

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation June G Outhwaite Charitable Trust JS Poucher KL Englert & CM Cooney Co-Tr		A Employer identification number 77-6154307	
Number and street (or P.O. box number if mail is not delivered to street address) 1206 Coast Village Circle Suite A		Room/suite	B Telephone number (see instructions) (805) 560-0841
City or town, state or province, country, and ZIP or foreign postal code Santa Barbara, CA 93108		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 19,656,676		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	7,511	7,511		
	4 Dividends and interest from securities . . . . .	553,745	553,745		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	872,199			
	b Gross sales price for all assets on line 6a _____				
	6,844,701				
	7 Capital gain net income (from Part IV, line 2) . . . . .		872,199		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
Operating and Administrative Expenses	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) . . . . .	44,897	44,897		
	12 Total. Add lines 1 through 11 . . . . .	1,478,352	1,478,352		
	13 Compensation of officers, directors, trustees, etc. . . . .	283,272	141,636		141,636
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	32,151	27,212		4,939
	c Other professional fees (attach schedule) . . . . .	93,235	93,235		
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	16,682	16,682		
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .	12,568	6,284		6,284
	21 Travel, conferences, and meetings . . . . .	296	171		125
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	19,866	3,250		16,616
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	458,070	288,470		169,600
	25 Contributions, gifts, grants paid . . . . .	713,500			713,500
	26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	1,171,570	288,470		883,100
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements . . . . .	306,782			
	b Net investment income (if negative, enter -0-) . . . . .		1,189,882		
	c Adjusted net income (if negative, enter -0-) . . . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .			
	2 Savings and temporary cash investments . . . . .	329,859	516,180	516,180
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	15,448,079	15,569,079	19,140,496
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)		1		
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	15,777,938	16,085,260	19,656,676	
Liabilities	17 Accounts payable and accrued expenses . . . . .		539	
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .		539	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .			
	25 Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	15,777,938	16,084,721	
29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	15,777,938	16,084,721		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	15,777,938	16,085,260		

**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 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	15,777,938
2 Enter amount from Part I, line 27a . . . . .	2	306,782
3 Other increases not included in line 2 (itemize) ▶ _____	3	1
4 Add lines 1, 2, and 3 . . . . .	4	16,084,721
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	16,084,721

**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.)
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(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)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	872,199
<b>3</b> 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 <span style="float: right;">}</span>	<b>3</b>	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

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

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

(a) 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))
2018	1,193,221	19,451,370	0.06134
2017	1,267,022	19,320,781	0.06558
2016	775,479	17,770,027	0.04364
2015	1,110,333	18,314,035	0.06063
2014	1,002,648	20,205,234	0.04962

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.280812
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.056162
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	18,886,094
<b>5</b> Multiply line 4 by line 3	<b>5</b>	1,060,681
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	11,899
<b>7</b> Add lines 5 and 6	<b>7</b>	1,072,580
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	883,100

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	23,798
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2.	<b>3</b>	23,798
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	23,798
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	7,920
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	28,000
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	35,920
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	40
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	12,082
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 12,082 <b>Refunded</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>(2)</b> On foundation managers.		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> 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?	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) CA		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	Yes	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.outhwaitefoundation.org</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>Kent L Englert Co-Trustee</u> Telephone no. ► <u>(805) 695-8355</u>			

Located at ► 1206 Coast Village Circle Suite A SB CAZIP+4 ► 931082710

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2019, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>	<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 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 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

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

		Yes	No
<b>5a</b>	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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . If "Yes" to 6b, file Form 8870.		<b>6b</b> No
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		<b>7b</b>
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Kent L Englert 15 EAST CARRILLO STREET Santa Barbara, CA 93101	Trustee 11.00	94,424		
John S Poucher 15 EAST CARRILLO STREET Santa Barbara, CA 93101	Trustee 10.00	94,424		
C Michael Cooney 15 EAST CARRILLO STREET Santa Barbara, CA 93101	Trustee 8.00	94,424		
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> . . . . .				

