

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation BRITTINGHAM FAMILY FOUNDATION		A Employer identification number 26-2992045	
Number and street (or P O box number if mail is not delivered to street address) 1482 E VALLEY ROAD NO 703		Room/suite	B Telephone number (see instructions) (805) 451-1200
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) <b>P</b> \$ 45,266,399	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(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 . . . . .	62,551	62,551		
	4 Dividends and interest from securities . . . . .	907,605	907,605		
	5a Gross rents . . . . .	3,900	3,900		
	b Net rental income or (loss) 3,900				
	6a Net gain or (loss) from sale of assets not on line 10	2,359,619			
	b Gross sales price for all assets on line 6a 3,350,122				
	7 Capital gain net income (from Part IV, line 2) . . . . .		2,359,619		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	98,056	0		
	12 Total. Add lines 1 through 11 . . . . .	3,431,731	3,333,675		
	13 Compensation of officers, directors, trustees, etc	250,000	37,500		125,000
	14 Other employee salaries and wages . . . . .	79,600	0		79,600
	15 Pension plans, employee benefits . . . . .	25,183	0		25,183
	16a Legal fees (attach schedule) . . . . .	6,118	0		6,118
	b Accounting fees (attach schedule) . . . . .	72,275	16,388		55,887
	c Other professional fees (attach schedule) . . . . .	41,182	24,047		17,135
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	613,232	0		25,243
	19 Depreciation (attach schedule) and depletion . . . . .	580	0		
	20 Occupancy . . . . .	59,340	0		59,340
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	291,657	187,816		103,841
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	1,439,167	265,751		497,347
	25 Contributions, gifts, grants paid . . . . .	1,648,000			1,648,000
	26 Total expenses and disbursements. Add lines 24 and 25	3,087,167	265,751		2,145,347
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	344,564			
	b Net investment income (if negative, enter -0-)		3,067,924		
c Adjusted net income (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		<b>(a)</b> Book Value	<b>(b)</b> Book Value	<b>(c)</b> Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,907,361	684,595	684,595
	<b>2</b> Savings and temporary cash investments . . . . .	10,049	10,052	10,052
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,898	2,898	2,898
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ 5,232 Less accumulated depreciation (attach schedule) ▶ _____ 5,071	742	161	161
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	48,508,819	44,318,693	44,318,693
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	250,000	250,000	250,000	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	50,679,869	45,266,399	45,266,399	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	50,679,869	45,266,399	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	50,679,869	45,266,399	
<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	50,679,869	45,266,399		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	50,679,869
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	344,564
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	51,024,433
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	5,758,034
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	45,266,399

**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

(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<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>	2,359,619
<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))
2017	2,641,057	46,008,583	0 057404
2016	3,201,494	41,523,089	0 077102
2015	2,828,570	44,333,534	0 063802
2014	3,849,749	45,722,372	0 084198
2013	3,619,392	45,288,056	0 079919

<b>2</b> Total of line 1, column (d) <span style="float:right;">{ }</span>	<b>2</b>	0 362425
<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 <span style="float:right;">{ }</span>	<b>3</b>	0 072485
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 <span style="float:right;">{ }</span>	<b>4</b>	48,102,013
<b>5</b> Multiply line 4 by line 3 <span style="float:right;">{ }</span>	<b>5</b>	3,486,674
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) <span style="float:right;">{ }</span>	<b>6</b>	30,679
<b>7</b> Add lines 5 and 6 <span style="float:right;">{ }</span>	<b>7</b>	3,517,353
<b>8</b> Enter qualifying distributions from Part XII, line 4 <span style="float:right;">{ }</span>	<b>8</b>	2,145,347

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>	61,358
<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>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	61,358
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<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>	61,358
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	60,164
<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>	7,500
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	67,664
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<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>	6,306
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> 6,306 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	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? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	Yes
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	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? . . . . .	<b>6</b>	Yes
<b>7</b> 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 . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CA, DE		
<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? If "No," attach explanation .	<b>8b</b>	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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>	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 <b>WWW.BRITTINGHAMFAMILYFOUNDATION.ORG</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>SCOTT BRITTINGHAM</b> Telephone no <b>(805) 969-5415</b>			

