

**Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation**

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

Open to Public Inspection

For calendar year 2021 or tax year beginning 7/01, **2021, and ending** 6/30, **2022**

TOWBES FOUNDATION
33 E. CARRILLO STREET #201
SANTA BARBARA, CA 93101

A Employer identification number
95-3519577

B Telephone number (see instructions)
805-690-4603

C If exemption application is pending, check here. ▶

D 1 Foreign organizations, check here. ▶

2 Foreign organizations meeting the 85% test, check here and attach computation ▶

E If private foundation status was terminated under section 507(b)(1)(A), check here. ▶

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ▶

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
▶ \$ 9,407,294.

J Accounting method: Cash Accrual
 Other (specify) _____
(Part I, column (d), must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule). . .	86,150.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	13,422.	13,422.		
	4 Dividends and interest from securities.	212,800.	212,800.		
	5a Gross rents	3,685,625.	3,685,625.		
	b Net rental income or (loss)	1,616,157.			
	6a Net gain or (loss) from sale of assets not on line 10	-40,501.			
	b Gross sales price for all assets on line 6a	1,580,947.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule).					
11 Other income (attach schedule).					
12 Total. Add lines 1 through 11.	3,957,496.	3,911,847.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	153,033.			153,033.
	14 Other employee salaries and wages.				
	15 Pension plans, employee benefits	36,751.			36,751.
	16a Legal fees (attach schedule) See St. 1	34,336.			34,336.
	b Accounting fees (attach sch) See St. 2	61,010.			61,010.
	c Other professional fees (attach sch) See St. 3	1,050.			1,050.
	17 Interest.				
	18 Taxes (attach schedule)(see instrs) See Stmt 4	-4,150.			11,285.
	19 Depreciation (attach schedule) and depletion See Stmt 5	12,377.			
	20 Occupancy.	65,332.			65,332.
	21 Travel, conferences, and meetings.				
	22 Printing and publications.				
	23 Other expenses (attach schedule) See Statement 6	2,182,415.	2,120,095.		62,008.
	24 Total operating and administrative expenses. Add lines 13 through 23.	2,542,154.	2,120,095.		424,805.
	25 Contributions, gifts, grants paid. Part XIV	1,556,750.			1,556,750.
26 Total expenses and disbursements. Add lines 24 and 25.	4,098,904.	2,120,095.	0.	1,981,555.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-141,408.				
b Net investment income (if negative, enter -0-)		1,791,752.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	530,292.	345,052.	345,052.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)			
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis			
Less: accumulated depreciation (attach schedule)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule) <i>Statement 7</i>	10,581,737.	9,928,584.	9,010,779.	
14 Land, buildings, and equipment: basis <i>87,362.</i>				
Less: accumulated depreciation (attach schedule) <i>See Stmt 8</i>	35,899.	63,840.	51,463.	
15 Other assets (describe)				
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I).	11,175,869.	10,325,099.	9,407,294.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe <i>See Statement 9</i>)	965,126.	255,764.	
	23 Total liabilities (add lines 17 through 22)	965,126.	255,764.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	10,210,743.	10,069,335.	
29 Total net assets or fund balances (see instructions)	10,210,743.	10,069,335.		
30 Total liabilities and net assets/fund balances (see instructions)	11,175,869.	10,325,099.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	10,210,743.
2	Enter amount from Part I, line 27a	2	-141,408.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	10,069,335.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	10,069,335.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1 a	See Statement 10				
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2	Capital gain net income or (net capital loss)	<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7		2	-40,501.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	0.

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

1 a	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	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)	1	24,905.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	24,905.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	24,905.
6	Credits/Payments:		
a	2021 estimated tax pymts and 2020 overpayment credited to 2021	6 a	12,461.
b	Exempt foreign organizations — tax withheld at source	6 b	
c	Tax paid with application for extension of time to file (Form 8868)	6 c	
d	Backup withholding erroneously withheld	6 d	
7	Total credits and payments. Add lines 6a through 6d	7	12,461.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	331.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	12,775.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2022 estimated tax ▶	Refunded	▶ 11

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Part VI-A Statements Regarding Activities

	Yes	No
1 a 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?		X
1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		X
If the answer is 'Yes' to 1 a or 1 b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
1 c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ <u>0.</u> (2) On foundation managers ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If 'Yes,' attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4 b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If 'Yes,' attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XIV	X	
8 a Enter the states to which the foundation reports or with which it is registered. See instructions <u>CA</u>		
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 <i>General Instruction G</i> ? If 'No,' attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If 'Yes,' complete Part XIII ..		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions. See. St. 11	X	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ... Website address. ▶ <u>TOWBESFOUNDATION.ORG</u>	X	
14 The books are in care of ▶ <u>TOWBES FOUNDATION</u> Telephone no. ▶ <u>805-690-4603</u> Located at ▶ <u>P.O. BOX 20130 SANTA BARBARA CA</u> ZIP + 4 ▶ <u>93120</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here. N/A. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶		

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Part VI-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.

	Yes	No
1 a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 a (1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1 a (2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 a (3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 a (4)	X
(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)?	1 a (5)	X
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1 a (6)	X
b If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1 b	X
c Organizations relying on a current notice regarding disaster assistance, check here		
d 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 2021?	1 d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2 a	X
If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions.)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 __ , 20 __ , 20 __ , 20 __		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3 a	X
b If 'Yes,' did it have excess business holdings in 2021 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3 b	
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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 2021?	4 b	X

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

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

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

1 List all officers, directors, trustees, and 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
See Statement 12		153,033.	36,751.	0.

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
None				

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

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

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None ----- -----		
----- -----		
----- -----		
----- -----		
----- -----		
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A ----- -----	
2 ----- -----	
3 ----- -----	
4 ----- -----	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount	
1 N/A ----- -----		
2 ----- -----		
All other program-related investments. See instructions. 3 ----- -----		
Total. Add lines 1 through 3		0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities.....	1 a	11,149,727.
b Average of monthly cash balances.....	1 b	748,757.
c Fair market value of all other assets (see instructions).....	1 c	
d Total (add lines 1a, b, and c).....	1 d	11,898,484.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).....	1 e	0.
2 Acquisition indebtedness applicable to line 1 assets.....	2	0.
3 Subtract line 2 from line 1d.....	3	11,898,484.
4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).....	4	178,477.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.....	5	11,720,007.
6 Minimum investment return. Enter 5% (0.05) of line 5.....	6	586,000.

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

1 Minimum investment return from Part IX, line 6.....	1	586,000.
2 a Tax on investment income for 2021 from Part V, line 5.....	2 a	24,905.
b Income tax for 2021. (This does not include the tax from Part V.).....	2 b	
c Add lines 2a and 2b.....	2 c	24,905.
3 Distributable amount before adjustments. Subtract line 2c from line 1.....	3	561,095.
4 Recoveries of amounts treated as qualifying distributions.....	4	
5 Add lines 3 and 4.....	5	561,095.
6 Deduction from distributable amount (see instructions).....	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1.....	7	561,095.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26.....	1 a	1,981,555.
b Program-related investments – total from Part VIII-B.....	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.....	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required).....	3 a	
b Cash distribution test (attach the required schedule).....	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4.....	4	1,981,555.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				561,095.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years: 20 __, 20 __, 20 __		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	942,990.			
b From 2017	2,160,734.			
c From 2018	2,272,062.			
d From 2019	2,094,164.			
e From 2020	1,093,474.			
f Total of lines 3a through e	8,563,424.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 1,981,555.				
a Applied to 2020, 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 2021 distributable amount				561,095.
e Remaining amount distributed out of corpus ..	1,420,460.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	9,983,884.			
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 2020. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
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 2016 not applied on line 5 or line 7 (see instructions) ..	942,990.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	9,040,894.			
10 Analysis of line 9:				
a Excess from 2017	2,160,734.			
b Excess from 2018	2,272,062.			
c Excess from 2019	2,094,164.			
d Excess from 2020	1,093,474.			
e Excess from 2021	1,420,460.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) 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 2021, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c 'Support' alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
None

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.
None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

See Statement 13

b The form in which applications should be submitted and information and materials they should include:

See Statement for Line 2a

c Any submission deadlines:

See Statement for Line 2a

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

See Statement for Line 2a

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Statement 14				
Total ▶ 3 a				1,556,750.
b <i>Approved for future payment</i>				
Total ▶ 3 b				

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash

(2) Other assets

b Other transactions:

(1) Sales of assets to a noncharitable exempt organization

(2) Purchases of assets from a noncharitable exempt organization

(3) Rental of facilities, equipment, or other assets

(4) Reimbursement arrangements

(5) Loans or loan guarantees

(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

Table with columns Yes and No for various categories 1 a (1) through 1 c.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Schedule table with columns (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?

Yes No

b If 'Yes,' complete the following schedule.

Schedule table with columns (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.

Sign Here

Signature of officer or trustee Date

Executive Dir. Title

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Preparer information fields including name, signature, date, firm name, address, EIN, and phone number.

BAA

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

TOWBES FOUNDATION

Employer identification number

95-3519577

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[] 501(c)() (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[X] 501(c)(3) exempt private foundation

[] 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

[X] 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), 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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), 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).

Name of organization TOWBES FOUNDATION	Employer identification number 95-3519577
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWBES 2002 TRUST P.O. BOX 20130 SANTA BARBARA, CA 93120	\$ 86,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOWBES FOUNDATION	Employer identification number 95-3519577
--	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **TOWBES FOUNDATION** Employer identification number **95-3519577**

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 information once. See instructions.)..... ▶\$ _____ **N/A**
 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
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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. 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. 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

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2021

Name TOWBES FOUNDATION	Employer identification number 95-3519577
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	24,905.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.		3	24,905.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	24,905.

Part II Reasons for Filing – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	11/15/21	12/15/21	3/15/22	6/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	6,226.	6,226.	6,226.	6,227.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.	11	12,461.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		6,235.	9.	
13 Add lines 11 and 12	13		6,235.	9.	
14 Add amounts on lines 16 and 17 of the preceding column	14				6,217.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	12,461.	6,235.	9.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			6,217.	6,227.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column.	18	6,235.	9.		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 – no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions.....	19		11/15/22	11/15/22
20 Number of days from due date of installment on line 9 to the date shown on line 19.....	20		245	153
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021.....	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3% (0.03)	22			
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021.....	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3% (0.03)	24			
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022.....	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 3% (0.03)	26			
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022.....	27		16	
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)	28		8.18	
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022.....	29		91	15
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 4% ...	30		62.00	10.24
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022.....	31		92	92
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x 5% ...	32		78.35	78.48
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023.....	33		46	46
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x 6% ...	34		47.01	47.09
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023.....	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x % ...	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.....	37		195.54	135.81
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns.....	38			331.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

TOWBES FOUNDATION

95-3519577

Statement 1
Form 990-PF, Part I, Line 16a
Legal Fees

	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL FEES.....	\$ 34,336.			\$ 34,336.
Total	<u>\$ 34,336.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 34,336.</u>

Statement 2
Form 990-PF, Part I, Line 16b
Accounting Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACCOUNTING FEES.....	\$ 53,190.			\$ 53,190.
BOOKKEEPING.....	7,820.			7,820.
Total	<u>\$ 61,010.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 61,010.</u>

Statement 3
Form 990-PF, Part I, Line 16c
Other Professional Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
CONSULTING.....	\$ 1,050.			\$ 1,050.
Total	<u>\$ 1,050.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 1,050.</u>

Statement 4
Form 990-PF, Part I, Line 18
Taxes

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
EXCISE TAX, NET OF REFUNDS.....	\$ -15,435.			
PAYROLL TAXES.....	11,285.			\$ 11,285.
Total	<u>\$ -4,150.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 11,285.</u>

TOWBES FOUNDATION

95-3519577

Statement 5
Form 990-PF, Part I, Line 19
Allocated Depreciation

Date Acquired	Cost Basis	Prior Yr Depr	Method	Rate	Life	Current Yr Depr	Net Invest Income	Adjusted Net Income
LEASEHOLD IMPROVEMENTS 12/26/19	31,979	- JOB 40-025 1,795	S/L		27.5	1,163	0	0
FURNITURE 1/08/20	30,855	11,178	200DB		7	5,622	0	0
AUDIO VIDEO SYSTEM - JENSEN AUDIO 6/01/20	24,528	10,549	200DB		5	5,592	0	0

