSBURG, NY 13655		, ,		

Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | a Paid during the year | Paid during the year | Purpose of grant or contribution | Amount | Amount

THE ARC OF VENTURA COUNTY 5103 WALKER ST VENTURA, CA 93003	NONE	501(C)3	THE CO-ADVOCATES OF VENTURA COUNTY	15,000
THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES	NONE	501(C)3	GENERAL SUPPORT	2,000

THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES 6505 WILSHIRE BLVD STE 1000 LOS ANGELES, CA 90048	NONE	501(C)3	GENERAL SUPPORT	2,000
THE LITTLE HOUSE BY THE PARK 4681 11TH ST GUADALUPE, CA 93434	NONE	501(C)3	GUADALUPE COMMUNITY CHANGERS AND GUADALUPE PARENT ACADEMY	30,000

Total .

779,605

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

TRANSITIONS-MENTAL HEALTH ASSOCIATION PO BOX 15408 SAN LUIS OBISPO, CA 93406	NONE	501(C)3	LIVED EXPERIENCE ADVOCACY DEVELOPMENT (LEAD)	18,000
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SAN LUIS OBISPO, CA 93406				
UCSB FOUNDATION UNIVERSITY OF CALIFORNIA SANTA BARBARA SANTA BARBARA, CA 93106	NONE	501(C)3	DREAM SCHOLARS FUND	2,000
UCSB FOUNDATION	NONE	501(C)3	GEORGE D MCCUNE	21,488

UNIVERSITY OF CALIFORNIA SANTA BARBARA SANTA BARBARA, CA 93106				
UCSB FOUNDATION UNIVERSITY OF CALIFORNIA SANTA BARBARA SANTA BARBARA CA 03406	NONE	501(C)3	GEORGE D MCCUNE DISSERTATION FELLOWSHIP	21,488

SANTA BARBARA, CA 93106				
UCSB FOUNDATION UNIVERSITY OF CALIFORNIA SANTA BARBARA SANTA BARBARA, CA 93106	NONE	501(C)3	GEORGE D MCCUNE DISSERTATION FELLOWSHIP	21,488
Total			▶ 3a	779,605

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
VENTURA CLIMATE CARE OPTIONS ORGANIZED LOCALLY 490 N VENTURA AVE VENTURA, CA 93001	NONE	501(C)3	PEDAL PODER YOUTH PROGRAM	12,500

VENTURA COUNTY ARTS COUNCIL 646 COUNTY SQUARE DR STE 154 VENTURA, CA 93003	NONE	501(C)3	MIXTECO CHAPBOOK PUBLICATION	
VENTURA COUNTY COMMUNITY FOUNDATION	NONE	501(C)3	805 UNDOCUFUND	

Total .

VENTURA, CA 93001				
VENTURA COUNTY ARTS COUNCIL 646 COUNTY SQUARE DR STE 154 VENTURA, CA 93003	NONE	501(C)3	MIXTECO CHAPBOOK PUBLICATION	5
VENTURA COUNTY COMMUNITY	NONE	501(C)3	805 UNDOCUFUND	5

VENTURA COUNTY ARTS COUNCIL 646 COUNTY SQUARE DR STE 154 VENTURA, CA 93003	NONE	501(C)3	MIXTECO CHAPBOOK PUBLICATION	500
VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD STE O CAMARILLO, CA 93012	NONE	501(C)3	805 UNDOCUFUND	500

VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD STE O CAMARILLO, CA 93012	NONE	501(C)3	805 UNDOCUFUND	500

779,605

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD STE O	NONE	501(C)3	GENERAL SUPPORT	500

CAMARILLO, CA 93012				
VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD STE O CAMARILLO, CA 93012	NONE	501(C)3	TRAVEL COSTS FOR CENSUS MEETING	247

VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD STE O CAMARILLO, CA 93012	NONE	501(C)3	TRAVEL COSTS FOR CENSUS MEETING	247
VENTURA COUNTY HOUSING TRUST FUND 360 MOBIL AVE STE 213 A CAMARILLO, CA 93010	NONE	501(C)3	HOUSING OUR FUTURE FUNDRAISER	500