Located at **1482 E VALLEY ROAD SUITE 703 SANTA BARBARA CA** ZIP+4 **93108**

<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 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**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>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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 checked="" type="checkbox"/> Yes <input 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. . . . . Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<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 2018? . . . . .	<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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 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 <b>▶</b> 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 2018 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 2018). . . . .	<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 2018?	<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>
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>	
<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****1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(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
SCOTT BRITTINGHAM 1482 E VALLEY ROAD 703 SANTA BARBARA, CA 93108	PRESIDENT 30 00	150,000	0	9,042
ELLA BRITTINGHAM 1482 E VALLEY ROAD 703 SANTA BARBARA, CA 93108	CFO AND SECRETARY 30 00	100,000	0	92

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

(a) Name and address of each employee paid more than \$50,000	(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
KRISTALYN FROHLING 1482 E VALLEY ROAD 703 SANTA BARBARA, CA 93108	FOUNDATION ADMINISTR 30 00	51,000	0	1,025
LESLIE A CONROY 1482 E VALLEY ROAD 703 SANTA BARBARA, CA 93108	FOUNDATION ADMINISTR 35 00	28,600	8,167	7,069

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

**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
FIDELITY INVESTMENTS PO BOX 28019 ALBUQUERQUE, NM 87125	INVESTMENT ADVISOR FEES	90,600
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
<b>1</b> _____ _____ _____	
<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 . . . . . ►	0

**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>	37,238,802
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,445,376
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	10,150,353
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	48,834,531
<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>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	48,834,531
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	732,518
<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>	48,102,013
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	2,405,101

**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>	2,405,101
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	61,358
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	282,639
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	343,997
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	2,061,104
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	2,061,104
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<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>	2,061,104

**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>	2,145,347
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<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>	2,145,347
<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>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	2,145,347

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				2,061,104
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	1,391,371			
<b>b</b> From 2014. . . . .	1,616,484			
<b>c</b> From 2015. . . . .	634,940			
<b>d</b> From 2016. . . . .	973,372			
<b>e</b> From 2017. . . . .	1,066,601			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	5,682,768			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 2,145,347				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				2,061,104
<b>e</b> Remaining amount distributed out of corpus	84,243			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,767,011			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<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). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	1,391,371			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	4,375,640			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	1,616,484			
<b>b</b> Excess from 2015. . . . .	634,940			
<b>c</b> Excess from 2016. . . . .	973,372			
<b>d</b> Excess from 2017. . . . .	1,066,601			
<b>e</b> Excess from 2018. . . . .	84,243			

**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 2018, 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			<b>(e) Total</b>
	<b>(a)</b> 2018	<b>(b)</b> 2017	<b>(c)</b> 2016	<b>(d)</b> 2015	
<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 BRITTINGHAM FAMILY FOUNDATION 1482 EAST VALLEY ROAD SUITE 703 SANTA BARBARA, CA 93108 (805) 969-5415 INFO@BRITTINGHAMFAMILYFOUNDATION.ORG	
<b>b</b> The form in which applications should be submitted and information and materials they should include THE FOUNDATION ONLY ACCEPTS APPLICATIONS ONLINE. GRANT-SEEKING ORGANIZATIONS CAN SUBMIT AN APPLICATION ONLINE THROUGH THE WEBSITE WWW.BRITTINGHAMFAMILYFOUNDATION.ORG/GRANTS-PARTNERSHIPS. AFTER APPLYING ONLINE, PLEASE BE AWARE THAT IT COULD TAKE UP TO FOUR MONTHS BEFORE RECEIVING A RESPONSE.	
<b>c</b> Any submission deadlines N/A	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors THE FOUNDATION EVALUATES GRANT REQUESTS QUARTERLY FROM CERTAIN COUNTIES IN THE STATES OF CALIFORNIA AND COLORADO	

**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>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	

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	
Enter gross amounts unless otherwise indicated				
<b>1</b> Program service revenue				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
<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	62,551	
<b>4</b> Dividends and interest from securities. . . . .				
		14	907,605	
<b>5</b> Net rental income or (loss) from real estate				
<b>a</b> Debt-financed property. . . . .				
		16	3,900	
<b>b</b> Not debt-financed property. . . . .				
<b>6</b> Net rental income or (loss) from personal property				
<b>7</b> Other investment income. . . . .				
		14	98,056	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .				
		14	2,359,619	
<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 _____				
c _____				
d _____				
e _____				
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .				
	0		3,431,731	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . <b>13</b> 3,431,731				

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

[illegible]

## Part XVII

	Yes	No
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<b>1a(1)</b>	<b>No</b>
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1a(2)	No
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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>	<b>No</b>
--------------	-----------

<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
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<b>1b(5)</b>	<b>No</b>
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<b>1b(6)</b>		<b>No</b>
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<b>1c</b>		<b>No</b>
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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

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

\*\*\*\*\* 2019-11-11 \*\*\*\*\* May the IRS discuss this return with the preparer shown below?

