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.

2949121200806 1

de public.

Total la public.

Description

One No. 1545-0047

2019

| Inte | ernal R | | | irs.gov/Form990PF for inst | ructions and the latest int | | Open to Public Inspection | |
|---|------------------------------------|---|---------|------------------------------------|-----------------------------|---|--|--|
| Fo | r cale | indar year 2019 or tax year beginning | DE | C 4, 2019 | , and ending | DEC 31, 2019 | | |
| N | ame (| of foundation | | | | A Employer identification | number | |
| | | | | | | | | |
| | PATRICIA AND PAUL BRAGG FOUNDATION | | | | | 84-3883910 | | |
| N | umber | and street (or P O box number if mail is not delivered to | o stree | t address) | Room/suite | B Telephone number | | |
| 1 | 712 | 27 HOLLISTER AVENUE, | SU: | TE 25A, 249 | | (805) 968- | 0003 | |
| | | lown, state or province, country, and ZIP or for | | | | C If exemption application is p | ending, check here | |
| | | TA BARBARA, CA 9311 | _ | | | | U , | |
| | | k all that apply: | | Initial return of a fo | ormer public charity | D 1. Foreign organization: | s, check here | |
| , | | Final return | | Amended return | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| \ | | Address change | | Name change | | Foreign organizations me check here and attach co | eeting the 85% test, | |
| ^\ _H | Chec | |)(3) e | xempt private foundation | \wedge \wedge | 1 | | |
| Ϊ | _, | ection 4947(a)(1) nonexempt charitable trust | (,,,, | Other taxable private founda | ation () | E If private foundation sta under section 507(b)(1 | | |
| <u> </u> | | | COUNT | ing method: X Cash | Accrual | 1 | | |
| | | Part II, col. (c), line 16) | | ther (specify) | 7.001001 | F If the foundation is in a under section 507(b)(1) | | |
| ì | ► \$ | 100,000,000. (Part I, | . colu | mn (d), must be on cash bas | is.) | | (D), Check here | |
| م ا | | Analysis of Revenue and Expenses | | | • | (a) Adjusted not | (d) Disbursements | |
| | <u>₩1 L</u> | (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a)) | not , | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) | |
| _ | 1 | Contributions, gifts, grants, etc., received | | 100,000,000. | | N/A | (cash basis dhiy) | |
| | 1 | Check fithe foundation is not required to attach Sci | h R | 100,000,000. | | IN/A | | |
| | 2 | Interest on savings and temporary | 11 0 | | | | | |
| | 3 | cash investments | | | | | | |
| | 4 | Dividends and interest from securities | | | | | | |
| | 1 | a Gross rents | | | | | | |
| | ١ | Net rental income or (loss) | | | | DEAR | | |
| 9 | 63 اع | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | | | | RECEIVE | | |
| ğ | ן [| assets on line 6a | | | | 1000 | · · · · · · · · · · · · · · · · · · · | |
| ,) Language | 7 | Capital gain net income (from Part IV, line 2) | | | 0 | NOV 2 5 2021 | 7 | |
| /_; | 8 | Net short-term capital gain | | | | | | |
| c i | 9 | Income modifications Gross sales less returns | | | 1 | OGDEN | | |
| ر ا | 108 | and allowances | | | | - | | |
| | 1 | D Less Cost of goods sold | | | | | | |
| | | Gross profit or (loss) | | | | | | |
| _ | 11 | | | | | <u> </u> | | |
| 급— | 12 | Total. Add lines 1 through 11 | | 100,000,000. | 0. | | | |
| Ź | 13 | Compensation of officers, directors, trustees, etc | | 0. | 0. | | 0. | |
| Z | 14 | Other employee salaries and wages | | | | | | |
| \mathcal{E}_{w} | | Pension plans, employee benefits | | | | | | |
| S S | 16a | Legal fees | | | | | | |
| 90 | į t | Accounting fees | | <u> </u> | | | | |
| щ | i 0 | Other professional fees | | | | | | |
| <u> </u> | 17 | Interest | | | | | | |
| Į. | 18 | Taxes | | | | | | |
| . <u>v.</u> | 19 | Depreciation and depletion | | | | | | |
| SC Operating and Administrative Expenses | 20 | Occupancy | | | | | | |
| Ā | 21 | Travel, conferences, and meetings | | | | | | |
| and | 22 | Printing and publications | | | | | | |
| ٦ | 23 | Other expenses | | | | | | |
| ati | 24 | Total operating and administrative | | | | | | |
| je d | | expenses Add lines 13 through 23 | | 0. | 0. | | 0. | |
| 0 | 25 | Contributions, gifts, grants paid | | 0. | | | 0. | |
| | 26 | Total expenses and disbursements. | | | | | | |
| | | Add lines 24 and 25 | | 0. | 0. | | 0. | |
| | 27 | Subtract line 26 from line 12: | | | | | | |
| | a | Excess of revenue over expenses and disbursements | | 100,000,000. | | | | |
| | 1 | Net investment income (if negative, enter -0-) | | | 0. | | | |
| | 1 | Adjusted net income (if negative, enter -0-) | | | | N/A | | |