Statement 6
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Bank Charges.....	\$ 312.			
COMPUTER.....	11,272.			\$ 11,272.
COPYING.....	2,756.			2,756.
HVAC.....	1,175.			1,175.
INSURANCE - LIABILITY.....	6,566.			6,566.
INVESTMENT EXPENSES.....	50,627.	\$ 50,627.		
JANITORIAL.....	4,531.			4,531.
MEMBERSHIP DUES.....	8,875.			8,875.
OFFICE EXPENSES.....	2,346.			2,346.
PAYROLL SERVICE.....	2,852.			2,852.
Rental Expenses.....	2,069,468.	2,069,468.		
SEMINARS/CONFERENCES/EDUCATION.....	2,549.			2,549.
SOFTWARE.....	10,353.			10,353.
TELEPHONE.....	6,474.			6,474.
WEBSITE.....	1,500.			1,500.
WORKERS COMP INSURANCE.....	759.			759.
Total	<u>\$ 2,182,415.</u>	<u>\$ 2,120,095.</u>	<u>\$ 0.</u>	<u>\$ 62,008.</u>

Statement 7
Form 990-PF, Part II, Line 13
Investments - Other

Other Investments	Valuation Method	Book Value	Fair Market Value
JP MORGAN	Cost	\$ 9,928,584.	\$ 9,010,779.
Total		<u>\$ 9,928,584.</u>	<u>\$ 9,010,779.</u>

TOWBES FOUNDATION

95-3519577

Statement 8
Form 990-PF, Part II, Line 14
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value	Fair Market Value
Miscellaneous	\$ 87,362.	\$ 35,899.	\$ 51,463.	\$ 51,463.
Total	<u>\$ 87,362.</u>	<u>\$ 35,899.</u>	<u>\$ 51,463.</u>	<u>\$ 51,463.</u>

Statement 9
Form 990-PF, Part II, Line 22
Other Liabilities

DEFICIT IN INVESTMENT.....	\$ 255,764.
Total	<u>\$ 255,764.</u>

Statement 10
Form 990-PF, Part IV, Line 1
Capital Gains and Losses for Tax on Investment Income

Item	(a) Description	(b) How Acquired	(c) Date Acquired	(d) Date Sold
1	ISHARES TRUST ESG AWA RE	Purchased	Various	7/19/2021
2	JP MORGAN CAPITAL GAIN DISTRIBUTIONS	Purchased	Various	12/13/2021
3	ISHARES TRUST ISHARES ESG AWA RE	Purchased	Various	9/20/2021
4	ISHARES ESG AWARE US AGGREGATE	Purchased	Various	11/09/2021
5	INVESCO QQQ TRUST SERIES 1	Purchased	Various	2/17/2022
6	INVESCO QQQ TRUST SERIES 1	Purchased	Various	2/17/2022
7	ISHARES ESG AWARE US AGGREGATE	Purchased	Various	3/04/2022
8	INVESCO QQQ TRUST SERIES 1	Purchased	Various	3/11/2022
9	ISHARES TRUST ISHARES ESG AWARE	Purchased	Various	3/29/2022
10	ISHARES TRUST ISHARES ESG AWA RE	Purchased	Various	4/28/2022
11	ISHARES MSCI JAPAN ETF	Purchased	Various	4/28/2022
12	CALVERT EMERG MRKTS EQTY-R6	Purchased	Various	6/24/2022
13	DOUBLELINE TTL RTRN BND-R6	Purchased	Various	6/24/2022
14	PIMCO TOTAL RETURN ESG-INST	Purchased	Various	6/24/2022
15	PARNASSUS MID CAP FUND-INST	Purchased	Various	6/24/2022
16	PARNASSUS CORE EQUITY-INST	Purchased	Various	6/24/2022
17	TIAA-CREF CORE IMPCT BD-INST	Purchased	Various	6/24/2022
18	ISHARES ESG AWARE US AGGREGATE	Purchased	Various	6/27/2022
19	SCHWAB U.S. TIPS ETF	Purchased	Various	6/27/2022
20	INVESCO QQQ TRUST SERIES 1	Purchased	Various	6/27/2022
21	ISHARES TRUST ISHARES ESG AWARE	Purchased	Various	6/27/2022
22	VANGUARD SHORT-TERM TIPS	Purchased	Various	6/27/2022
23	ISHARES INC ISHARES ESG AWA RE	Purchased	Various	6/27/2022
24	ISHARES TRUST ISHARES ESG AWA RE	Purchased	Various	6/27/2022

Item	(e) Gross Sales	(f) Deprec. Allowed	(g) Cost Basis	(h) Gain (Loss)	(i) FMV 12/31/69	(j) Adj. Bas. 12/31/69	(k) Excess (i) - (j)	(l) Gain (Loss)
1	115,689.		108,533.	7,156.			\$ 7,156.	
2	80,248.		0.	80,248.			80,248.	
3	177,884.		161,493.	16,391.			16,391.	
4	60,288.		61,793.	-1,505.			-1,505.	

TOWBES FOUNDATION

95-3519577

Statement 10 (continued)
Form 990-PF, Part IV, Line 1
Capital Gains and Losses for Tax on Investment Income

Item	(e) Gross Sales	(f) Deprec. Allowed	(g) Cost Basis	(h) Gain (Loss)	(i) FMV 12/31/69	(j) Adj. Bas. 12/31/69	(k) Excess (i) - (j)	(l) Gain (Loss)
5	13,836.		13,646.	190.				\$ 190.
6	71,949.		71,030.	919.				919.
7	55,214.		59,464.	-4,250.				-4,250.
8	82,406.		83,657.	-1,251.				-1,251.
9	83,734.		90,221.	-6,487.				-6,487.
10	103,045.		103,404.	-359.				-359.
11	51,953.		64,722.	-12,769.				-12,769.
12	24,512.		38,065.	-13,553.				-13,553.
13	23,398.		26,889.	-3,491.				-3,491.
14	25,319.		31,086.	-5,767.				-5,767.
15	8,953.		10,816.	-1,863.				-1,863.
16	44,725.		51,959.	-7,234.				-7,234.
17	104,570.		124,319.	-19,749.				-19,749.
18	47,885.		55,829.	-7,944.				-7,944.
19	32,420.		35,555.	-3,135.				-3,135.
20	23,641.		27,179.	-3,538.				-3,538.
21	124,327.		157,461.	-33,134.				-33,134.
22	37,904.		38,998.	-1,094.				-1,094.
23	6,235.		8,908.	-2,673.				-2,673.
24	180,812.		196,421.	-15,609.				-15,609.
								Total \$ <u>-40,501.</u>

Statement 11
Form 990-PF, Part VI-A, Line 12
Explanation of Distribution to Donor Advised Fund

Qualifying Distribution Statement:

DURING FISCAL YEAR ENDED JUNE 30, 2022, THE FOUNDATION DONATED \$775,000 TO THE SANTA BARBARA FOUNDATION IN ORDER TO CREATE THE TOWBES FOUNDATION FUND. THIS DONOR ADVISED FUND IS MANAGED BY THE SANTA BARBARA FOUNDATION AND REPRESENTS AN IRREVOCABLE CONTRIBUTION TO THE SANTA BARBARA FOUNDATION OVER WHICH THE TOWBES FOUNDATION ONLY HAS ADVISORY PRIVILEGES. THE FULL AMOUNT OF THIS DISTRIBUTION WAS TREATED AS A QUALIFYING DISTRIBUTION ON THIS TAX RETURN.

Section 170(C)(2)(B) Explanation:

FUTURE DISTRIBUTIONS FROM THIS DONOR ADVISED FUND WILL BE DIRECTED TO SUPPORT EDUCATION, MENTAL HEALTH, AND OTHER COMMUNITY PRIORITIES, THE SAME AS OTHER QUALIFYING DISTRIBUTIONS MADE DIRECTLY BY THE TOWBES FOUNDATION.

TOWBES FOUNDATION

95-3519577

Statement 12
Form 990-PF, Part VII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SHERIDAH GERARD P.O. BOX 20130 SANTA BARBARA, CA 93120	Secretary 1.00	\$ 2,250.	\$ 0.	\$ 0.
LYNN C. TOWBES P.O. BOX 20130 SANTA BARBARA, CA 93120	President 10.00	2,250.	0.	0.
ROBERT L. SKINNER P.O. BOX 20130 SANTA BARBARA, CA 93120	Vice President 2.00	2,250.	0.	0.
PATRICIA MACFARLANE P.O. BOX 20130 SANTA BARBARA, CA 93120	Treasurer 10.00	0.	0.	0.
KRISTEN SULLIVAN, PH.D. P.O. BOX 20130 SANTA BARBARA, CA 93120	Executive Dir. 40.00	144,033.	36,751.	0.
VIRGINIA SALAZAR P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	0.	0.	0.
ALLISON LEWIS-TOWBES P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	2,250.	0.	0.
RON WERFT P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	0.	0.	0.
PATRICIA MADRIGAL P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	0.	0.	0.
Total		<u>\$ 153,033.</u>	<u>\$ 36,751.</u>	<u>\$ 0.</u>

Statement 13
Form 990-PF, Part XIV, Line 2a-d
Application Submission Information

Name of Grant Program: TOWBES FOUNDATION
Name: TOWBES FOUNDATION
Care Of:
Street Address: 33 E. CARRILLO STREET SUITE 201
City, State, Zip Code: SANTA BARBARA, CA 93101
Telephone: 805-690-4603
E-Mail Address:
Form and Content: SEE STATEMENT ATTACHED - SCHEDULE #1 GRANTING POLICIES
Submission Deadlines: SEE STATEMENT ATTACHED - SCHEDULE #1 GRANTING POLICIES

TOWBES FOUNDATION

95-3519577

Statement 13 (continued)
Form 990-PF, Part XIV, Line 2a-d
Application Submission Information