**Part VIII**

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

**3**

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

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

**Part IX-A**

**Summary of Direct Charitable Activities**

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

	Expenses
<b>1</b> N/A	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B**

**Summary of Program-Related Investments** (see instructions)

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	18,326,828
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	846,871
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	19,173,699
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	19,173,699
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	287,605
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	18,886,094
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	944,305

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	944,305
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	23,798
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	23,798
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	920,507
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	920,507
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	920,507

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	883,100
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	883,100
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	883,100

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				920,507
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			658,953	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>883,100</u>				
<b>a</b> Applied to 2018, but not more than line 2a			658,953	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				224,147
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				696,360
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

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

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . .					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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>b</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.	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions	
<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: OUTHWAITE FOUNDATION 15 EAST CARRILLO ROAD SANTA BARBARA, CA 93101 (805) 560-0841	
<b>b</b> The form in which applications should be submitted and information and materials they should include: APPLICATIONS MUST BE IN WRITING AND INCLUDE: 1) MISSION STATEMENT INDICATING DIRECT INVOLVEMENT IN ONE OR MORE OF THE DESIGNATED CATEGORIES. 2) THE SPECIFIC PURPOSE TO WHICH THE PROPOSED GRANT WILL BE DEVOTED. 3) AN INDICATION OF THE DIRECT BENEFIT TO THE COMMUNITIES THE CHARITY SERVES. 4) EVIDENCE OF QUALIFICATION UNDER CALIFORNIA AND FEDERAL LAW AS A PUBLIC CHARITY BENEFIT CORPORATION IN GOOD STANDING. 5) COPIES OF CURRENT FINANCIAL STATEMENTS. 6) LIST OF THE BOARD OF DIRECTORS.	
<b>c</b> Any submission deadlines: JULY 31 OF EACH YEAR	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: TRUSTEES GIVE CONSIDERATION TO ORGANIZATIONS WHO FUNCTION -----IN THE FOLLOWING AREAS IN SANTA BARBARA COUNTY----- 1) MEDICAL CARE, SUPPORT AND RESEARCH 2) GENERAL ASSISTANCE TO THE DISABLED, ELDERLY AND CHILDREN 3) SUPPORT TO ABUSED WOMEN AND CHILDREN 4) PREVENTION OF CRUELTY TO ANIMALS 5) PRESERVATION OF WILDLIFE AND NATURAL RESOURCES 6) HISTORIC PRESERVATION 7) SUPPORT OF EDUCATION INSTITUTIONS AND MUSEUMS	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	713,500
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

Enter gross amounts unless otherwise indicated.

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	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	7,511	
<b>4</b> Dividends and interest from securities. . . . .			14	553,745	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .			18	44,897	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	872,199	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .				1,478,352	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		1,478,352

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

[illegible]

## Part XVII

- |  |  |     |    |
|--|--|-----|----|
|  |  | Yes | No |
|--|--|-----|----|

--	--	--

- |       |  |    |
|-------|--|----|
| 1a(1) |  | No |
| 1a(2) |  | No |

--	--	--

- |              |  |           |
|--------------|--|-----------|
| <b>1b(1)</b> |  | <b>No</b> |
| <b>1b(2)</b> |  | <b>No</b> |
| <b>1b(3)</b> |  | <b>No</b> |
| <b>1b(4)</b> |  | <b>No</b> |
| <b>1b(5)</b> |  | <b>No</b> |
| <b>1b(6)</b> |  | <b>No</b> |

1c		No
----	--	----

value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (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

<p><b>Sign Here</b></p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2020-11-16</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
--	--	--