FOUNDATION 4001 MISSION OAKS BLVD STE O CAMARILLO, CA 93012			MEETING	
VENTURA COUNTY HOUSING TRUST FUND 360 MOBIL AVE STE 213 A CAMARILLO, CA 93010	NONE	501(C)3	HOUSING OUR FUTURE FUNDRAISER	500
Total			▶ 3a	779,605

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
VENTURA COUNTY HOUSING TRUST FUND 360 MOBIL AVE STE 213 A CAMARILLO, CA 93010	NONE	501(C)3	EVENT SPONSORSHIP	500

360 MOBIL AVE STE 213 A CAMARILLO, CA 93010			
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL AVE THOUSAND OAKS, CA 91360	NONE	 SALUD (STUDENTS ADVOCATING LIFE-UPLIFTING DECISIONS)	30,000

WESTMINSTER FREE CLINIC 2673 SAN MIGUEL AVE THOUSAND OAKS, CA 91360	NONE	501(C)3	SALUD (STUDENTS ADVOCATING LIFE-UPLIFTING DECISIONS)	30,000
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL AVE THOUSAND OAKS CA 91360	NONE	501(C)3	805 UNDOCUFUND OVERHEAD COSTS	5,000

2673 SAN MIGUEL AVE THOUSAND OAKS, CA 91360			ADVOCATING LIFE-UPLIFTING DECISIONS)	
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL AVE THOUSAND OAKS, CA 91360	NONE	501(C)3	805 UNDOCUFUND OVERHEAD COSTS	5,000

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WESTMINSTER FREE CLINIC 2673 SAN MIGUEL AVE THOUSAND OAKS, CA 91360	NONE	501(C)3	805 UNDOCUFUND OVERHEAD COSTS	5,000

Total .

779,605

efile GRAPHIC print - DO NOT PI	file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491310002439								
TY 2018 Accounting Fe	es Schedule			_					
	Name: THE MCC	CUNE FOUNDATION							
	EIN: 77-0242953								
				1					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable					
		211001110	211001110	Purposes					
ACCOUNTING	9,915	4,957		4,958					

efile GRAPHIC pr	int - DO NO	OT PROCESS	As Filed Data	-				DLN: 934	91310002439
Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.									
TY 2018 Dep	reciatio	n Schedule							
	Name: THE MCCUNE FOUNDATION								
EIN: 77-0242953									
	Depreciation Schedule								
Description of	Date	Cost or Other	Prior Years'	Computation Method	Rate /	Current Year's	Net Investment	Adjusted Net	Cost of Goods

	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2014-04-24	1,212	1,009	SL	5 000000000000	203	0		
BOARD VIDEO (DOWN PAYMENT 3-1-16 \$8,875)	2016-08-01	19,715	7,557	SL	5 000000000000	3,943	0		

effie GRAPHIC Print - DO NOT PROCESS	AS FIIEG Data -	DLN: 93491310002439
TY 2018 Investments Corpora	te Bonds Schedule	
Name:	THE MCCUNE FOUNDATION	ON
EIN:	77-0242953	

DI N. 02404240002420

657,669

660,100

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TAXABLE BONDS

Investments Corporate Bonds Schedule Name of Bond End of Year Book Value Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491310002439						
TY 2018 Investments Corporat	e Stock Sche	dule							
11 2010 Investments Corporate Stock Schedule									
Name: 7	THE MCCUNE FOL	JNDATION							
FIN: 7	77-0242953								

E114. 77 0242333						
Investments Corporation Stock Schedule						
Name of Stock	End of Year Book Value	End of Year Fair Market Value				
STOCK	981,950	1,352,715				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491310002439
TY 2018 Investments - Other S	Schedule			
Name:	THE MCCUNE FOL	JNDATION		
EIN:	77-0242953			
Investments Other Schedule 2				
Calaman / Than	1:-1-		D I- W-I	Food of Wassa Faire

Investments Other Schedule 2							
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value				
MONEY MARKET	AT COST	74,986	74,986				

Name: THE MCCUNE FOUNDATION

19,715

Category / Item Cost / Other Basis Depreciation

COMPUTER 1,212 1,212

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

BOARD VIDEO (DOWN PAYMENT 3-

1-16 \$8,875)

cumulated preciation	Book Value	End of Year Fair Market Value
1,212	0	

8,215

11,500

DLN: 93491310002439

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491310002439
TY 2018 Other Expenses Sche	dule			_
Name:	THE MCCUNE FO	NOITADNUC		
EIN:	77-0242953			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	3,194	0		3,194