| | | PATRICIA AND PAUL BRAGG | | 84- | 3883910 Page 2 |
|-----------------------------|-------|--|---------------------------------------|----------------|---------------------------|
| F | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | | of year |
| 느 | ui (| Balance Sneets column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | · | 100,000,000. | 100,000,000. |
| | 2 | Savings and temporary cash investments | · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| | 1 | Accounts receivable | | | |
| | - | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | 7 | Less: allowance for doubtful accounts | | | |
| | ١. | Grants receivable | | | |
| | 5 | | | | - |
| | ٥ | Receivables due from officers, directors, trustees, and other | | | |
| | ۱_ | disqualified persons | | | |
| | ' | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| ets | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ٩ | | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock | | | |
| | 0 | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers - see the | · | | |
| | | instructions. Also, see page 1, item 1) | 0. | 100,000,000. | 100,000,000. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| ģ | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| abi | 21 | Mortgages and other notes payable | | | |
| = | 22 | Other liabilities (describe ▶) | š. | | |
| | | | · | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow FASB ASC 958, check here | | | |
| S | | and complete lines 24, 25, 29, and 30. | | | |
| Š | 24 | Net assets without donor restrictions | | | |
| Sala | 25 | Net assets with donor restrictions | | | |
| <u> </u> | | Foundations that do not follow FASB ASC 958, check here ▶ 🗶 | | | |
| Ĭ | | and complete lines 26 through 30. | | | |
| þ | 26 | Capital stock, trust principal, or current funds | 0. | 0. | |
| Net Assets or Fund Balances | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| \ss | 28 | Retained earnings, accumulated income, endowment, or other funds | 0. | 100,000,000. | |
| et/ | 29 | Total net assets or fund balances | 0. | 100,000,000. | |
| Z | | | | | |
| | 30 | Total liabilities and net assets/fund balances | 0. | 100,000,000. | |
| Р | art | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| | | | | | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line 2 | :9 | | _ |
| | • | t agree with end-of-year figure reported on prior year's return) | | 1 | 100,000,000. |
| | | amount from Part I, line 27a | | 2 | 100,000,000. |
| | | rincreases not included in line 2 (itemize) | | | 100,000,000. |
| | | ines 1, 2, and 3 eases not included in line 2 (itemize) | | 5 | 0. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, col | iumn (h) line 29 | | 100,000,000. |
| <u>u</u> | ividi | THE COLUMN TO THE PARTY OF THE COLUMN THE CO | unin (U), iiiiC 23 | | Form 990-PF (2019) |
| | | | | | • (2010) |