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

<b>Paid Preparer Use Only</b>					
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
SEE STATEMENT MORGAN STANLEY #015706(TRUSTEE)	P	2010-10-10	2019-10-10
SEE STATEMENT MORGAN STANLEY #015712(CGA)	P	2010-10-10	2019-12-31
SEE STATEMENT MORGAN STANLEY #016543(CLEARING)	P	2010-10-10	2019-12-31
SEE STATEMENT MORGAN STANLEY #201835 (CHARTWELL)	P	2010-10-10	2019-12-31
SEE STATEMENT MORGAN STANLEY #201835 WASH SALE	P	2010-10-10	2019-12-31
SEE STATEMENT MORGAN STANLEY #016530(WEDGEWOOD)	P	2010-10-10	2019-12-31
SEE STATEMENT MORGAN STANLEY #016546(CONGRESS)	P	2010-10-10	2019-12-31
SEE STATEMENT MORGAN STANLEY #016557(HARDING LOEVNER	P	2010-10-10	2019-12-31
SEE STATEMENT MORGAN STANLEY #016560(CENTRAL COAST)	P	2010-10-10	2019-12-31
SEE STATEMENT MORGAN STANLEY #016560 WASH SALE	P	2010-10-10	2019-12-31

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
293,508		181,144	112,364
2,200,725		1,996,307	204,418
100,000		76,539	23,461
348,927		236,708	112,219
9			9
722,361		525,633	196,728
473,397		372,330	101,067
496,954		480,647	16,307
878,748		1,010,995	-132,247
25,124			25,124

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			112,364
			204,418
			23,461
			112,219
			9
			196,728
			101,067
			16,307
			-132,247
			25,124

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

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
SEE STATEMENT MORGAN STANLEY #016579(ZIEGLER)	P	2019-10-10	2019-12-31
SEE STATEMENT MORGAN STANLEY #016579 WASH SALE	P	2010-10-10	2019-12-31
MORGAN STANLEY #016712 CAPITAL GAINS CGA	P	2019-10-10	2019-12-31

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

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
1,250,777		1,092,199	158,578
3,445			3,445
50,726			50,726

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
			158,578
			3,445
			50,726

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CANCER CENTER OF SANTA BARBARA 601 WEST JUNIPERO STREET SANTA BARBARA, CA 93105	None	PC	BUILDING A NEW CANCER CENTER CAPITAL CAMPAIGN	50,000
EASY LIFT TRANSPORTATION 53 CASS PLACE SUITE D GOLETA, CA 93117	None	PC	DIAL-A-RIDE PARATRANSIT SERVICE PROGRAM	1,000
SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY SUITE 190 SANTA BARBARA, CA 93109	None	PC	PRESERVATION & RESTORATION OF SBMM'S FLAGSHIP RANGER YACHT	10,000
<b>Total . . . . . ▶ 3a</b>				713,500