8,013

5,667

946

420

2,128

4,748

0

0

0

8,013 946

5,667

2,128

4,748

420

Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursem Charit Purpo	

OFFICE

POSTAGE

WEBSITE

SITE VISITS

DUES & SUBSCRIPTIONS

DIRECTOR'S EXPENSE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491310002439	
TY 2018 Other Liabilities Schedule					
Name:	THE MCCUNE	FOUNDATION	V		
		. • • • • • • • • • • • • • • • • • • •			
EIN:	77-0242953				
Description	n		Beginning of Year - Book Value	End of Year - Book Value	
Description PENSION PAYABLE	n				

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data		DLI	N: 93491310002439
TY 2018 Other Professional Fees Schedule				
Name: THE MCCUNE FOUNDATION				
EIN: 77-0242953				
				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

19,411

28,458

28,458

19,411

CONSULTING

INVESTMENT

efile GRAPHIC print - DO NOT PROC	CESS As Filed Data	-	DL	N: 93491310002439
TY 2018 Taxes Schedule				
	ame: THE MCCUN EIN: 77-0242953			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	8,468	0		8,468
EXCISE TAX	631	0		0
STATE TAXES	20	0		20
ATTORNEY GENERAL	300	0		300

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -			DLN: 93491310002439	
Schedule B	Schedu	ule of Contributors		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		o Form 990, 990-EZ, or 990-PF o <u>v/Form990</u> for the latest inform	ation	2018	
Name of the organization THE MCCUNE FOUNDATION			Employer id	dentification number	
Organization type (checl	one)		77-0242953		
	,				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) o	organization			
	4947(a)(1) nonexempt char	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	☐ 527 political organization				
Form 990-PF	☑ 501(c)(3) exempt private fo	oundation			
	4947(a)(1) nonexempt char	4947(a)(1) nonexempt charitable trust treated as a private foundation			
501(c)(3) taxable private foundation					
	on filing Form 990, 990-EZ, or 990-F roperty) from any one contributor C				
Special Rules					
under sections 50 received from any	n described in section 501(c)(3) filing (a)(1) and 170(b)(1)(A)(vi), that che one contributor, during the year, totalh, or (ii) Form 990-EZ, line 1 Com	ecked Schedule A (Form 990 o al contributions of the greater o	r 990-EZ), Part II, line 13,	, 16a, or 16b, and that	
during the year, to	n described in section 501(c)(7), (8), al contributions of more than \$1,000 e prevention of cruelty to children or	0 <i>exclusively</i> for religious, char	itable, scientific, literary, o		
during the year, co If this box is check purpose Don't cor	n described in section 501(c)(7), (8), ntributions <i>exclusively</i> for religious, ed, enter here the total contributions inplete any of the parts unless the G ₀ , etc., contributions totaling \$5,000	charitable, etc., purposes, but s that were received during the eneral Rule applies to this org	no such contributions total year for an exclusively re anization because it rece	aled more than \$1,000 eligious, charitable, etc, eved nonexclusively	
990-EZ, or 990-PF), but it	that isn't covered by the General Ru must answer "No" on Part IV, line 2 m 990PF, Part I, line 2, to certify tha	2, of its Form 990, or check the	box on line H of its		
For Paperwork Reduction Ac for Form 990, 990-EZ, or 990-		Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)	

Name of organization

Name of organization THE MCCUNE FOUNDATION		Employer identification 77-0242953	Employer identification number 77-0242953		
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	SAGE PUBLICATIONS		Person 🗸		
1	2455 TELLER ROAD		Payroll		
	THOUSAND OAKS, CA 91320		(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		
•			Payroll		
	-	\$	Noncash		
			(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		
•			Payroll		
		\$	Noncash		
			(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		
•			Payroll		
		\$	Noncash		
			(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		
•			Payroll		
		\$	Noncash		
			(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	,		Person		
-			Payroll		
		\$	Noncash		
			(Complete Part II for noncash contributions)		
	•	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2018)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)