Signature of officer or trustee \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

2019-11-11 \*\*\*\*\* May the IRS discuss this return

\*\*\*\*\* May the IRS discuss this

May the IRS discuss this  
return  
with the preparer shown  
below

(see instr )? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	CHRISLEY N REED CPA			
	Firm's name ► MCGOWAN GUNTERMANN			Firm's EIN ► 95-3680171

Print/Type preparer's name	Preparer's Signature	Date	PTIN
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CHRISLEY N REED CPA		employed <input type="checkbox"/>
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Preparer's Signature	Date	PTIN
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Date	PTIN
------	------

Check if self-employed ☐

PTIN

P00025230

Firm's name ▶	MCGOWAN GUNTERMAN	5	1	FIN 25 2622171
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Firm's EIN ▶ 95-3680171

Firm's address ►	111 E VICTORIA ST 2ND FLOOR
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SANTA BARBARA, CA 931012018 Phone no (805) 962-9175

Phone no (805) 962-9175

**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 )
1	FIDELITY #4790	P	2018-06-30	2018-12-31
1	FIDELITY #4790	P	2017-06-30	2018-12-31
	FIDELITY #4774	P	2018-06-30	2018-12-31
	FIDELITY #4774	P	2017-06-30	2018-12-31
	MERRILL LYNCH	P	2018-06-30	2018-12-31
	CITI BANK	P	2017-06-30	2018-12-31
	CITI BANK	P	2018-06-30	2018-12-31
	CAPITAL GAINS DIVIDENDS	P		
	RCG K-1	P		
	MISCELLANEOUS	P		

**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)
272,188		222,862	49,326
68,458		69,313	-855
70,077		71,572	-1,495
2,671,643		597,357	2,074,286
		3,712	-3,712
		25,687	-25,687
20,620			20,620
233,601			233,601
9,800			9,800
3,735			3,735

**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			(I) 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	
			49,326
			-855
			-1,495
			2,074,286
			-3,712
			-25,687
			20,620
			233,601
			9,800
			3,735