| | ICIA AND PAUL | | | N | | 84-: | 3883910 | Page 3 |
|--|--|---|---|-----------------------------------|------------------------------------|--|---|-----------------------|
| | nd Losses for Tax on | | | [45] | ··· | | | |
| (a) List and describe th | e kınd(s) of property sold (for e house; or common stock, 200 | example, real est shs. MLC Co.) | ate, | (в) но Р - Р D - С | w acquired Turchase Donation | (c) Date acqui (mo., day, yi | red (d) Da 1.) (mo., | ate sold day, yr.) |
| 1a | | | | | | | | |
| b NON | E | | | | | | | |
| C | | | | | | | | |
| _ <u>d</u> | , | | | <u> </u> | | | | |
| e | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | expense of sale | | | (h) Gain or ((e) plus (f) n | (loss) nnus (g)) | |
| a | | | | | | | | |
| b | | - | | | | | | |
| C | | | | - | _ | | | |
| d | | | | | | | | |
| Complete only for accets above a | source column (b) and aumed | bu the foundation | n nn 10/01/00 | | | | | |
| Complete only for assets showing | | | | | | (I) Gains (Col. (h ol. (k), but not les | | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | xcess of col. (1) r col. (1), if any | | <u> </u> | Losses (from | | |
| a | | | <u> </u> | \perp | | | | |
| b | | | | \perp | | | | |
| С | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| 2 Capital gain net income or (net capit | | nter in Part I, line -0- in Part I, line | | } [| <u>!</u> | | | |
| Net short-term capital gain or (loss) | as defined in sections 1222(5) | and (6): | | | | | | |
| If gain, also enter in Part I, line 8, co | | (-). | |] [| | | | |
| If (loss), enter -0- in Part I, line 8 | · · | | | <u>] :</u> | <u> </u> | <u> </u> | | |
| Part V Qualification Un | der Section 4940(e) f | or Reduce | d Tax on Net | Inves | tment In | come | | |
| (For optional use by domestic private fo | oundations subject to the section | on 4940(a) tax o | n net investment in | come.) | | | N/A | L |
| If section 4940(d)(2) applies, leave this | nart blank | | | | | | | |
| in section 4340(u)(2) applies, leave this | part blank. | | | | | | | |
| Was the foundation liable for the section | | | • | iod? | | | Yes | ☐ No |
| f "Yes," the foundation doesn't qualify t | | | | | | | | |
| 1 Enter the appropriate amount in each | ch column for each year; see th | e instructions be | efore making any ei | ntries. | | · | | |
| (a) Base period years Calendar year (or tax year beginning | in) Adjusted qualifying (| distributions | Net value of no | (c) ncharita | ole-use asset | s (col. (| (d) Distribution ratio (b) divided by col | l. (c)) |
| 2018 | | | | | | | | |
| 2017 | | | | | | | | |
| 2016 | | | | | | | | |
| 2015 | | | | | | | | |
| 2014 | | | | | | | | |
| | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | 2 | | |
| 3 Average distribution ratio for the 5-y | | al on line 2 by 5. | 0, or by the numbe | er of yea | rs | | | |
| the foundation has been in existence | e if less than 5 years | | | | | 3 | | |
| Enter the net value of noncharitable- | use assets for 2019 from Part I | X, line 5 | | | | 4 | | |
| | | , | | | | | | |
| Multiply line 4 by line 3 | | | | | | 5 | | <u>-</u> |
| Enter 1% of net investment income (| (1% of Part I, line 27b) | | | | | 6 | | · |
| ' Add lines 5 and 6 | | | | | | 7 | | |
| Enter qualifying distributions from P | art XII. line 4 | | | | | 8 | | |
| If line 8 is equal to or greater than lin | • | no 1h and some | alata that part ware | 10/+ | av rate | <u> </u> | | • |
| See the Part VI instructions. | 10 7, 01160K (116 DUX III FAIL VI, II | no ro, and com | oicie iliai pali usiliį | ja 170 l | בה ומנט. | | | |
| 023521 12-17-19 | | | | | | | Form 990 - | PF (2019) |