Restrictions on Awards: SEE STATEMENT ATTACHED - SCHEDULE #1 GRANTING POLICIES

Statement 14
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
ADVENTURES IN CARING 1528 CHAPALA STREET #202 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	\$ 5,000.
AHA! (ATTITUDE. HARMONY. ACHIEVEMENT.) 1209 DE LA VINA STREET, SUITE A SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	10,000.
ANGELS FOSTER CARE OF SANTA BARBARA 3905 STATE STREET, #7-115 SANTA BARBARA CA 93105		PC	KINSHIP ANGELS PROGRAM	7,500.
ANTI-DEFAMATION LEAGUE 1528 CHAPALA STREET, SUITE 301 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	6,000.
ATTERDAG AT HOME INC. 636 ATTERDAG ROAD SOLVANG CA 93463		PC	MEALS ON WHEELS PROGRAM	5,000.
BOYS & GIRLS CLUB OF MID CENTRAL COAST 901 N. RAILROAD AVENUE SANTA MARIA CA 93458		PC	POWER HOUR PROGRAM SUPPORT	15,000.
CASA PACIFICA CENTERS FOR CHILDREN 1722 S. LEWIS ROAD CAMARILLO CA 93012		PC	SAFE ALTERNATIVES FOR TREATING YOUTH (SAFTY)	5,000.
CASA SERENA, INC. 1515 BATH STREET SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	10,000.
CHANNEL ISLANDS YMCA 105 EAST CARRILLO STREET SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	15,000.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
CHILD ABUSE LISTENING MEDIATION 1236 CHAPALA STREET SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	\$ 15,000.
CHILD ABUSE LISTENING MEDIATION 1236 CHAPALA STREET SANTA BARBARA CA 93101		PC	MENTAL HEALTH CONSULTATION MODEL IN SBUSD	15,000.
CHILDREN AND FAMILY RESOURCE SERVICES 3970 LA COLINA ROAD, SUITE 2 SANTA BARBARA CA 93110		PC	WELCOME EVERY BABY FAMILY CONNECTS	5,000.
COMMUNITY PARTNERS FOR YOUTHWELL PO BOX 741265 LOS ANGELES CA 90074		PC	GENERAL OPERATING SUPPORT	7,500.
COUNCIL ON DRUG AND ALCOHOL ABUSE PO BOX 28 SANTA BARBARA CA 93102		PC	CADA MENTOR PROGRAM	10,000.
COURT APPOINTED SPECIAL ADVOCATES (CASA) 2125 S. BROADWAY, SUITE 106 SANTA MARIA CA 93454		PC	UNRESTRICTED	5,000.
CUYAMA VALLEY FAMILY RESOURCE CENTER PO BOX 5, 4689 HIGHWAY 166 NEW CUYAMA CA 93254		PC	UNRESTRICTED	10,875.
DOMESTIC VIOLENCE SOLUTIONS FOR SB COUNT 411 E. CANON PERDIDO ST, SUITE 12 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	12,500.
EASY LIFT TRANSPORTATION 53 CASS PLACE, SUITE D GOLETA CA 93117		PC	UNRESTRICTED	5,000.
FAMILY SERVICE AGENCY OF SANTA BARBARA 123 W. GUTIERREZ STREET SANTA BARBARA CA 93101		PC	CHILD AND FAMILY COUNSELING	20,000.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
FOOD FROM THE HEART PO BOX 3908 SANTA BARBARA CA 93130		PC	GENERAL OPERATING SUPPORT	\$ 10,000.
FOODBANK OF SANTA BARBARA 1525 STATE STREET, SUITE 100 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	10,000.
SANTA BARBARA CITY COLLEGE FOUNDATION 721 CLIFF DRIVE SANTA BARBARA CA 93109		PC	RUNNING START PROGRAM	10,000.
FREEDOM 4 YOUTH 187 SOUTH PATTERSON AVENUE, SUITE A SANTA BARBARA CA 93111		PC	GENERAL OPERATING SUPPORT	7,500.
FUND FOR SANTA BARBARA PO BOX 90710 SANTA BARBARA CA 93190		PC	REGIONAL EQUITY STUDY AND YOUTH MAKING CHANGE	10,000.
FUTURE LEADERS OF AMERICA 126 EAST HALEY ST, UNIT A17 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	7,500.
GATEWAY EDUCATIONAL SERVICES 185 SOUTH PATTERSON AVENUE, SUITE E SANTA BARBARA CA 93111		PC	ACADEMIC SUPPORT FOR LATINX STUDENTS IN SANTA BARBARA	5,000.
GIRLS INC OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA CA 93013		PC	GENERAL OPERATING SUPPORT	10,000.
GIRLS INC OF GREATER SANTA BARBARA PO BOX 236 SANTA BARBARA CA 93102		PC	GENERAL OPERATING SUPPORT	10,000.
GOLETA EDUCATION FOUNDATION PO BOX 1177 GOLETA CA 93116		PC	DUAL LANGUAGE IMMERSION BILINGUAL LIBRARY INITIATIVE	2,500.
GUADALUPE-NIPOMO DUNES CENTER 1065 GUADALUPE STREET GUADALUPE CA 93434		PC	EXPLORE THE COAST	7,500.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
HILLSIDE HOUSE 1235 VERONICA SPRINGS ROAD SANTA BARBARA CA 93105		PC	UNRESTRICTED	\$ 7,500.
HOSPICE OF SANTA BARBARA, INC. 2050 ALAMEDA PADRE SERRA, SUITE 100 SANTA BARBARA CA 93103		PC	BEREAVEMENT COUNSELING FOR YOUTH PROGRAMMING	10,000.
ISLA VISTA SCHOOL PTA 6875 EL COLEGIO ROAD GOLETA CA 93117		PC	SCIENCE CAMP PROGRAM SCHOLARSHIP FUND	8,500.
ISLA VISTA YOUTH PROJECTS, INC. PO BOX 1332 GOLETA CA 93116		PC	GENERAL OPERATING SUPPORT	12,500.
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA CA 93101		PC	YOUTH FOR JUSTICE PROGRAM	5,000.
LEADING FROM WITHIN PO BOX 806 SANTA BARBARA CA 93102		PC	UNRESTRICTED	5,000.
MENTAL WELLNESS CENTER 617 GARDEN STREET SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	10,000.
MOXI 125 STATE STREET SANTA BARBARA CA 93101		PC	MOXI ON THE MOVE PROGRAM	7,500.
NATURETRACK FOUNDATION INC. PO BOX 953 LOS OLIVOS CA 93441		PC	FOSTERING A LIFELONG FASCINATION WITH NATURE PROGRAM	4,000.
NEW BEGINNINGS COUNSELING CENTER 324 E. CARRILLO STREET, #C SANTA BARBARA CA 93101		PC	DONALD J. WILLFONG COMMUNITY COUNSELING CLINIC	17,500.
NEW HOUSE SANTA BARBARA 2434 BATH STREET SANTA BARBARA CA 93105		PC	GENERAL OPERATING SUPPORT	10,000.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
PACIFIC PRIDE FOUNDATION 608 ANACAPA STREET, SUITE A SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	\$ 14,750.
PATHPOINT 315 W. HALEY STREET, SUITE 102 SANTA BARBARA CA 93101		PC	BEHAVIORAL HEALTH PERMANENT SUPPORTIVE HOUSING SERVICES	7,500.
PEOPLE'S SELF-HELP HOUSING CORP. 1060 KENDALL RD SAN LUIS OBISPO CA 93401		PC	CAMINO SCHOLARS EDUCATION PROGRAM - BEHAVIORAL HEALTH EQUITY	7,500.
PLANNED PARENTHOOD CA CENTRAL COAST 518 GARDEN STREET SANTA BARBARA CA 93101		PC	BEHAVIOR HEALTH PROGRAMMING	12,500.
SAN MARCOS HIGH SCHOOL ROYAL PRIDE FOUND 4750 HOLLISTER AVENUE SANTA BARBARA CA 93110		PC	GENERAL OPERATING SUPPORT	3,500.
SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH STREET SANTA BARBARA CA 93105		PC	UNRESTRICTED	2,500.
SANTA BARBARA ARTS COLLABORATIVE PO BOX 1414 SANTA BARBARA CA 93102		PC	UNRESTRICTED	5,000.
SANTA BARBARA COTTAGE HOSPITAL FND PO BOX 689 SANTA BARBARA CA 93102		PC	PEDIATRIC RESILIENCY COLLABORATIVE (PERC)	15,000.
SANTA BARBARA COTTAGE HOSPITAL FND PO BOX 689 SANTA BARBARA CA 93102		PC	CHILDREN'S MIRACLE NETWORK	2,500.
SANTA BARBARA COUNTY EDUCATION OFFICE PO BOX 6307 SANTA BARBARA CA 93160		PC	TEACHERS NETWORK	5,000.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	\$ 7,500.
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	PEER BUDDIES SCHOLARSHIPS	10,000.
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	KIND MIND PROGRAM	5,000.
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	MISSION SCHOLARS COLLEGE ACCESS PROGRAM	7,500.
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	WHAT IS LOVE PROGRAM SUPPORT	7,500.
SANTA BARBARA FAMILY CARE CENTER INC 124 W. CARMEN LANE, SUITE C SANTA MARIA CA 93458		PC	STEPS TO LICENSING & QUALITY PROGRAMMING	5,000.
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA CA 93101		PC	UNRESTRICTED	1,000.
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA CA 93101		PC	STATE OF THE NONPROFITS IN SANTA BARBARA COUNTY EVALUATION	10,000.
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA CA 93101		PC	TO ESTABLISH THE TOWBES FUND, A DONOR ADVISED FUND.	775,000.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY, SUITE 190 SANTA BARBARA CA 93109		PC	COASTAL, CLIMATE AND MARITIME CONNECTIONS YOUTH EDUCATION PROGRAM	\$ 5,000.
SANTA BARBARA MUSEUM OF NATURAL HISTORY 2559 PUESTA DEL SOL ROAD SANTA BARBARA CA 93105		PC	SCHOOL AND TEACHER SERVICES - STANDARDS-BASED EDUCATIONAL PROGRAMMING	5,000.
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E. COTA STREET, 1ST FLOOR SANTA BARBARA CA 93101		PC	ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE PROGRAMMING	10,000.
SANTA BARBARA PARTNERS IN EDUCATION 3970 LA COLINA ROAD, SUITE 9 SANTA BARBARA CA 93110		PC	GENERAL OPERATING SUPPORT	4,000.
SANTA BARBARA POLICE ACTIVITIES LEAGUE PO BOX 91121 SANTA BARBARA CA 93190		PC	LIFE AFTER HIGH SCHOOL ACADEMY	7,500.
SANTA BARBARA RESPONSE NETWORK 3905 STATE STREET, SUITE 7-271 SANTA BARBARA CA 93105		PC	FOSTERING MENTAL HEALTH HEALING & RESILIENCE IN AGENCIES SERVING MARGINALIZED COMMUNITY PROGRAMMING	5,625.
SANTA BARBARA RITECARE CHILDHOOD LANGUAG 16 E. CARRILLO ST, 4TH FLOOR SANTA BARBARA CA 93101		PC	SPEECH, LANGUAGE AND LITERACY THERAPY SERVICES	7,500.
SANTA BARBARA SCHOOL OF SQUASH 1530 CHAPALA STREET SUITE F SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	9,750.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
SANTA BARBARA ZOOLOGICAL FOUNDATION 500 NINOS DRIVE SANTA BARBARA CA 93103		PC	UNRESTRICTED	\$ 5,000.
SANTA MARIA VALLEY DISCOVERY MUSEUM 705 S. MCCLELLAND SANTA MARIA CA 93454		PC	GENERAL OPERATING SUPPORT	7,500.
SCHOLARSHIP FOUNDATION OF SANTA BARBARA PO BOX 3620 SANTA BARBARA CA 93130		PC	UNRESTRICTED	40,000.
SOCIAL GOOD FUND, INC PO BOX 412 LOS OLIVOS CA 93441		PC	GENERAL OPERATING SUPPORT	5,000.
ST. VINCENT'S SANTA BARBARA 4200 CALLE REAL SANTA BARBARA CA 93110		PC	FAMILY STRENGTHENING PROGRAM	12,500.
STANDING TOGETHER TO END SEXUAL ASSAULT 433 E. CANON PERDIDO STREET SANTA BARBARA CA 93101		PC	COMMUNITY EDUCATION & RAPE PREVENTION FOR ADOLESCENTS AND YOUNG ADULTS PROGRAMMING	7,500.
STORYTELLER CHILDREN'S CENTER 2115 STATE STREET SANTA BARBARA CA 93105		PC	GENERAL OPERATING SUPPORT	17,250.
TEACHER'S FUND 1250 COAST VILLAGE ROAD SANTA BARBARA CA 93108		PC	COVID EMERGENCY RESPONSE & RECOVERY GRANTS FOR LOCAL TEACHERS	4,000.
THE ARTS FUND PO BOX 333 SANTA BARBARA CA 93102		PC	TEEN ARTS MENTORSHIP PROGRAM	5,000.
THE REGENTS OF UNIVERSITY OF CALIFORNIA UNIVERSITY OF CALIFORNIA SANTA BARBARA CA 93106		PC	EAOP SCHOLARSHIP SUPPORT FOR UCSB'S SUMMER PRE-COLLEGE RESEARCH PROGRAMS	11,500.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
THE TURNER FOUNDATION PO BOX 186 SANTA BARBARA CA 93102		PC	AFTER-SCHOOL EDUCATION AND ENRICHMENT PROGRAMS (ASEEP)	\$ 5,000.
TRANSITIONS - MENTAL HEALTH ASSOCIATION PO BOX 15408 SAN LUIS OBISPO CA 93406		PC	GENERAL OPERATING SUPPORT	7,500.
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CALIFORNIA SANTA BARBARA CA 93106		PC	CHANCELLOR'S COUNCIL	1,000.
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CALIFORNIA SANTA BARBARA CA 93106		PC	GENERAL OPERATING SUPPORT OF HEALING SPACE	10,000.
UCSB ARTS & LECTURES UNIVERSITY OF CALIFORNIA SANTA BARBARA CA 93106		PC	UNRESTRICTED	5,000.
UNITED BOYS & GIRLS CLUBS OF SB COUNTY PO BOX 1485 SANTA BARBARA CA 93102		PC	GENERAL OPERATING SUPPORT	15,000.
UNITED WAY OF SANTA BARBARA COUNTY 320 E. GUTIERREZ STREET SANTA BARBARA CA 93101		PC	SUPPORT THE FUN IN THE SUN PROGRAM	20,000.
UNITED WAY OF SANTA BARBARA COUNTY 320 E. GUTIERREZ STREET SANTA BARBARA CA 93101		PC	CRITICAL NEEDS FUND FOR DISASTER ASSISTANCE	20,000.
VISITING NURSE & HOSPICE CARE 509 EAST MONTECITO ST, SUITE 200 SANTA BARBARA CA 93103		PC	VNA HEALTH BEREAVEMENT CARE PROGRAM	10,000.
WILDERNESS YOUTH PROJECT 5386 HOLLISTER AVENUE, SUITE D SANTA BARBARA CA 93111		PC	GENERAL OPERATING SUPPORT	7,500.
WILDING ART MUSEUM 1511 MISSION DRIVE, STE B SOLVANG CA 93463		PC	UNRESTRICTED	2,500.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
WOMEN'S ECONOMIC VENTURES 21 E. CANON PERDIDO ST, SUITE 301 SANTA BARBARA CA 93101		PC	UNRESTRICTED	\$ 7,500.
			Total	<u>\$ 1,556,750.</u>

TOWBES FOUNDATION

95-3519577

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
1	LEASEHOLD IMPROVEMENTS - JO	12/26/19		31,979							31,979	1,795	S/L	27.5		1,163
2	FURNITURE	1/08/20		30,855							30,855	11,178	200DB	7		5,622
3	AUDIO VIDEO SYSTEM - JENSEN A	6/01/20		24,528							24,528	10,549	200DB	5		5,592
	Total			87,362		0	0	0	0	0	87,362	23,522				12,377
	Total Depreciation			<u>87,362</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>87,362</u>	<u>23,522</u>				<u>12,377</u>
	Grand Total Depreciation			<u>87,362</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>87,362</u>	<u>23,522</u>				<u>12,377</u>

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2021

8453-EO

Exempt Organization name

Identifying number

TOWBES FOUNDATION

95-3519577

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	5,578,944.
2	Total gross income (Form 199, line 8)	2	3,957,496.
3	Total expenses and disbursements (Form 199, line 9)	3	4,098,904.