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>				
ADVANCEMENT PROJECT 1910 W SUNSET BLVD 500 LOS ANGELES, CA 90026	NONE	PC	GENERAL SUPPORT	1,000
ANGELS FOSTER CARE 3905 STATE STREET 7-115 SANTA BARBARA, CA 93105	NONE	PC	GENERAL SUPPORT	5,000
ASPEN CENTER FOR ENVIRONMENTAL STUDIES 100 PUPPY SMITH ST ASPEN, CO 81611451	NONE	PC	GENERAL OPERATING SUPPORT	11,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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)				
a Paid during the year				
ASPEN INSTITUTE INC 2300 N STREET NW 700 WASHINGTON, DC 20037	NONE	PC	GENERAL	3,500
ASPEN VALLEY HOSPITAL FOUNDATION 0401 CASTLE CREEK RD ASPEN, CO 816111451	NONE	PC	GENERAL	1,000
BOYS & GIRLS CLUB OF SANTA BARBARA 632 E CANNON PERDIDO ST SANTA BARBARA, CA 93103	NONE	PC	GENERAL	3,500
Total . . . . . ▶ 3a				1,648,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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>				
CASA DEL HERRERO FOUNDATION 1387 EAST VALLEY ROAD MONTECITO, CA 93108	NONE	PC	GENERAL	1,000
COASTAL RANCHES CONSERVANCY 1482 E VALLEY RD SUITE 135 SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING SUPPORT	5,000
COMMUNITY COUNSELING CENTER INC 923 OLIVE STREET SANTA BARBARA, CA 931011447	NONE	PC	SPANISH SPEAKING FAMILIES PROGRAM	1,000
<b>Total . . . . .</b> ► <b>3a</b>				1,648,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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 ST 2ND FLOOR SANTA BARBARA, CA 93101	NONE	PC	GENERAL	2,500
CRANE COUNTRY DAY SCHOOL 1795 SAN LEANDRO LANE SANAT BARBARA, CA 931082639	NONE	PC	ANNUAL FUND	10,000
DREAM FOUNDATION 1528 CHAPALA ST SUITE 304 SANAT BARBARA, CA 931018821	NONE	PC	GENERAL OPERATING SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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>				
FAMILY THERAPY INSTITUTE OF SANTA BARBARA 111 E ARRELLAGA ST SANTA BARBARA, CA 93101	NONE	PC	GENERAL	1,000
FOUR WINDS WESTWARD HO CAMP PO BOX 140 DEER HARBOUR, WA 98243	NONE	PC	GENERAL OPERATING SUPPORT	10,000
FRACTURED ATLAS PRODUCTIONS INC 248 WEST 35TH ST 10TH FLOOR NEW YORK, NY 10001	NONE	PC	GENERAL OPERATING SUPPORT	62,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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>				
FUND FOR SANTA BARBARA INC 26 W ANAPAMU ST SUITE 100 SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	25,000
GOOD SAMARITAN HOSPITAL 1225 WILSHIRE BOULEVARD ANGELES, CA 90017	NONE	PC	GENERAL OPERATING SUPPORT	1,000
GREATER GOODS145 W EL ROBLAR DR OJAI, CA 930238304	NONE	PC	GENERAL	10,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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>				
HEAL THE OCEANPO BOX 90106 SANTA BARBARA, CA 93109	NONE	PC	GENERAL OPERATING SUPPORT	10,000
KCRW FOUNDATION1900 PICO BLVD SANTA MONICA, CA 90405	NONE	PC	GENERAL	1,000
LAS MADRINAS4650 W SUNSET BLVD 4 LOS ANGELES, CA 90027	NONE	PC	GENERAL	25,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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>				
LOBERO THEATRE FOUNDATION 33 E CANON PERDIDO ST SANTA BARBARA, CA 931012213	NONE	PC	GENERAL OPERATING SUPPORT	1,000
LOS PADRES FOREST WATCH PO BOX 831 SANTA BARBARA, CA 931020831	NONE	PC	GENERAL OPERATING SUPPORT	1,000
MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 55905	NONE	PC	GENERAL	49,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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>				
MISSION SPRINGS CHRISTIAN CAMP 1050 LOCKHART GULCH RD SCOTTS VALLEY, CA 95066	NONE	PC	GENERAL	25,000
MONTECITO TRAILS FOUNDATION PO BOX 5481 SANTA BARBARA, CA 93150	NONE	PC	GENERAL	10,000
PLANNED PARENTHOOD SANTA BARBARA 518 GARDEN ST SANTA BARBARA, CA 93101	NONE	PC	GENERAL	10,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

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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>				
SANTA BARBARA CENTER FOR THE PERFORMING ARTS INC 1330 STATE ST SANTA BARBARA, CA 931012608	NONE	PC	GENERAL OPERATING SUPPORT	2,500
SANTA BARBARA FIREFIGHTERS ALLIANCE PO BOX 3776 SANTA BARBARA, CA 931300772	NONE	PC	GENERAL	10,000
SANTA BARBARA MUSEUM OF ART 1130 STATE STREET SANTA BARBARA, CA 931010000	NONE	PC	GENERAL OPERATING SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				1,648,000



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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>				
SANTA BARBARA MUSEUM OF NATURAL HISTORY 2559 PUESTA DEL SOL SANTA BARBARA, CA 931052936	NONE	PC	GENERAL OPERATING SUPPORT	81,000
SCHOLARSHIP FOUNDATION OF SANTA BARBARA PO BOX 3620 SANTA BARBARA, CA 931303620	NONE	PC	CSUCI BSN NURSING PROGRAM AT COTTAGE SCHOLARSHIPS	20,000
STANFORD UNIVERSITY 434 GALVEZ MALL STANFORD, CA 943056010	NONE	PC	CARDINAL SERVICE SEED SUMMER INTERNSHIP PROGRAM	1,000,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