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| | m 990-PF (2019) PATRICIA AND PAUL BRAGG FOUNDATION eart VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | 84-3 4948 - | 883910 see instru | ıctio | Page 4 ns) |
|----|---|-----------------------|--|----------|---------------|
| 1a | a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | |
| b | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here L and enter 1% | 1 | | | <u>0.</u> |
| | of Part I, line 27b | | | | |
| | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 2 | | | 0. |
| | | 3 | | | 0. |
| | (,,,,,,, - | 4 | - | | 0. |
| | | 5 | ······································ | | 0. |
| | · | | | | |
| | a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source 6b 0 | | | | |
| | c Tax paid with application for extension of time to file (Form 8868) 6c 0 | | | | |
| | d Backup withholding erroneously withheld 6d 0 | _ | | | |
| | Total credits and payments. Add lines 6a through 6d | - 7 | | | 0. |
| | | 8 | | | 0. |
| | | 9 | | | 0. |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | |
| | Enter the amount of line 10 to be: Credited to 2020 estimated tax | 11 | | | |
| | art VII-A Statements Regarding Activities | | | | |
| 1a | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve | ne in | | Yes | No |
| | any political campaign? | | 1a | | X |
| b | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the de | inition | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
| | distributed by the foundation in connection with the activities. | | | | |
| C | c Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| d | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| | (1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O | <u>•</u> | | | |
| e | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| | managers. ► \$ 0 . | | İ | | 1 |
| | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | <u> </u> |
| | If "Yes," attach a detailed description of the activities. | | | | |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation | , or | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | X |
| | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | NT / | 7 4a | - | <u>X</u> |
| | b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? | N/. | A 4b 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | <u> </u> |
| | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | ı |
| | By language in the governing instrument, or | | | | ı |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state | te law | | | ı |
| | remain in the governing instrument? | | 6 | | X |
| | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | 7 | х | |
| | | | | | |
| 8a | a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ | | | | |
| | CA | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | _ | 1 | |
| | of each state as required by General Instruction G? If "No," attach explanation | | 8b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call | lendar | | | |
| | year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV | | 9 | | <u>x</u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | STMT | 1 10 | <u>X</u> | ' |
| | | | Form 990 | -PF (| (2019) |

Form **990-PF** (2019)

4a

X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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| Form 990-PF (2019) PATRICIA AND PAUL BRAGG FOUNDATION | 84-3 | 3883910 Page 7 |
|--|---------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | n Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NO | ONE." | ; |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced | | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | 4 40 | A |
| Describe the two largest program-related investments made by the foundation during the tax year on lines | i and 2. | Amount |
| 1 N/A | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | • | 0. |
| | | Form 990-PF (2019) |

| F | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndation | is, see instructions.) |
|----|--|----------|------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 100,000,000. |
| С | and the second s | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 100,000,000. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 100,000,000. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,500,000. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 98,500,000. |
| 6 | Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD | 6 | 377,846. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.) | d certai | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 377,846. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | | |
| b | Income tax for 2019. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 377,846. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 377,846. |
| 6 | Deduction from distributable amount (see instructions) | 6 | Ō. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 377,846. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | _1a | 0. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 0. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | ualifies | for the section |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|--|---------------|----------------------------|--------------|----------------|
| 1 Distributable amount for 2019 from Part XI, | <u> </u> | | | |
| line 7 | | | | 377,846. |
| 2 Undistributed income, if any, as of the end of 2019, | | | ** | |
| a Enter amount for 2018 only | | | 0. | |
| b Total for prior years: | , | | | |
| ,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2019: | | | | |
| a From 2014 | | | | |
| b From 2015 | | | | |
| c From 2016 | | | | |
| d From 2017 | | | | |
| e From 2018 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2019 from | | | • | |
| Part XII, line 4: ►\$ 0. | | | | |
| a Applied to 2018, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | " | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2019 distributable amount | · | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | • | |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount | 0. | | | 0. |
| must be shown in column (a)) 6 Enter the net total of each column as | | | | |
| indicated below: | 0 | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | _ | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | · | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2018. Subtract line | | - | " | |
| 4a from line 2a Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2019. Subtract | | | - | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2020 | | | | 377,846. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2014 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2020 | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | . . |
| a Excess from 2015 | | | | |
| b Excess from 2016 | | | | |
| c Excess from 2017 | | | | |
| d Excess from 2018 | | | | |
| e Excess from 2019 | | | | |