Part II Settle Your Account Electronically for Taxable Year 2021

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here Signature of officer _____ Date _____ Title EXECUTIVE DIR.

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	MARK JACKSON, CPA	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN	P01467684
	Firm's name (or yours if self-employed) and address	WALPOLE & CO., LLP 70 SANTA FELICIA DRIVE GOLETA CA			Firm's FEIN	77-0384152	
					ZIP code	93117	

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			Firm's FEIN
				ZIP code

FTB 8453-EO 2021

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022.

Corporation/Organization name **TOWBES FOUNDATION** California corporation number **0999064**

Additional information. See instructions. FEIN **95-3519577**

Street address (suite or room) **33 E. CARRILLO STREET #201** PMB no.

City **SANTA BARBARA** State **CA** Zip code **93101**

Foreign country name Foreign province/state/county Foreign postal code

A First return. Yes No

B Amended return. Yes No

C IRC Section 4947(a)(1) trust. Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method:
 1 Cash 2 Accrual 3 Other

F Federal return filed? 1 990T 2 990-PF 3 Sch H (990)
 4 Other 990 series

G Is this a group filing? See instructions. Yes No

H Is this organization in a group exemption? If "Yes," what is the parent's name? Yes No

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources. Yes No \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	5,492,794.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B.	3	86,150.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	5,578,944.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	1,621,448.
	7	Total costs. Add line 5 and line 6.	7	1,621,448.
	8	Total gross income. Subtract line 7 from line 4.	8	3,957,496.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	4,098,904.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-141,408.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Penalties and interest. See General Information J.	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result.	16	0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	EXECUTIVE DIR.	Date	Telephone 805-690-4603
	Preparer's signature	MARK JACKSON, CPA	Date	PTIN P01467684
	Firm's name (or yours, if self-employed) and address	WALPOLE & CO., LLP 70 SANTA FELICIA DRIVE GOLETA, CA 93117	Check if self-employed <input type="checkbox"/>	Firm's FEIN 77-0384152
				Telephone (805) 569-9864
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	13,422.
	3	Dividends	●	3	212,800.
	4	Gross rents	●	4	3,685,625.
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	1,580,947.
	7	Other income. Attach schedule	●	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	5,492,794.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 1	●	9	1,556,750.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	●	11	153,033.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	-4,150.
	15	Rents	●	15	65,332.
	16	Depreciation and depletion (See instructions)	●	16	12,377.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	●	17	2,315,562.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	4,098,904.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		530,292.		345,052.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule. ST. 4		10,581,737.		9,928,584.
10a	Depreciable assets	87,362.		87,362.	
b	Less accumulated depreciation	23,522.	63,840.	35,899.	51,463.
11	Land				
12	Other assets. Attach schedule				
13	Total assets		11,175,869.		10,325,099.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. STM 5		965,126.		255,764.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		10,210,743.		10,069,335.
22	Total liabilities and net worth		11,175,869.		10,325,099.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	-141,408.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5.		-141,408.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6.		-141,408.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

California Copy Schedule of Contributors

OMB No. 1545-0047

2021

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

Name of the organization

TOWBES FOUNDATION

Employer identification number

95-3519577

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[] 501(c)() (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[X] 501(c)(3) exempt private foundation

[] 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

[X] 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), 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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), 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).

Name of organization TOWBES FOUNDATION	Employer identification number 95-3519577
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWBES 2002 TRUST ----- P.O. BOX 20130 ----- SANTA BARBARA, CA 93120 -----	\$ 86,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOWBES FOUNDATION	Employer identification number 95-3519577
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization: TOWBES FOUNDATION
 Employer identification number: 95-3519577

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 information once. See instructions.) ▶ \$ _____ N/A
 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
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

2021 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name TOWBES FOUNDATION	California corporation number 0999064
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LEASEHOLD IMPRO	12/26/2019	31,979.	1,795.	S/L	28	1,163.	
FURNITURE	1/08/2020	30,855.	11,178.	200DB	7	5,622.	
AUDIO VIDEO SYS	6/01/2020	24,528.	10,549.	200DB	5	5,592.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	12,377.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

TOWBES FOUNDATION

95-3519577

Statement 1
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	ADVENTURES IN CARING		
Donee's Street Address:	1528 CHAPALA STREET #202		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:		\$	5,000.
Donee's Name - Ind	AHA! (ATTITUDE. HARMONY. ACHIEVEMENT.)		
Donee's Street Address:	1209 DE LA VINA STREET, SUITE A		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:			10,000.
Donee's Name - Ind	ANGELS FOSTER CARE OF SANTA BARBARA		
Donee's Street Address:	3905 STATE STREET, #7-115		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93105		
Cash and Noncash Amount:			7,500.
Donee's Name - Ind	ANTI-DEFAMATION LEAGUE		
Donee's Street Address:	1528 CHAPALA STREET, SUITE 301		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:			6,000.
Donee's Name - Ind	ATTERDAG AT HOME INC.		
Donee's Street Address:	636 ATTERDAG ROAD		
Donee's City	SOLVANG		
Donee's State	CA		
Donee's Zip code	93463		
Cash and Noncash Amount:			5,000.
Donee's Name - Ind	BOYS & GIRLS CLUB OF MID CENTRAL COAST		
Donee's Street Address:	901 N. RAILROAD AVENUE		
Donee's City	SANTA MARIA		
Donee's State	CA		
Donee's Zip code	93458		
Cash and Noncash Amount:			15,000.
Donee's Name - Ind	CASA PACIFICA CENTERS FOR CHILDREN		
Donee's Street Address:	1722 S. LEWIS ROAD		
Donee's City	CAMARILLO		
Donee's State	CA		
Donee's Zip code	93012		
Cash and Noncash Amount:			5,000.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind CASA SERENA, INC.
 Donee's Street Address: 1515 BATH STREET
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: \$ 10,000.

Donee's Name - Ind CHANNEL ISLANDS YMCA
 Donee's Street Address: 105 EAST CARRILLO STREET
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: 15,000.

Donee's Name - Ind CHILD ABUSE LISTENING MEDIATION
 Donee's Street Address: 1236 CHAPALA STREET
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: 15,000.

Donee's Name - Ind CHILD ABUSE LISTENING MEDIATION
 Donee's Street Address: 1236 CHAPALA STREET
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: 15,000.

Donee's Name - Ind CHILDREN AND FAMILY RESOURCE SERVICES
 Donee's Street Address: 3970 LA COLINA ROAD, SUITE 2
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93110
 Cash and Noncash Amount: 5,000.

Donee's Name - Ind COMMUNITY PARTNERS FOR YOUTHWELL
 Donee's Street Address: PO BOX 741265
 Donee's City LOS ANGELES
 Donee's State CA
 Donee's Zip code 90074
 Cash and Noncash Amount: 7,500.

Donee's Name - Ind COUNCIL ON DRUG AND ALCOHOL ABUSE
 Donee's Street Address: PO BOX 28
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93102
 Cash and Noncash Amount: 10,000.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	COURT APPOINTED SPECIAL ADVOCATES (CASA)	
Donee's Street Address:	2125 S. BROADWAY, SUITE 106	
Donee's City	SANTA MARIA	
Donee's State	CA	
Donee's Zip code	93454	
Cash and Noncash Amount:		\$ 5,000.
Donee's Name - Ind	CUYAMA VALLEY FAMILY RESOURCE CENTER	
Donee's Street Address:	PO BOX 5, 4689 HIGHWAY 166	
Donee's City	NEW CUYAMA	
Donee's State	CA	
Donee's Zip code	93254	
Cash and Noncash Amount:		10,875.
Donee's Name - Ind	DOMESTIC VIOLENCE SOLUTIONS FOR SB COUNT	
Donee's Street Address:	411 E. CANON PERDIDO ST, SUITE 12	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		12,500.
Donee's Name - Ind	EASY LIFT TRANSPORTATION	
Donee's Street Address:	53 CASS PLACE, SUITE D	
Donee's City	GOLETA	
Donee's State	CA	
Donee's Zip code	93117	
Cash and Noncash Amount:		5,000.
Donee's Name - Ind	FAMILY SERVICE AGENCY OF SANTA BARBARA	
Donee's Street Address:	123 W. GUTIERREZ STREET	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		20,000.
Donee's Name - Ind	FOOD FROM THE HEART	
Donee's Street Address:	PO BOX 3908	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93130	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	FOODBANK OF SANTA BARBARA	
Donee's Street Address:	1525 STATE STREET, SUITE 100	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		10,000.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind SANTA BARBARA CITY COLLEGE FOUNDATION
 Donee's Street Address: 721 CLIFF DRIVE
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93109
 Cash and Noncash Amount: \$ 10,000.

Donee's Name - Ind FREEDOM 4 YOUTH
 Donee's Street Address: 187 SOUTH PATTERSON AVENUE, SUITE A
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93111
 Cash and Noncash Amount: 7,500.

Donee's Name - Ind FUND FOR SANTA BARBARA
 Donee's Street Address: PO BOX 90710
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93190
 Cash and Noncash Amount: 10,000.

Donee's Name - Ind FUTURE LEADERS OF AMERICA
 Donee's Street Address: 126 EAST HALEY ST, UNIT A17
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: 7,500.

Donee's Name - Ind GATEWAY EDUCATIONAL SERVICES
 Donee's Street Address: 185 SOUTH PATTERSON AVENUE, SUITE E
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93111
 Cash and Noncash Amount: 5,000.

Donee's Name - Ind GIRLS INC OF CARPINTERIA
 Donee's Street Address: 5315 FOOTHILL ROAD
 Donee's City CARPINTERIA
 Donee's State CA
 Donee's Zip code 93013
 Cash and Noncash Amount: 10,000.