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SB TRUST FOR HISTORIC PRESERVATION 123 EAST CANON PERDIDO STREET SANTA BARBARA, CA 93101	None	PC	RESTORATION OF EL PRESIDIO DE SANTA BARBARA SHP	20,000
CASA SERENA1515 BATH STREET SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT FOR WOMEN IN RECOVERY AND THEIR CHILDREN	5,000
SANTA BARBARA ZOOLOGICAL FOUNDATION 500 NINOS DRIVE SANTA BARBARA, CA 93103	NONE	PC	GENERAL OPERATIONS	20,000
<b>Total . . . . . ▶ 3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY ENVIRONMENTAL COUNCIL 26 W ANAPAMU STREET 2ND FLOOR SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING EXPENSES	5,000
COUNCIL ON ALCOHOLISM AND DRUG ABUS PO BOX 28 SANTA BARBARA, CA 93102	NONE	PC	DANIEL BRYANT YOUTH AND FAMILY CENTER TREATMENT PROGRAM	15,000
UNITY SHOPPE INC 110 WEST SOLA STREET SANTA BARBARA, CA 93101	NONE	PC	FOOD DISTRIBUTION FOR LOW-INCOME RESIDENTS OF SB COUNTY	5,000
<b>Total . . . . . ▶ 3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCHOLARSHIP FOUNDATION OF SANTA BAR PO BOX 3620 SANTA BARBARA, CA 93130	None	PC	JUNE G. OUTHWAITE SCHOLARSHIP FUND	15,000
SB EDUCATION FOUNDATION 1330 STATE ST SUITE 201 SANTA BARBARA, CA 93101	NONE	PC	CORE SUPPORT	10,000
SANTA BARBARA RESCUE MISSION 535 EAST YANONALI STREET SANTA BARBARA, CA 93103	NONE	PC	12-MONTH RESIDENTAL STATE-CERTIFIED DRUG & ALCOHOL PROGRAM	7,000
<b>Total . . . . . ▶ 3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET SUITE 900 SAN FRANCISCO, CA 94104	NONE	PC	TRUST FOR PUBLIC LAND SB CONSERVATION PROGRAM	12,500
HABITAT FOR HUMANITY OF SOUTH SB CO 6280 CORTONA DRIVE GOLETA, CA 93117	NONE	PC	NEIGHBORHOOD REVITALIZATION FOR LOW- INCOME, ELDERLY, DISABLED	5,000
UNITY SHOPPE INC 110 WEST SOLA STREET SANTA BARBARA, CA 93101	NONE	PC	MISSION OF HOPE CAPITAL CAMPAIGN	25,000
<b>Total . . . . . ▶ 3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YOUNG AMERICA'S FOUNDATION 217 STATE STREET SANTA BARBARA, CA 93101	NONE	PC	EDUCATIONAL OPPORTUNITIES AT THE REAGAN RANCH	50,000
FAMILY SERVICE AGENCY OF SB 123 W GUTIERREZ STREET SANTA BARBARA, CA 93101	NONE	PC	FAMILY SERVICE AGENCY PROGRAM SUPPORT	50,000
DOS PUEBLOS ENGINEERING ACADEMY PO BOX 313 GOLETA, CA 93116	NONE	PC	DOS PUEBLOS INSTITUTE FOR ENGINEERING AND ENTREPRENEURIAL EDUCATION (IE3)	10,000
<b>Total . . . . . ▶ 3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YOUNG LIFE OF SANTA BARBARA 3046 DE LA VINA STREET SANTA BARBARA, CA 93105	NONE	PC	SANTA BARBARA YOUNG LIFE	10,000
SARAH HOUSEPO BOX 20031 SANTA BARBARA, CA 93120	NONE	PC	A PATH FORWARD PROGRAM	8,000
ALEXANDER HOUSE FOUNDATION PO BOX 23642 SANTA BARBARA, CA 93121	NONE	PC	SPECIAL GRANTS FOR LOW-INCOME SENIORS PROGRAM	5,000
<b>Total . . . . . ▶ 3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LAND TRUST FOR SANTA BARBARA COUNTY PO BOX 91830 SANTA BARBARA, CA 91830	NONE	PC	LAND CONSERVATION FOR SOUTH SANTA BARBARA COUNTY	12,500
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN STREET SANTA BARBARA, CA 93101	NONE	PC	SAFE PASSAGE PROGRAM	10,000
GOLETA VALLEY COTTAGE HOSPITAL FOUN 351 S PATTERSON AVENUE SANTA BARBARA, CA 93111	NONE	PC	RIDLEY-TREE CENTER FOR WOUND MANAGEMENT	50,000
<b>Total . . . . . ▶ 3a</b>				713,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SB NEIGHORHOOD CLINICS 414 E COTA STREET 1ST FLOOR SANTA BARBARA, CA 93101	NONE	PC	BRIDGE CLINIC	10,000
DIRECT RELIEF INTERNATIONAL 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	NONE	PC	CAMPAIGN FOR DIRECT RELIEF INTERNATIONAL	50,000
TRANSITION HOUSE 425 E COTA STREET SANTA BARBARA, CA 93101	NONE	PC	EMERGENCY SHELTER PROGRAMS FOR HOMELESS FAMILIES	15,000
<b>Total . . . . .</b> ► <b>3a</b>				713,500