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| Form 990-PF (2019) PATRICI | A AND PAUL | BRAGG FOUN | DATION | | 883910 Page 10 | | |
|---|---|-----------------------------|--|--------------------------------|---------------------|--|--|
| Part XIV Private Operating F | | | | N/A | | | |
| 1 a 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 | | | | | | | |
| | | - | un anatum | 4042(1)(2) or 4 | 0/0///5 | | |
| b Check box to indicate whether the foun2 a Enter the lesser of the adjusted net | Tax year | ing foundation described | Prior 3 years | 4942(j)(3)_or4! | 942(j)(5) | | |
| • | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total | | |
| income from Part I or the minimum | (4) 2010 | (6) 2010 | (0) 2011 | (4) 2010 | (6) 10(2) | | |
| investment return from Part X for | | | | | | | |
| each year listed | | | | | | | |
| b 85% of line 2a | | | | | <u> </u> | | |
| c Qualifying distributions from Part XII, | | | | | | | |
| line 4, for each year listed | <u> </u> | | / | | | | |
| d Amounts included in line 2c not | | | | | | | |
| used directly for active conduct of | | | | | | | |
| exempt activities | | | | | | | |
| e Qualifying distributions made directly | | | | | | | |
| for active conduct of exempt activities. | | | | | | | |
| Subtract line 2d from line 2c | | | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | | | |
| a "Assets" alternative test - enter: | | | | | | | |
| (1) Value of all assets | | | | | | | |
| (2) Value of assets qualifying | | | | | | | |
| under section 4942(j)(3)(B)(i) | | | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return | | | | | | | |
| shown in Part X, line 6, for each year | | | 1 | | | | |
| listed | / | | | | | | |
| c "Support" alternative test - enter: | | | | | | | |
| (1) Total support other than gress | | | | | | | |
| investment income (interest, | | | | | | | |
| dividends, rents, payments on securities loans (section | | | | | | | |
| 512(a)(5)), or royalties) | | | | | | | |
| (2) Support from general public | | | | | | | |
| and 5 or more exempt | | | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | | | |
| (3) Largest amount of support from | | | | | | | |
| an exempt organization | | | | | | | |
| (4) Gross investment income | | | | | | | |
| Part XV Supplementary Info | rmation (Comple | ete this part only | if the foundation | on had \$5,000 or mo | ore in assets | | |
| at any time during t | he year-see inst | ructions.) | | | | | |
| 1 Information Regarding Foundation | on Managers: | | | | | | |
| a List any managers of the foundation wh | • | than 2% of the total con | tributions received by t | he foundation before the clos | se of any tax | | |
| year (but only if they have contributed r | | | | | 20 01 any tan | | |
| PATRICIA BRAGG | | | | | | | |
| b List any managers of the foundation wh | o own 10% or more of the | he stock of a cornoration | (or an equally large por | rtion of the ownership of a n | artnershin or | | |
| other entity) of which the foundation ha | | | (or an equally large por | Thom or the ownership of a pr | arthoromp of | | |
| NONE | | | | | | | |
| 2 Information Regarding Contribut | ion Grant Gift Loan | Scholarchin etc. D | rograms: | | | | |
| Check here X if the foundation of | | • • • • • | - | s not accept unsolicited requi | gete for funde. If | | |
| the foundation makes gifts, grants, etc., | | | | | ests for fulles. If | | |
| a The name, address, and telephone num | | | | | | | |
| a The hame, address, and telephone hum | DEI OI EIIIAII AUUI ESS OI I | ne person to whom appli | Lations Should be addit | 55550, | | | |
| | | | | | | | |
| b The form in which applications should b | e submitted and informa | ition and materials they s | hould include: | | | | |
| c Any submission deadlines: | | | | | | | |
| • Any Submission acaumics. | | | | | | | |
| d Any restrictions or limitations on award | s, such as by geographic | al areas, charitable fields | , kinds of institutions, o | r other factors: | | | |
| | . , , , , , , , , , , , , , , , , , , , | | -,- | | | | |
| | | | | | | | |

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year NONE **▶** 3a Total b Approved for future payment NONE Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ded by section 512, 513, or 514 | (e) |
|---|-----------------|-----------------------|-----------------------|---------------------------------|-----------------------------------|
| | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | 741100111 | code | Amount | Turiction income |
| <u>a</u> | | | - | | |
| 0 | | | | | |
| C | | | -+ | | |
| 0 | | | | | <u></u> |
| e | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | 1 | | | | |
| a | | | | | |
| b | | | | | |
| C | | | | | <u> </u> |
| d | | | | | |
| e | | | _ | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | 0. | 0. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 0. |
| (See worksheet in line 13 instructions to verify calculations.) | · | • | | | |