Donee's Name - Ind GIRLS INC OF GREATER SANTA BARBARA
 Donee's Street Address: PO BOX 236
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93102
 Cash and Noncash Amount: 10,000.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	GOLETA EDUCATION FOUNDATION		
Donee's Street Address:	PO BOX 1177		
Donee's City	GOLETA		
Donee's State	CA		
Donee's Zip code	93116		
Cash and Noncash Amount:		\$	2,500.
Donee's Name - Ind	GUADALUPE-NIPOMO DUNES CENTER		
Donee's Street Address:	1065 GUADALUPE STREET		
Donee's City	GUADALUPE		
Donee's State	CA		
Donee's Zip code	93434		
Cash and Noncash Amount:			7,500.
Donee's Name - Ind	HILLSIDE HOUSE		
Donee's Street Address:	1235 VERONICA SPRINGS ROAD		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93105		
Cash and Noncash Amount:			7,500.
Donee's Name - Ind	HOSPICE OF SANTA BARBARA, INC.		
Donee's Street Address:	2050 ALAMEDA PADRE SERRA, SUITE 100		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93103		
Cash and Noncash Amount:			10,000.
Donee's Name - Ind	ISLA VISTA SCHOOL PTA		
Donee's Street Address:	6875 EL COLEGIO ROAD		
Donee's City	GOLETA		
Donee's State	CA		
Donee's Zip code	93117		
Cash and Noncash Amount:			8,500.
Donee's Name - Ind	ISLA VISTA YOUTH PROJECTS, INC.		
Donee's Street Address:	PO BOX 1332		
Donee's City	GOLETA		
Donee's State	CA		
Donee's Zip code	93116		
Cash and Noncash Amount:			12,500.
Donee's Name - Ind	JUST COMMUNITIES CENTRAL COAST		
Donee's Street Address:	1528 CHAPALA STREET, SUITE 308		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:			5,000.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	LEADING FROM WITHIN		
Donee's Street Address:	PO BOX 806		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93102		
Cash and Noncash Amount:		\$	5,000.
Donee's Name - Ind	MENTAL WELLNESS CENTER		
Donee's Street Address:	617 GARDEN STREET		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:			10,000.
Donee's Name - Ind	MOXI		
Donee's Street Address:	125 STATE STREET		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:			7,500.
Donee's Name - Ind	NATURETRACK FOUNDATION INC.		
Donee's Street Address:	PO BOX 953		
Donee's City	LOS OLIVOS		
Donee's State	CA		
Donee's Zip code	93441		
Cash and Noncash Amount:			4,000.
Donee's Name - Ind	NEW BEGINNINGS COUNSELING CENTER		
Donee's Street Address:	324 E. CARRILLO STREET, #C		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:			17,500.
Donee's Name - Ind	NEW HOUSE SANTA BARBARA		
Donee's Street Address:	2434 BATH STREET		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93105		
Cash and Noncash Amount:			10,000.
Donee's Name - Ind	PACIFIC PRIDE FOUNDATION		
Donee's Street Address:	608 ANACAPA STREET, SUITE A		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:			14,750.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	PATHPOINT		
Donee's Street Address:	315 W. HALEY STREET, SUITE 102		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:		\$	7,500.
Donee's Name - Ind	PEOPLE'S SELF-HELP HOUSING CORP.		
Donee's Street Address:	1060 KENDALL RD		
Donee's City	SAN LUIS OBISPO		
Donee's State	CA		
Donee's Zip code	93401		
Cash and Noncash Amount:			7,500.
Donee's Name - Ind	PLANNED PARENTHOOD CA CENTRAL COAST		
Donee's Street Address:	518 GARDEN STREET		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93101		
Cash and Noncash Amount:			12,500.
Donee's Name - Ind	SAN MARCOS HIGH SCHOOL ROYAL PRIDE FOUND		
Donee's Street Address:	4750 HOLLISTER AVENUE		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93110		
Cash and Noncash Amount:			3,500.
Donee's Name - Ind	SANSUM DIABETES RESEARCH INSTITUTE		
Donee's Street Address:	2219 BATH STREET		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93105		
Cash and Noncash Amount:			2,500.
Donee's Name - Ind	SANTA BARBARA ARTS COLLABORATIVE		
Donee's Street Address:	PO BOX 1414		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93102		
Cash and Noncash Amount:			5,000.
Donee's Name - Ind	SANTA BARBARA COTTAGE HOSPITAL FND		
Donee's Street Address:	PO BOX 689		
Donee's City	SANTA BARBARA		
Donee's State	CA		
Donee's Zip code	93102		
Cash and Noncash Amount:			15,000.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	SANTA BARBARA COTTAGE HOSPITAL FND	
Donee's Street Address:	PO BOX 689	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93102	
Cash and Noncash Amount:		\$ 2,500.
Donee's Name - Ind	SANTA BARBARA COUNTY EDUCATION OFFICE	
Donee's Street Address:	PO BOX 6307	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93160	
Cash and Noncash Amount:		5,000.
Donee's Name - Ind	SANTA BARBARA EDUCATION FOUNDATION	
Donee's Street Address:	1330 STATE STREET, SUITE 201	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		7,500.
Donee's Name - Ind	SANTA BARBARA EDUCATION FOUNDATION	
Donee's Street Address:	1330 STATE STREET, SUITE 201	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	SANTA BARBARA EDUCATION FOUNDATION	
Donee's Street Address:	1330 STATE STREET, SUITE 201	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		5,000.
Donee's Name - Ind	SANTA BARBARA EDUCATION FOUNDATION	
Donee's Street Address:	1330 STATE STREET, SUITE 201	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		7,500.
Donee's Name - Ind	SANTA BARBARA EDUCATION FOUNDATION	
Donee's Street Address:	1330 STATE STREET, SUITE 201	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		7,500.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind	SANTA BARBARA FAMILY CARE CENTER INC	
Donee's Street Address:	124 W. CARMEN LANE, SUITE C	
Donee's City	SANTA MARIA	
Donee's State	CA	
Donee's Zip code	93458	
Cash and Noncash Amount:		\$ 5,000.
Donee's Name - Ind	SANTA BARBARA FOUNDATION	
Donee's Street Address:	1111 CHAPALA STREET, SUITE 200	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		1,000.
Donee's Name - Ind	SANTA BARBARA FOUNDATION	
Donee's Street Address:	1111 CHAPALA STREET, SUITE 200	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		10,000.
Donee's Name - Ind	SANTA BARBARA FOUNDATION	
Donee's Street Address:	1111 CHAPALA STREET, SUITE 200	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		775,000.
Donee's Name - Ind	SANTA BARBARA MARITIME MUSEUM	
Donee's Street Address:	113 HARBOR WAY, SUITE 190	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93109	
Cash and Noncash Amount:		5,000.
Donee's Name - Ind	SANTA BARBARA MUSEUM OF NATURAL HISTORY	
Donee's Street Address:	2559 PUESTA DEL SOL ROAD	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93105	
Cash and Noncash Amount:		5,000.
Donee's Name - Ind	SANTA BARBARA NEIGHBORHOOD CLINICS	
Donee's Street Address:	414 E. COTA STREET, 1ST FLOOR	
Donee's City	SANTA BARBARA	
Donee's State	CA	
Donee's Zip code	93101	
Cash and Noncash Amount:		10,000.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind SANTA BARBARA PARTNERS IN EDUCATION
 Donee's Street Address: 3970 LA COLINA ROAD, SUITE 9
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93110
 Cash and Noncash Amount: \$ 4,000.

Donee's Name - Ind SANTA BARBARA POLICE ACTIVITIES LEAGUE
 Donee's Street Address: PO BOX 91121
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93190
 Cash and Noncash Amount: 7,500.

Donee's Name - Ind SANTA BARBARA RESPONSE NETWORK
 Donee's Street Address: 3905 STATE STREET, SUITE 7-271
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93105
 Cash and Noncash Amount: 5,625.

Donee's Name - Ind SANTA BARBARA RITECARE CHILDHOOD LANGUAG
 Donee's Street Address: 16 E. CARRILLO ST, 4TH FLOOR
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: 7,500.

Donee's Name - Ind SANTA BARBARA SCHOOL OF SQUASH
 Donee's Street Address: 1530 CHAPALA STREET SUITE F
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: 9,750.

Donee's Name - Ind SANTA BARBARA ZOOLOGICAL FOUNDATION
 Donee's Street Address: 500 NINOS DRIVE
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93103
 Cash and Noncash Amount: 5,000.

Donee's Name - Ind SANTA MARIA VALLEY DISCOVERY MUSEUM
 Donee's Street Address: 705 S. MCCLELLAND
 Donee's City SANTA MARIA
 Donee's State CA
 Donee's Zip code 93454
 Cash and Noncash Amount: 7,500.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind SCHOLARSHIP FOUNDATION OF SANTA BARBARA
 Donee's Street Address: PO BOX 3620
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93130
 Cash and Noncash Amount: \$ 40,000.

Donee's Name - Ind SOCIAL GOOD FUND, INC
 Donee's Street Address: PO BOX 412
 Donee's City LOS OLIVOS
 Donee's State CA
 Donee's Zip code 93441
 Cash and Noncash Amount: 5,000.

Donee's Name - Ind ST. VINCENT'S SANTA BARBARA
 Donee's Street Address: 4200 CALLE REAL
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93110
 Cash and Noncash Amount: 12,500.

Donee's Name - Ind STANDING TOGETHER TO END SEXUAL ASSAULT
 Donee's Street Address: 433 E. CANON PERDIDO STREET
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: 7,500.

Donee's Name - Ind STORYTELLER CHILDREN'S CENTER
 Donee's Street Address: 2115 STATE STREET
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93105
 Cash and Noncash Amount: 17,250.

Donee's Name - Ind TEACHER'S FUND
 Donee's Street Address: 1250 COAST VILLAGE ROAD
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93108
 Cash and Noncash Amount: 4,000.

Donee's Name - Ind THE ARTS FUND
 Donee's Street Address: PO BOX 333
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93102
 Cash and Noncash Amount: 5,000.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind THE REGENTS OF UNIVERSITY OF CALIFORNIA
Donee's Street Address: UNIVERSITY OF CALIFORNIA
Donee's City SANTA BARBARA
Donee's State CA
Donee's Zip code 93106
Cash and Noncash Amount: \$ 11,500.

Donee's Name - Ind THE TURNER FOUNDATION
Donee's Street Address: PO BOX 186
Donee's City SANTA BARBARA
Donee's State CA
Donee's Zip code 93102
Cash and Noncash Amount: 5,000.

Donee's Name - Ind TRANSITIONS - MENTAL HEALTH ASSOCIATION
Donee's Street Address: PO BOX 15408
Donee's City SAN LUIS OBISPO
Donee's State CA
Donee's Zip code 93406
Cash and Noncash Amount: 7,500.

Donee's Name - Ind UC SANTA BARBARA FOUNDATION
Donee's Street Address: UNIVERSITY OF CALIFORNIA
Donee's City SANTA BARBARA
Donee's State CA
Donee's Zip code 93106
Cash and Noncash Amount: 1,000.

Donee's Name - Ind UC SANTA BARBARA FOUNDATION
Donee's Street Address: UNIVERSITY OF CALIFORNIA
Donee's City SANTA BARBARA
Donee's State CA
Donee's Zip code 93106
Cash and Noncash Amount: 10,000.

Donee's Name - Ind UCSB ARTS & LECTURES
Donee's Street Address: UNIVERSITY OF CALIFORNIA
Donee's City SANTA BARBARA
Donee's State CA
Donee's Zip code 93106
Cash and Noncash Amount: 5,000.

Donee's Name - Ind UNITED BOYS & GIRLS CLUBS OF SB COUNTY
Donee's Street Address: PO BOX 1485
Donee's City SANTA BARBARA
Donee's State CA
Donee's Zip code 93102
Cash and Noncash Amount: 15,000.

TOWBES FOUNDATION

95-3519577

Statement 1 (continued)
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's Name - Ind UNITED WAY OF SANTA BARBARA COUNTY
 Donee's Street Address: 320 E. GUTIERREZ STREET
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: \$ 20,000.

Donee's Name - Ind UNITED WAY OF SANTA BARBARA COUNTY
 Donee's Street Address: 320 E. GUTIERREZ STREET
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: 20,000.

Donee's Name - Ind VISITING NURSE & HOSPICE CARE
 Donee's Street Address: 509 EAST MONTECITO ST, SUITE 200
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93103
 Cash and Noncash Amount: 10,000.

Donee's Name - Ind WILDERNESS YOUTH PROJECT
 Donee's Street Address: 5386 HOLLISTER AVENUE, SUITE D
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93111
 Cash and Noncash Amount: 7,500.

Donee's Name - Ind WILDING ART MUSEUM
 Donee's Street Address: 1511 MISSION DRIVE, STE B
 Donee's City SOLVANG
 Donee's State CA
 Donee's Zip code 93463
 Cash and Noncash Amount: 2,500.

Donee's Name - Ind WOMEN'S ECONOMIC VENTURES
 Donee's Street Address: 21 E. CANON PERDIDO ST, SUITE 301
 Donee's City SANTA BARBARA
 Donee's State CA
 Donee's Zip code 93101
 Cash and Noncash Amount: 7,500.

Total \$ 1,556,750.