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HONOR FLIGHT CENTRAL COAST CA INC PO BOX 1750 PASO ROBLES, CA 93447	NONE	PC	TOUR OF HONOR PROGRAM	3,000
FUND FOR SANTA BARBARA 26 W ANAPAMU ST 4TH FLOOR SANTA BARBARA, CA 93101	NONE	PC	SUPPORTING THE NONPROFIT RESOURCE NETWORK (NPRN)	5,000
CARPINTERIA CHILDREN'S PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	PC	EARLY CHILDHOOD EDUCATION SCHOLARSHIPS	25,000
<b>Total . . . . . ▶ 3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN RED CROSS 2707 STATE STREET SANTA BARBARA, CA 93105	NONE	PC	SUPPORT OF EMERGENCY RESPONSE VEHICLE PROJECT	3,500
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 41117 SANTA BARBARA, CA 93140	NONE	PC	LEADERSHIP DEVELOPMENT THROUGH FCA ON SB HIGH SCHOOL CAMPUSES	45,000
INTERFAITH INITIATIVE OF SANTA BARB PO BOX 1135 GOLETA, CA 93116	NONE	PC	SHOWERS OF BLESSING PROGRAM	12,000
<b>Total . . . . . ▶ 3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MONTECITO TRAILS FOUNDATION PO BOX 5481 SANTA BARBARA, CA 93150	NONE	PC	MONTECITO WALKING TRAILS	10,000
UNITED WAY OF SANTA BARBARA 320 E GUTIERREZ STREET SANTA BARBARA, CA 93101	NONE	PC	FUN IN THE SUN PROGRAM	10,000
CARPINTERIA HIGH SCHOOL BOOSTER CLU 4810 FOOTHILL ROAD CARPINTERIA, CA 93013	NONE	PC	STUDENT AID PROGRAM	20,000
<b>Total . . . . .</b> ► <b>3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
JODI HOUSE INC625 CHAPALA STREET SANTA BARBARA, CA 93101	NONE	PC	BRAIN INJURY SUPPORT PROGRAM	14,000
SANTA BARBARA CITY COLLEGE FOUNDATI 721 CLIFF DRIVE SANTA BARBARA, CA 93109	NONE	PC	SUPPORT OF SBCC PROMISE PROGRAM	25,000
SB COMMUNITY YOUTH PERFORMING ARTS PO BOX 21046 SANTA BARBARA, CA 93121	NONE	PC	THEATRICAL DIMMER SYSTEM FOR LIGHTING CONTROL	5,000
<b>Total . . . . .</b> ► <b>3a</b>				713,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LOS PADRES COUNCIL OF BOY SCOUTS OF 4000 MODOC ROAD SANTA BARBARA, CA 93110	NONE	PC	REBUILDING RANCHO ALEGRE	35,000
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA, CA 93190	NONE	PC	SAFE BIKE EDUCATION FOR YOUTH	5,000
SANTA BARBARA EDUCATION FOUNDATION 7266 ALAMEDA AVENUE GOLETA, CA 93117	NONE	PC	ACADEMY FOR SUCCESS PROGRAM	10,000
<b>Total . . . . . ▶ 3a</b>				713,500

**TY 2019 Accounting Fees Schedule****Name:** June G Outhwaite Charitable Trust

JS Poucher KL Englert &amp; CM Cooney Co-Tr

**EIN:** 77-6154307**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BRITTANY WARNER	7,498	4,874	0	2,624
MELISSA PETERSEN CPA	1,500	1,500	0	0
Paulette Liberatore	23,153	20,838	0	2,315