| Line No ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). | | | | | | | |
|--------------|---|--|--|--|--|--|--|--|
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| Part XVII | Information Regarding Transfers to ar Exempt Organizations | nd Transactions a | nd Relations | nips With Nonchari | table | | |
|----------------------|--|-----------------------------|---------------------------------------|---------------------------------------|--|---------------------------|----------------------|
| 1 Did the o | rganization directly or indirectly engage in any of the following | with any other organization | on described in secti | on 501(c) | | Yes | No |
| | an section 501(c)(3) organizations) or in section 527, relating | | | 1011 00 1(0) | | | |
| | from the reporting foundation to a noncharitable exempt organic | - | | | | | |
| (1) Cash | | | | | 1a(1) | | X |
| (2) Othe | r assets | | | | 1a(2) | | X |
| b Other train | nsactions: | | | | | | |
| (1) Sale: | s of assets to a noncharitable exempt organization | | | | 1b(1) | | X |
| (2) Purc | hases of assets from a noncharitable exempt organization | | | • | 1b(2) | | X |
| (3) Rent | al of facilities, equipment, or other assets | | | | 1b(3) | | _X |
| (4) Reim | bursement arrangements | | | | 1b(4) | | X |
| | s or loan guarantees | | | | 1b(5) | | X |
| | ormance of services or membership or fundraising solicitation | | | | 1b(6) | | X |
| | of facilities, equipment, mailing lists, other assets, or paid emp | = | | | 1c | | X |
| , or service | wer to any of the above is "Yes," complete the following sched as given by the reporting foundation. If the foundation received if) the value of the goods, other assets, or services received. | | | | | ets, | |
| (a) Line no | (b) Amount involved (c) Name of noncharitable (| exempt organization | (d) Description | of transfers, transactions, and sh | arıng arr | angemer | nts |
| | N/A | | | <u></u> | | | |
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| | | | | | <u> </u> | | |
| ın section | ndation directly or indirectly affiliated with, or related to, one o 501(c) (other than section 501(c)(3)) or in section 527? complete the following schedule. | r more tax-exempt organi | zations described | |] Yes | X | No |
| | | (b) Type of organization | (| c) Description of relationship |) | | |
| | N/A | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Sign Here | penalties of perjury, I declare that I have examined this return, including slief, it is true, correct, and complete Declaration of preparer (other than the state of officer for trustee | | | has any knowledge return shown | ne IRS di with the below? Yes | scuss the prepare See ins | nis r tr No |
| July | Print/Type preparer's name Preparer's sign | | Date | Check If PTIN | | | |
| Paid | JOHN J. BRITTON | 11 m | l l | self- employed | o a n s | 252 | |
| Preparer | Firm's name ▶ BARTLETT, PRINGLE & | | , , , , , , , , , , , , , , , , , , , | Firm's EIN ▶ 95-208 | | | |
| Use Only | Diministration of Diministration of the Control o | . MODE, HUE | | | | , , | |
| - | Firm's address ► 1123 CHAPALA ST., | P.O. BOX 90 | 860 | | | | |
| | I | 93190-0860 | | Phone no. (805)90 | 53-1 | 7811 | Ĺ |
| | | | | | n 990 | | |

Schedule B

(Form 990, 990-EZ, or 990-EF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

2019

PATRICIA AND PAUL BRAGG FOUNDATION 84-3883910 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

PATRICIA AND PAUL BRAGG FOUNDATION

84-3883910

| Part I | Contributors (see instructions) Use duplicate copies of Part I if addition | al space is needed | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>- 1</u> | PATRICIA BRAGG | \$ 67,000,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | PATRICIA BRAGG HOLDINGS 7127 HOLLISTER ST. 25A-249 SANTA BARBARA, CA 93117 | \$ 33,000,000. | Person X Payroll |
| (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 Onncash Onncash If 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.) |

Name of organization

Employer identification number

PATRICIA AND PAUL BRAGG FOUNDATION

84-3883910

| art II | Noncash Property (see instructions) Use duplicate copies of F | | -3883910 |
|------------------------------|---|---|----------------------|
| (a) No. | (b) | (c) | (d) |
| rom Part I | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | <u> </u> |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 Name of organization Employer identification number PATRICIA AND PAUL BRAGG FOUNDATION 84-3883910 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 1 PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS PATRICIA BRAGG 7127 HOLLISTER ST. 25A-249 SANTA BARBARA, CA 93117 PATRICIA BRAGG HOLDINGS 7127 HOLLISTER ST. 25A-249 SANTA BARBARA, CA 93117