TOWBES FOUNDATION

95-3519577

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SHERIDAH GERARD P.O. BOX 20130 SANTA BARBARA, CA 93120	Secretary 1.00	\$ 2,250.	\$ 0.	\$ 0.
LYNN C. TOWBES P.O. BOX 20130 SANTA BARBARA, CA 93120	President 10.00	2,250.	0.	0.
ROBERT L. SKINNER P.O. BOX 20130 SANTA BARBARA, CA 93120	Vice President 2.00	2,250.	0.	0.
PATRICIA MACFARLANE P.O. BOX 20130 SANTA BARBARA, CA 93120	Treasurer 10.00	0.	0.	0.
KRISTEN SULLIVAN, PH.D. P.O. BOX 20130 SANTA BARBARA, CA 93120	Executive Dir. 40.00	144,033.	36,751.	0.
VIRGINIA SALAZAR P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	0.	0.	0.
ALLISON LEWIS-TOWBES P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	2,250.	0.	0.
RON WERFT P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	0.	0.	0.
PATRICIA MADRIGAL P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	0.	0.	0.
Total		<u>\$ 153,033.</u>	<u>\$ 36,751.</u>	<u>\$ 0.</u>

Statement 3
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$ 61,010.
Bank Charges.....	312.
COMPUTER.....	11,272.
COPYING.....	2,756.
HVAC.....	1,175.
INSURANCE - LIABILITY.....	6,566.

TOWBES FOUNDATION

95-3519577

Statement 3 (continued)
Form 199, Part II, Line 17
Other Expenses

INVESTMENT EXPENSES.....	\$	50,627.
JANITORIAL.....		4,531.
Legal Fees.....		34,336.
MEMBERSHIP DUES.....		8,875.
OFFICE EXPENSES.....		2,346.
Other Professional Fees.....		1,050.
PAYROLL SERVICE.....		2,852.
Pension Plan, Employee Benefits.....		36,751.
Rental Expenses.....		2,069,468.
SEMINARS/CONFERENCES/EDUCATION.....		2,549.
SOFTWARE.....		10,353.
TELEPHONE.....		6,474.
WEBSITE.....		1,500.
WORKERS COMP INSURANCE.....		759.
	Total	<u>\$ 2,315,562.</u>

Statement 4
Form 199, Schedule L, Line 9
Other Investments

JP MORGAN.....	\$	9,928,584.
	Total	<u>\$ 9,928,584.</u>

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

DEFICIT IN INVESTMENT.....		255,764.
	Total	<u>\$ 255,764.</u>

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p>TOWBES FOUNDATION Name of Organization</p> <p>List all DBAs and names the organization uses or has used 33 E. CARRILLO STREET #201 Address (Number and Street)</p> <p>SANTA BARBARA, CA 93101 City or Town, State, and ZIP Code</p> <p>805-690-4603 Telephone Number</p> <p style="text-align: right;">E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>42488</u></p> <p>Corporation or Organization No. <u>0999064</u></p> <p>Federal Employer ID No. <u>95-3519577</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/21 ending 6/30/22) list:

Total Revenue \$ (including noncash contributions) 3,957,496. **Noncash Contributions \$** 0. **Total Assets \$** 10,325,099.

Program Expenses \$ 4,098,904. **Total Expenses \$** 4,098,904.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

KRISTEN SULLIVAN, PH.D. EXECUTIVE DIR.

Signature of Authorized Agent Printed Name Title Date

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. TOWBES FOUNDATION	Taxpayer identification number (TIN) 95-3519577
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 33 E. CARRILLO STREET #201	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101	

Enter the Return Code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ TOWBES FOUNDATION -----

Telephone No. ▶ 805-690-4603 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 20 21, and ending 6/30, 20 22.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 24,531.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 37,976.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation**

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

Open to Public Inspection

For calendar year 2021 or tax year beginning 7/01, **2021, and ending** 6/30, **20** 2022

TOWBES FOUNDATION
33 E. CARRILLO STREET #201
SANTA BARBARA, CA 93101

A Employer identification number
95-3519577

B Telephone number (see instructions)
805-690-4603

C If exemption application is pending, check here. ▶

D 1 Foreign organizations, check here. ▶

2 Foreign organizations meeting the 85% test, check here and attach computation ▶

E If private foundation status was terminated under section 507(b)(1)(A), check here. ▶

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ▶

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
▶ \$ 9,407,294.

J Accounting method: Cash Accrual
 Other (specify) _____
(Part I, column (d), must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule). . .	86,150.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	13,422.	13,422.		
	4 Dividends and interest from securities.	212,800.	212,800.		
	5a Gross rents	3,685,625.	3,685,625.		
	b Net rental income or (loss)	1,616,157.			
	6a Net gain or (loss) from sale of assets not on line 10	-40,501.			
	b Gross sales price for all assets on line 6a	1,580,947.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule).					
11 Other income (attach schedule).					
12 Total. Add lines 1 through 11.	3,957,496.	3,911,847.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	153,033.			153,033.
	14 Other employee salaries and wages.				
	15 Pension plans, employee benefits	36,751.			36,751.
	16a Legal fees (attach schedule) See St. 1	34,336.			34,336.
	b Accounting fees (attach sch) See St. 2	61,010.			61,010.
	c Other professional fees (attach sch) See St. 3	1,050.			1,050.
	17 Interest.				
	18 Taxes (attach schedule)(see instrs) See Stmt. 4	-4,150.			11,285.
	19 Depreciation (attach schedule) and depletion See Stmt. 5	12,377.			
	20 Occupancy.	65,332.			65,332.
	21 Travel, conferences, and meetings.				
	22 Printing and publications.				
	23 Other expenses (attach schedule) See Statement 6	2,182,415.	2,120,095.		62,008.
	24 Total operating and administrative expenses. Add lines 13 through 23.	2,542,154.	2,120,095.		424,805.
	25 Contributions, gifts, grants paid. Part XIV	1,556,750.			1,556,750.
26 Total expenses and disbursements. Add lines 24 and 25.	4,098,904.	2,120,095.	0.	1,981,555.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-141,408.				
b Net investment income (if negative, enter -0-)		1,791,752.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash — non-interest-bearing	530,292.	345,052.	345,052.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments — U.S. and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule)			
	c	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach schedule)				
12	Investments — mortgage loans				
13	Investments — other (attach schedule) <u>Statement 7</u>	10,581,737.	9,928,584.	9,010,779.	
14	Land, buildings, and equipment: basis <u>87,362.</u>				
	Less: accumulated depreciation (attach schedule) <u>See Stmt 8</u> <u>35,899.</u>	63,840.	51,463.	51,463.	
15	Other assets (describe)				
16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I).	11,175,869.	10,325,099.	9,407,294.	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe <u>See Statement 9</u>)	965,126.	255,764.	
	23	Total liabilities (add lines 17 through 22)	965,126.	255,764.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/>				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input checked="" type="checkbox"/>				
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds	10,210,743.	10,069,335.	
29	Total net assets or fund balances (see instructions)	10,210,743.	10,069,335.		
30	Total liabilities and net assets/fund balances (see instructions)	11,175,869.	10,325,099.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	10,210,743.
2	Enter amount from Part I, line 27a	2	-141,408.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	10,069,335.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 29	6	10,069,335.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1 a	See Statement 10				
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2	Capital gain net income or (net capital loss)	<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7		2	-40,501.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	0.

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

1 a	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	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)	1	24,905.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	24,905.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	24,905.
6	Credits/Payments:		
a	2021 estimated tax pymts and 2020 overpayment credited to 2021	6 a	12,461.
b	Exempt foreign organizations — tax withheld at source	6 b	
c	Tax paid with application for extension of time to file (Form 8868)	6 c	
d	Backup withholding erroneously withheld	6 d	
7	Total credits and payments. Add lines 6a through 6d	7	12,461.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	331.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	12,775.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2022 estimated tax ▶	Refunded	▶ 11

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Part VI-A Statements Regarding Activities

	Yes	No
1 a 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?		X
1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		X
If the answer is 'Yes' to 1 a or 1 b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
1 c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ <u>0.</u> (2) On foundation managers ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If 'Yes,' attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If 'Yes,' attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XIV	X	
8 a Enter the states to which the foundation reports or with which it is registered. See instructions <u>CA</u>		
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 <i>General Instruction G</i> ? If 'No,' attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If 'Yes,' complete Part XIII ..		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions. See. St. 11	X	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ... Website address. ▶ <u>TOWBESFOUNDATION.ORG</u>	X	
14 The books are in care of ▶ <u>TOWBES FOUNDATION</u> Telephone no. ▶ <u>805-690-4603</u> Located at ▶ <u>P.O. BOX 20130 SANTA BARBARA CA</u> ZIP + 4 ▶ <u>93120</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here. N/A. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶		

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Part VI-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.

	Yes	No
1 a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 a (1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1 a (2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 a (3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 a (4)	X
(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)?	1 a (5)	X
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1 a (6)	X
b If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1 b	X
c Organizations relying on a current notice regarding disaster assistance, check here		
d 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 2021?	1 d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2 a	X
If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions.)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 __ , 20 __ , 20 __ , 20 __		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3 a	X
b If 'Yes,' did it have excess business holdings in 2021 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3 b	
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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 2021?	4 b	X

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Form 990-PF (2021)

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

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

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

1 List all officers, directors, trustees, and 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
See Statement 12		153,033.	36,751.	0.

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
None				

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

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	

2	

3	

4	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	

2	

All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.....	1 a	11,149,727.
b	Average of monthly cash balances.....	1 b	748,757.
c	Fair market value of all other assets (see instructions).....	1 c	
d	Total (add lines 1a, b, and c).....	1 d	11,898,484.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).....	1 e	0.
2	Acquisition indebtedness applicable to line 1 assets.....	2	0.
3	Subtract line 2 from line 1d.....	3	11,898,484.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).....	4	178,477.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.....	5	11,720,007.
6	Minimum investment return. Enter 5% (0.05) of line 5.....	6	586,000.

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

1	Minimum investment return from Part IX, line 6.....	1	586,000.
2 a	Tax on investment income for 2021 from Part V, line 5.....	2 a	24,905.
b	Income tax for 2021. (This does not include the tax from Part V.).....	2 b	
c	Add lines 2a and 2b.....	2 c	24,905.
3	Distributable amount before adjustments. Subtract line 2c from line 1.....	3	561,095.
4	Recoveries of amounts treated as qualifying distributions.....	4	
5	Add lines 3 and 4.....	5	561,095.
6	Deduction from distributable amount (see instructions).....	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1.....	7	561,095.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26.....	1 a	1,981,555.
b	Program-related investments – total from Part VIII-B.....	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).....	3 a	
b	Cash distribution test (attach the required schedule).....	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4.....	4	1,981,555.

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Form 990-PF (2021)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				561,095.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years: 20 __, 20 __, 20 __		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	942,990.			
b From 2017	2,160,734.			
c From 2018	2,272,062.			
d From 2019	2,094,164.			
e From 2020	1,093,474.			
f Total of lines 3a through e	8,563,424.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 1,981,555.				
a Applied to 2020, 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 2021 distributable amount				561,095.
e Remaining amount distributed out of corpus ..	1,420,460.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	9,983,884.			
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 2020. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
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 2016 not applied on line 5 or line 7 (see instructions) ..	942,990.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	9,040,894.			
10 Analysis of line 9:				
a Excess from 2017	2,160,734.			
b Excess from 2018	2,272,062.			
c Excess from 2019	2,094,164.			
d Excess from 2020	1,093,474.			
e Excess from 2021	1,420,460.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) 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 2021, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c 'Support' alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
None

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.
None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

See Statement 13

b The form in which applications should be submitted and information and materials they should include:

See Statement for Line 2a

c Any submission deadlines:

See Statement for Line 2a

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

See Statement for Line 2a

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Statement 14				
Total ▶ 3 a				1,556,750.
b <i>Approved for future payment</i>				
Total ▶ 3 b				

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash
(2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

Table with 3 columns: Question, Yes, No. Rows correspond to items 1a(1), 1a(2), 1b(1) through 1b(6), and 1c.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

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.

Signature of officer or trustee, Date, Title (Executive Dir.), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only section containing fields for Print/Type preparer's name (MARK JACKSON, CPA), Preparer's signature (MARK JACKSON, CPA), Date, Check self-employed, PTIN (P01467684), Firm's name (Walpole & Co., LLP), Firm's address (70 Santa Felicia Drive, Goleta, CA 93117), Firm's EIN (77-0384152), and Phone no. ((805) 569-9864).

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

TOWBES FOUNDATION

Employer identification number

95-3519577

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[] 501(c)() (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[X] 501(c)(3) exempt private foundation

[] 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

[X] 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), 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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), 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).