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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>				
STANFORD UNIVERSITY 434 GALVEZ MALL STANFORD, CA 943056010	NONE	PC	ATHLETIC DEPARTMENT	10,000
SURF HAPPENS FOUNDATION 13 EAST HALEY ST SANTA BARBARA, CA 93101	NONE	PC	GENERAL OPERATING SUPPORT	10,000
THACHER SCHOOL INC 5025 THACHER RD OJAI, CA 930238304	NONE	PC	GENERAL OPERATING	25,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

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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 LAND TRUST FOR SANTA BARBARA COUNTY PO BOX 91830 SANTA BARBARA, CA 931901830	NONE	PC	GENERAL OPERATING SUPPORT	1,000
TRANSITION HOUSE425 E COTA ST SANTA BARBARA, CA 93101	NONE	PC	GENERAL	5,000
UNIVERSITY OF SOUTHERN CALIFORNIA 3501 WATT WAY HERITAGE HALL 203A LOS ANGELES, CA 900890602	NONE	PC	ATHLETIC DEPARTMENT	40,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF SOUTHERN CALIFORNIA 3501 WATT WAY HERITAGE HALL 203A LOS ANGELES, CA 900890602	NONE	PC	GENERAL	1,000
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVE MADISON, WI 537264090	NONE	PC	SCOTT AND ELLA BRITTINGHAM VIKING FUND	120,000
VISITING NURSE & HOSPICE CARE OF SANTA BARBARA 512 E GUTIERREZ ST SANTA BARBARA, CA 93103	NONE	PC	GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, 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>				
WILDERNESS YOUTH PROJECT INC 5386 HOLLISTER AVE D SANTA BARBARA, CA 93111	NONE	PC	GENERAL	10,000
WILLIAMS COLLEGE75 PARK STREET WILLIAMSTOWN, MA 012673163	NONE	PC	ANNUAL FUND	20,000
<b>Total . . . . . ▶ 3a</b>				1,648,000

**TY 2018 Accounting Fees Schedule****Name:** BRITTINGHAM FAMILY FOUNDATION**EIN:** 26-2992045

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	72,275	16,388		55,887

**TY 2018 Investments - Other Schedule****Name:** BRITTINGHAM FAMILY FOUNDATION**EIN:** 26-2992045**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
FIDELITY #4790	AT COST	7,303,654	7,303,654
FIDELITY #4774	AT COST	22,877,051	22,877,051
CITI	AT COST	228,336	228,336
MERRILL LYNCH	AT COST	1,013,499	1,013,499
RUANE	AT COST	2,811,984	2,811,984
1561 EAST VALLEY ROAD	AT COST	5,100,000	5,100,000
1857 SAN LEANDRO	AT COST	2,289,001	2,289,001
SONOS	AT COST	707,040	707,040
HARBOUR REALTY	AT COST	1,373,261	1,373,261
RCG VENTURES	AT COST	153,304	153,304
EMMETT OCHS	AT COST	461,563	461,563

**TY 2018 Legal Fees Schedule****Name:** BRITTINGHAM FAMILY FOUNDATION**EIN:** 26-2992045

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	6,118	0		6,118



## TY 2018 Other Assets Schedule

**Name:** BRITTINGHAM FAMILY FOUNDATION

**EIN:** 26-2992045

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
NOTE RECEIVABLE	250,000	250,000	250,000

**TY 2018 Other Decreases Schedule**

**Name:** BRITTINGHAM FAMILY FOUNDATION  
**EIN:** 26-2992045

Description	Amount
UNREALIZED LOSS	5,758,034

**TY 2018 Other Expenses Schedule****Name:** BRITTINGHAM FAMILY FOUNDATION**EIN:** 26-2992045**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXPENSES	187,816	187,816		0
INSURANCE	836	0		836
PROPERTY	103,005	0		103,005

## TY 2018 Other Income Schedule

**Name:** BRITTINGHAM FAMILY FOUNDATION

**EIN:** 26-2992045

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS	98,056	0	98,056

**TY 2018 Other Professional Fees Schedule****Name:** BRITTINGHAM FAMILY FOUNDATION**EIN:** 26-2992045

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONTRACT SERVICES	41,182	24,047		17,135

**TY 2018 Taxes Schedule****Name:** BRITTINGHAM FAMILY FOUNDATION**EIN:** 26-2992045

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PAYROLL TAXES	25,243	0		25,243
EXCISE TAXES	587,989	0		0