**TY 2019 Investments Corporate Stock Schedule****Name:** June G Outhwaite Charitable Trust

JS Poucher KL Englert &amp; CM Cooney Co-Tr

**EIN:** 77-6154307**Software ID:** 19009920**Software Version:** 2019v5.0**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
MS #015706 TRUSTEE DIRECTED	696,933	2,060,010
MS #015712 CGA	8,476,462	9,576,411
MS #016543 CLEARING	434,937	593,667
MS #016530 WEDGEWOOD		
MS #016546 CONGRESS	635,674	905,618
MS #016557 HARDING LOEVNER	1,629,146	2,005,356
MS #016560 CENTRAL COAST	884,306	870,543
MS #016579 ZIEGLER		
MS #016564 UBS TRUMBELL	2,342,826	2,621,704
MS#201835 CHARTWELL	468,795	507,187

**TY 2019 Other Assets Schedule**

**Name:** June G Outhwaite Charitable Trust  
JS Poucher KL Englert & CM Cooney Co-Tr

**EIN:** 77-6154307

**Software ID:** 19009920

**Software Version:** 2019v5.0

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Rounding		1	



## TY 2019 Other Expenses Schedule

**Name:** June G Outhwaite Charitable Trust  
JS Poucher KL Englert & CM Cooney Co-Tr

**EIN:** 77-6154307

**Software ID:** 19009920

**Software Version:** 2019v5.0

### Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COMPUTER MAINTENANCE	240	120		120
INSURANCE-OFFICE	500	250		250
Membership Dues- Foundation Roundtable	1,250			1,250
MICRO EDGE-	6,868	687		6,181
OFFICE EQUIPMENT	5,338	1,601		3,737
SUPPLIES	1,449			1,449
TAX SOFTWARE & COMPUTER	194	194		
TELEPHONE	1,322	132		1,190
TORI MORAY	2,660	266		2,394
WIRE FEES ASSET TRANSFER	45			45

**TY 2019 Other Income Schedule****Name:** June G Outhwaite Charitable Trust

JS Poucher KL Englert &amp; CM Cooney Co-Tr

**EIN:** 77-6154307**Software ID:** 19009920**Software Version:** 2019v5.0**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other Investment Income	44,897	44,897	

**TY 2019 Other Increases Schedule**

**Name:** June G Outhwaite Charitable Trust  
JS Poucher KL Englert & CM Cooney Co-Tr

**EIN:** 77-6154307

**Software ID:** 19009920

**Software Version:** 2019v5.0

Description	Amount
ROUNDING DIFFERENCES	1

# TY 2019 Other Professional Fees Schedule

**Name:** June G Outhwaite Charitable Trust  
JS Poucher KL Englert & CM Cooney Co-Tr

**EIN:** 77-6154307

**Software ID:** 19009920

**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MORGAN STANLEY #016560(CENTRAL COAST)	8,013	8,013	0	0
MORGAN STANLEY #015706(TRUSTEE)	4,683	4,683	0	0
MORGAN STANLEY #015712(CGA)	20,468	20,468	0	0
MORGAN STANLEY #016530 (WEDGEWOOD)	472	472	0	0
MORGAN STANLEY #016546(CONGRESS)	5,236	5,236	0	0
MORGAN STANLEY #016557(HARDING LOEVNER)	13,892	13,892	0	0
MORGAN STANLEY #016564(TRUMBELL)	6,653	6,653	0	0
MORGAN STANLEY #016579(ZIEGLER)	5,531	5,531	0	0
MORGAN STANLEY #201835 CHARTWELL	2,611	2,611	0	0
USB REALTY FEES-TRUMBULL	25,676	25,676	0	0

**TY 2019 Taxes Schedule**

**Name:** June G Outhwaite Charitable Trust  
JS Poucher KL Englert & CM Cooney Co-Tr

**EIN:** 77-6154307

**Software ID:** 19009920

**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX #016557(HL)	6,789	6,789		
FOREIGN TAX #016560(CC)	726	726		
FOREIGN TAX FORM 1099 (CGA)	2,385	2,385		
FOREIGN TAX FORM 1099(CC)	6,782	6,782		