Name of organization TOWBES FOUNDATION	Employer identification number 95-3519577
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWBES 2002 TRUST ----- P.O. BOX 20130 ----- SANTA BARBARA, CA 93120 -----	\$ 86,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOWBES FOUNDATION	Employer identification number 95-3519577
--	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **TOWBES FOUNDATION** Employer identification number **95-3519577**

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 information once. See instructions.)..... ▶\$ _____ **N/A**
 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
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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. 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. 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

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2021

Name TOWBES FOUNDATION	Employer identification number 95-3519577
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	24,905.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.	3	24,905.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	24,905.

Part II Reasons for Filing – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	11/15/21	12/15/21	3/15/22	6/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	6,226.	6,226.	6,226.	6,227.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.	11	12,461.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		6,235.	9.	
13 Add lines 11 and 12	13		6,235.	9.	
14 Add amounts on lines 16 and 17 of the preceding column	14				6,217.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	12,461.	6,235.	9.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			6,217.	6,227.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	6,235.	9.		

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 – no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions.....	19		11/15/22	11/15/22
20 Number of days from due date of installment on line 9 to the date shown on line 19.....	20		245	153
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021.....	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3% (0.03)	22			
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021.....	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3% (0.03)	24			
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022.....	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 3% (0.03)	26			
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022.....	27		16	
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)	28		8.18	
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022.....	29		91	15
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 4 *%...	30		62.00	10.24
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022.....	31		92	92
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x 5 *%...	32		78.35	78.48
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023.....	33		46	46
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x 6 *%...	34		47.01	47.09
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023.....	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *%...	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.....	37		195.54	135.81
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns.....	38			331.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

TOWBES FOUNDATION

95-3519577

Statement 1
Form 990-PF, Part I, Line 16a
Legal Fees

	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL FEES.....	\$ 34,336.			\$ 34,336.
Total	<u>\$ 34,336.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 34,336.</u>

Statement 2
Form 990-PF, Part I, Line 16b
Accounting Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACCOUNTING FEES.....	\$ 53,190.			\$ 53,190.
BOOKKEEPING.....	7,820.			7,820.
Total	<u>\$ 61,010.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 61,010.</u>

Statement 3
Form 990-PF, Part I, Line 16c
Other Professional Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
CONSULTING.....	\$ 1,050.			\$ 1,050.
Total	<u>\$ 1,050.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 1,050.</u>

Statement 4
Form 990-PF, Part I, Line 18
Taxes

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
EXCISE TAX, NET OF REFUNDS.....	\$ -15,435.			
PAYROLL TAXES.....	11,285.			\$ 11,285.
Total	<u>\$ -4,150.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 11,285.</u>

TOWBES FOUNDATION

95-3519577

Statement 5
Form 990-PF, Part I, Line 19
Allocated Depreciation

Date Acquired	Cost Basis	Prior Yr Depr	Method	Rate	Life	Current Yr Depr	Net Invest Income	Adjusted Net Income
LEASEHOLD IMPROVEMENTS 12/26/19	31,979	- JOB 40-025 1,795	S/L		27.5	1,163	0	0
FURNITURE 1/08/20	30,855	11,178	200DB		7	5,622	0	0
AUDIO VIDEO SYSTEM - JENSEN AUDIO 6/01/20	24,528	10,549	200DB		5	5,592	0	0

Statement 6
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Bank Charges.....	\$ 312.			
COMPUTER.....	11,272.			\$ 11,272.
COPYING.....	2,756.			2,756.
HVAC.....	1,175.			1,175.
INSURANCE - LIABILITY.....	6,566.			6,566.
INVESTMENT EXPENSES.....	50,627.	\$ 50,627.		
JANITORIAL.....	4,531.			4,531.
MEMBERSHIP DUES.....	8,875.			8,875.
OFFICE EXPENSES.....	2,346.			2,346.
PAYROLL SERVICE.....	2,852.			2,852.
Rental Expenses.....	2,069,468.	2,069,468.		
SEMINARS/CONFERENCES/EDUCATION.....	2,549.			2,549.
SOFTWARE.....	10,353.			10,353.
TELEPHONE.....	6,474.			6,474.
WEBSITE.....	1,500.			1,500.
WORKERS COMP INSURANCE.....	759.			759.
Total	<u>\$ 2,182,415.</u>	<u>\$ 2,120,095.</u>	<u>\$ 0.</u>	<u>\$ 62,008.</u>

Statement 7
Form 990-PF, Part II, Line 13
Investments - Other

Other Investments	Valuation Method	Book Value	Fair Market Value
JP MORGAN	Cost	\$ 9,928,584.	\$ 9,010,779.
Total		<u>\$ 9,928,584.</u>	<u>\$ 9,010,779.</u>

TOWBES FOUNDATION

95-3519577

Statement 8
Form 990-PF, Part II, Line 14
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value	Fair Market Value
Miscellaneous	\$ 87,362.	\$ 35,899.	\$ 51,463.	\$ 51,463.
Total	<u>\$ 87,362.</u>	<u>\$ 35,899.</u>	<u>\$ 51,463.</u>	<u>\$ 51,463.</u>

Statement 9
Form 990-PF, Part II, Line 22
Other Liabilities

DEFICIT IN INVESTMENT.....	\$ 255,764.
Total	<u>\$ 255,764.</u>

Statement 10
Form 990-PF, Part IV, Line 1
Capital Gains and Losses for Tax on Investment Income

Item	(a) Description	(b) How Acquired	(c) Date Acquired	(d) Date Sold
1	ISHARES TRUST ESG AWA RE	Purchased	Various	7/19/2021
2	JP MORGAN CAPITAL GAIN DISTRIBUTIONS	Purchased	Various	12/13/2021
3	ISHARES TRUST ISHARES ESG AWA RE	Purchased	Various	9/20/2021
4	ISHARES ESG AWARE US AGGREGATE	Purchased	Various	11/09/2021
5	INVESCO QQQ TRUST SERIES 1	Purchased	Various	2/17/2022
6	INVESCO QQQ TRUST SERIES 1	Purchased	Various	2/17/2022
7	ISHARES ESG AWARE US AGGREGATE	Purchased	Various	3/04/2022
8	INVESCO QQQ TRUST SERIES 1	Purchased	Various	3/11/2022
9	ISHARES TRUST ISHARES ESG AWARE	Purchased	Various	3/29/2022
10	ISHARES TRUST ISHARES ESG AWA RE	Purchased	Various	4/28/2022
11	ISHARES MSCI JAPAN ETF	Purchased	Various	4/28/2022
12	CALVERT EMERG MRKTS EQTY-R6	Purchased	Various	6/24/2022
13	DOUBLELINE TTL RTRN BND-R6	Purchased	Various	6/24/2022
14	PIMCO TOTAL RETURN ESG-INST	Purchased	Various	6/24/2022
15	PARNASSUS MID CAP FUND-INST	Purchased	Various	6/24/2022
16	PARNASSUS CORE EQUITY-INST	Purchased	Various	6/24/2022
17	TIAA-CREF CORE IMPCT BD-INST	Purchased	Various	6/24/2022
18	ISHARES ESG AWARE US AGGREGATE	Purchased	Various	6/27/2022
19	SCHWAB U.S. TIPS ETF	Purchased	Various	6/27/2022
20	INVESCO QQQ TRUST SERIES 1	Purchased	Various	6/27/2022
21	ISHARES TRUST ISHARES ESG AWARE	Purchased	Various	6/27/2022
22	VANGUARD SHORT-TERM TIPS	Purchased	Various	6/27/2022
23	ISHARES INC ISHARES ESG AWA RE	Purchased	Various	6/27/2022
24	ISHARES TRUST ISHARES ESG AWA RE	Purchased	Various	6/27/2022

Item	(e) Gross Sales	(f) Deprec. Allowed	(g) Cost Basis	(h) Gain (Loss)	(i) FMV 12/31/69	(j) Adj. Bas. 12/31/69	(k) Excess (i) - (j)	(l) Gain (Loss)
1	115,689.		108,533.	7,156.			\$ 7,156.	
2	80,248.		0.	80,248.			80,248.	
3	177,884.		161,493.	16,391.			16,391.	
4	60,288.		61,793.	-1,505.			-1,505.	

TOWBES FOUNDATION

95-3519577

Statement 10 (continued)
Form 990-PF, Part IV, Line 1
Capital Gains and Losses for Tax on Investment Income

Item	(e) Gross Sales	(f) Deprec. Allowed	(g) Cost Basis	(h) Gain (Loss)	(i) FMV 12/31/69	(j) Adj. Bas. 12/31/69	(k) Excess (i) - (j)	(l) Gain (Loss)
5	13,836.		13,646.	190.				\$ 190.
6	71,949.		71,030.	919.				919.
7	55,214.		59,464.	-4,250.				-4,250.
8	82,406.		83,657.	-1,251.				-1,251.
9	83,734.		90,221.	-6,487.				-6,487.
10	103,045.		103,404.	-359.				-359.
11	51,953.		64,722.	-12,769.				-12,769.
12	24,512.		38,065.	-13,553.				-13,553.
13	23,398.		26,889.	-3,491.				-3,491.
14	25,319.		31,086.	-5,767.				-5,767.
15	8,953.		10,816.	-1,863.				-1,863.
16	44,725.		51,959.	-7,234.				-7,234.
17	104,570.		124,319.	-19,749.				-19,749.
18	47,885.		55,829.	-7,944.				-7,944.
19	32,420.		35,555.	-3,135.				-3,135.
20	23,641.		27,179.	-3,538.				-3,538.
21	124,327.		157,461.	-33,134.				-33,134.
22	37,904.		38,998.	-1,094.				-1,094.
23	6,235.		8,908.	-2,673.				-2,673.
24	180,812.		196,421.	-15,609.				-15,609.
								Total \$ <u>-40,501.</u>

Statement 11
Form 990-PF, Part VI-A, Line 12
Explanation of Distribution to Donor Advised Fund

Qualifying Distribution Statement:

DURING FISCAL YEAR ENDED JUNE 30, 2022, THE FOUNDATION DONATED \$775,000 TO THE SANTA BARBARA FOUNDATION IN ORDER TO CREATE THE TOWBES FOUNDATION FUND. THIS DONOR ADVISED FUND IS MANAGED BY THE SANTA BARBARA FOUNDATION AND REPRESENTS AN IRREVOCABLE CONTRIBUTION TO THE SANTA BARBARA FOUNDATION OVER WHICH THE TOWBES FOUNDATION ONLY HAS ADVISORY PRIVILEGES. THE FULL AMOUNT OF THIS DISTRIBUTION WAS TREATED AS A QUALIFYING DISTRIBUTION ON THIS TAX RETURN.

Section 170(C)(2)(B) Explanation:

FUTURE DISTRIBUTIONS FROM THIS DONOR ADVISED FUND WILL BE DIRECTED TO SUPPORT EDUCATION, MENTAL HEALTH, AND OTHER COMMUNITY PRIORITIES, THE SAME AS OTHER QUALIFYING DISTRIBUTIONS MADE DIRECTLY BY THE TOWBES FOUNDATION.

TOWBES FOUNDATION

95-3519577

Statement 12
Form 990-PF, Part VII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SHERIDAH GERARD P.O. BOX 20130 SANTA BARBARA, CA 93120	Secretary 1.00	\$ 2,250.	\$ 0.	\$ 0.
LYNN C. TOWBES P.O. BOX 20130 SANTA BARBARA, CA 93120	President 10.00	2,250.	0.	0.
ROBERT L. SKINNER P.O. BOX 20130 SANTA BARBARA, CA 93120	Vice President 2.00	2,250.	0.	0.
PATRICIA MACFARLANE P.O. BOX 20130 SANTA BARBARA, CA 93120	Treasurer 10.00	0.	0.	0.
KRISTEN SULLIVAN, PH.D. P.O. BOX 20130 SANTA BARBARA, CA 93120	Executive Dir. 40.00	144,033.	36,751.	0.
VIRGINIA SALAZAR P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	0.	0.	0.
ALLISON LEWIS-TOWBES P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	2,250.	0.	0.
RON WERFT P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	0.	0.	0.
PATRICIA MADRIGAL P.O. BOX 20130 SANTA BARBARA, CA 93120	Director 1.00	0.	0.	0.
Total		\$ 153,033.	\$ 36,751.	\$ 0.

Statement 13
Form 990-PF, Part XIV, Line 2a-d
Application Submission Information

Name of Grant Program: TOWBES FOUNDATION
Name: TOWBES FOUNDATION
Care Of:
Street Address: 33 E. CARRILLO STREET SUITE 201
City, State, Zip Code: SANTA BARBARA, CA 93101
Telephone: 805-690-4603
E-Mail Address:
Form and Content: SEE STATEMENT ATTACHED - SCHEDULE #1 GRANTING POLICIES
Submission Deadlines: SEE STATEMENT ATTACHED - SCHEDULE #1 GRANTING POLICIES

TOWBES FOUNDATION

95-3519577

Statement 13 (continued)
Form 990-PF, Part XIV, Line 2a-d
Application Submission Information

Restrictions on Awards: SEE STATEMENT ATTACHED - SCHEDULE #1 GRANTING POLICIES

Statement 14
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
ADVENTURES IN CARING 1528 CHAPALA STREET #202 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	\$ 5,000.
AHA! (ATTITUDE. HARMONY. ACHIEVEMENT.) 1209 DE LA VINA STREET, SUITE A SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	10,000.
ANGELS FOSTER CARE OF SANTA BARBARA 3905 STATE STREET, #7-115 SANTA BARBARA CA 93105		PC	KINSHIP ANGELS PROGRAM	7,500.
ANTI-DEFAMATION LEAGUE 1528 CHAPALA STREET, SUITE 301 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	6,000.
ATTERDAG AT HOME INC. 636 ATTERDAG ROAD SOLVANG CA 93463		PC	MEALS ON WHEELS PROGRAM	5,000.
BOYS & GIRLS CLUB OF MID CENTRAL COAST 901 N. RAILROAD AVENUE SANTA MARIA CA 93458		PC	POWER HOUR PROGRAM SUPPORT	15,000.
CASA PACIFICA CENTERS FOR CHILDREN 1722 S. LEWIS ROAD CAMARILLO CA 93012		PC	SAFE ALTERNATIVES FOR TREATING YOUTH (SAFTY)	5,000.
CASA SERENA, INC. 1515 BATH STREET SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	10,000.
CHANNEL ISLANDS YMCA 105 EAST CARRILLO STREET SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	15,000.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
CHILD ABUSE LISTENING MEDIATION 1236 CHAPALA STREET SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	\$ 15,000.
CHILD ABUSE LISTENING MEDIATION 1236 CHAPALA STREET SANTA BARBARA CA 93101		PC	MENTAL HEALTH CONSULTATION MODEL IN SBUSD	15,000.
CHILDREN AND FAMILY RESOURCE SERVICES 3970 LA COLINA ROAD, SUITE 2 SANTA BARBARA CA 93110		PC	WELCOME EVERY BABY FAMILY CONNECTS	5,000.
COMMUNITY PARTNERS FOR YOUTHWELL PO BOX 741265 LOS ANGELES CA 90074		PC	GENERAL OPERATING SUPPORT	7,500.
COUNCIL ON DRUG AND ALCOHOL ABUSE PO BOX 28 SANTA BARBARA CA 93102		PC	CADA MENTOR PROGRAM	10,000.
COURT APPOINTED SPECIAL ADVOCATES (CASA) 2125 S. BROADWAY, SUITE 106 SANTA MARIA CA 93454		PC	UNRESTRICTED	5,000.
CUYAMA VALLEY FAMILY RESOURCE CENTER PO BOX 5, 4689 HIGHWAY 166 NEW CUYAMA CA 93254		PC	UNRESTRICTED	10,875.
DOMESTIC VIOLENCE SOLUTIONS FOR SB COUNT 411 E. CANON PERDIDO ST, SUITE 12 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	12,500.
EASY LIFT TRANSPORTATION 53 CASS PLACE, SUITE D GOLETA CA 93117		PC	UNRESTRICTED	5,000.
FAMILY SERVICE AGENCY OF SANTA BARBARA 123 W. GUTIERREZ STREET SANTA BARBARA CA 93101		PC	CHILD AND FAMILY COUNSELING	20,000.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
FOOD FROM THE HEART PO BOX 3908 SANTA BARBARA CA 93130		PC	GENERAL OPERATING SUPPORT	\$ 10,000.
FOODBANK OF SANTA BARBARA 1525 STATE STREET, SUITE 100 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	10,000.
SANTA BARBARA CITY COLLEGE FOUNDATION 721 CLIFF DRIVE SANTA BARBARA CA 93109		PC	RUNNING START PROGRAM	10,000.
FREEDOM 4 YOUTH 187 SOUTH PATTERSON AVENUE, SUITE A SANTA BARBARA CA 93111		PC	GENERAL OPERATING SUPPORT	7,500.
FUND FOR SANTA BARBARA PO BOX 90710 SANTA BARBARA CA 93190		PC	REGIONAL EQUITY STUDY AND YOUTH MAKING CHANGE	10,000.
FUTURE LEADERS OF AMERICA 126 EAST HALEY ST, UNIT A17 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	7,500.
GATEWAY EDUCATIONAL SERVICES 185 SOUTH PATTERSON AVENUE, SUITE E SANTA BARBARA CA 93111		PC	ACADEMIC SUPPORT FOR LATINX STUDENTS IN SANTA BARBARA	5,000.
GIRLS INC OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA CA 93013		PC	GENERAL OPERATING SUPPORT	10,000.
GIRLS INC OF GREATER SANTA BARBARA PO BOX 236 SANTA BARBARA CA 93102		PC	GENERAL OPERATING SUPPORT	10,000.
GOLETA EDUCATION FOUNDATION PO BOX 1177 GOLETA CA 93116		PC	DUAL LANGUAGE IMMERSION BILINGUAL LIBRARY INITIATIVE	2,500.
GUADALUPE-NIPOMO DUNES CENTER 1065 GUADALUPE STREET GUADALUPE CA 93434		PC	EXPLORE THE COAST	7,500.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
HILLSIDE HOUSE 1235 VERONICA SPRINGS ROAD SANTA BARBARA CA 93105		PC	UNRESTRICTED	\$ 7,500.
HOSPICE OF SANTA BARBARA, INC. 2050 ALAMEDA PADRE SERRA, SUITE 100 SANTA BARBARA CA 93103		PC	BEREAVEMENT COUNSELING FOR YOUTH PROGRAMMING	10,000.
ISLA VISTA SCHOOL PTA 6875 EL COLEGIO ROAD GOLETA CA 93117		PC	SCIENCE CAMP PROGRAM SCHOLARSHIP FUND	8,500.
ISLA VISTA YOUTH PROJECTS, INC. PO BOX 1332 GOLETA CA 93116		PC	GENERAL OPERATING SUPPORT	12,500.
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA CA 93101		PC	YOUTH FOR JUSTICE PROGRAM	5,000.
LEADING FROM WITHIN PO BOX 806 SANTA BARBARA CA 93102		PC	UNRESTRICTED	5,000.
MENTAL WELLNESS CENTER 617 GARDEN STREET SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	10,000.
MOXI 125 STATE STREET SANTA BARBARA CA 93101		PC	MOXI ON THE MOVE PROGRAM	7,500.
NATURETRACK FOUNDATION INC. PO BOX 953 LOS OLIVOS CA 93441		PC	FOSTERING A LIFELONG FASCINATION WITH NATURE PROGRAM	4,000.
NEW BEGINNINGS COUNSELING CENTER 324 E. CARRILLO STREET, #C SANTA BARBARA CA 93101		PC	DONALD J. WILLFONG COMMUNITY COUNSELING CLINIC	17,500.
NEW HOUSE SANTA BARBARA 2434 BATH STREET SANTA BARBARA CA 93105		PC	GENERAL OPERATING SUPPORT	10,000.

TOWBES FOUNDATION

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Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
PACIFIC PRIDE FOUNDATION 608 ANACAPA STREET, SUITE A SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	\$ 14,750.
PATHPOINT 315 W. HALEY STREET, SUITE 102 SANTA BARBARA CA 93101		PC	BEHAVIORAL HEALTH PERMANENT SUPPORTIVE HOUSING SERVICES	7,500.
PEOPLE'S SELF-HELP HOUSING CORP. 1060 KENDALL RD SAN LUIS OBISPO CA 93401		PC	CAMINO SCHOLARS EDUCATION PROGRAM - BEHAVIORAL HEALTH EQUITY	7,500.
PLANNED PARENTHOOD CA CENTRAL COAST 518 GARDEN STREET SANTA BARBARA CA 93101		PC	BEHAVIOR HEALTH PROGRAMMING	12,500.
SAN MARCOS HIGH SCHOOL ROYAL PRIDE FOUND 4750 HOLLISTER AVENUE SANTA BARBARA CA 93110		PC	GENERAL OPERATING SUPPORT	3,500.
SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH STREET SANTA BARBARA CA 93105		PC	UNRESTRICTED	2,500.
SANTA BARBARA ARTS COLLABORATIVE PO BOX 1414 SANTA BARBARA CA 93102		PC	UNRESTRICTED	5,000.
SANTA BARBARA COTTAGE HOSPITAL FND PO BOX 689 SANTA BARBARA CA 93102		PC	PEDIATRIC RESILIENCY COLLABORATIVE (PERC)	15,000.
SANTA BARBARA COTTAGE HOSPITAL FND PO BOX 689 SANTA BARBARA CA 93102		PC	CHILDREN'S MIRACLE NETWORK	2,500.
SANTA BARBARA COUNTY EDUCATION OFFICE PO BOX 6307 SANTA BARBARA CA 93160		PC	TEACHERS NETWORK	5,000.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	\$ 7,500.
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	PEER BUDDIES SCHOLARSHIPS	10,000.
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	KIND MIND PROGRAM	5,000.
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	MISSION SCHOLARS COLLEGE ACCESS PROGRAM	7,500.
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA CA 93101		PC	WHAT IS LOVE PROGRAM SUPPORT	7,500.
SANTA BARBARA FAMILY CARE CENTER INC 124 W. CARMEN LANE, SUITE C SANTA MARIA CA 93458		PC	STEPS TO LICENSING & QUALITY PROGRAMMING	5,000.
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA CA 93101		PC	UNRESTRICTED	1,000.
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA CA 93101		PC	STATE OF THE NONPROFITS IN SANTA BARBARA COUNTY EVALUATION	10,000.
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA CA 93101		PC	TO ESTABLISH THE TOWBES FUND, A DONOR ADVISED FUND.	775,000.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY, SUITE 190 SANTA BARBARA CA 93109		PC	COASTAL, CLIMATE AND MARITIME CONNECTIONS YOUTH EDUCATION PROGRAM	\$ 5,000.
SANTA BARBARA MUSEUM OF NATURAL HISTORY 2559 PUESTA DEL SOL ROAD SANTA BARBARA CA 93105		PC	SCHOOL AND TEACHER SERVICES - STANDARDS-BASED EDUCATIONAL PROGRAMMING	5,000.
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E. COTA STREET, 1ST FLOOR SANTA BARBARA CA 93101		PC	ADVANCING BEHAVIORAL HEALTH EQUITY IN PRIMARY CARE PROGRAMMING	10,000.
SANTA BARBARA PARTNERS IN EDUCATION 3970 LA COLINA ROAD, SUITE 9 SANTA BARBARA CA 93110		PC	GENERAL OPERATING SUPPORT	4,000.
SANTA BARBARA POLICE ACTIVITIES LEAGUE PO BOX 91121 SANTA BARBARA CA 93190		PC	LIFE AFTER HIGH SCHOOL ACADEMY	7,500.
SANTA BARBARA RESPONSE NETWORK 3905 STATE STREET, SUITE 7-271 SANTA BARBARA CA 93105		PC	FOSTERING MENTAL HEALTH HEALING & RESILIENCE IN AGENCIES SERVING MARGINALIZED COMMUNITY PROGRAMMING	5,625.
SANTA BARBARA RITECARE CHILDHOOD LANGUAG 16 E. CARRILLO ST, 4TH FLOOR SANTA BARBARA CA 93101		PC	SPEECH, LANGUAGE AND LITERACY THERAPY SERVICES	7,500.
SANTA BARBARA SCHOOL OF SQUASH 1530 CHAPALA STREET SUITE F SANTA BARBARA CA 93101		PC	GENERAL OPERATING SUPPORT	9,750.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
SANTA BARBARA ZOOLOGICAL FOUNDATION 500 NINOS DRIVE SANTA BARBARA CA 93103		PC	UNRESTRICTED	\$ 5,000.
SANTA MARIA VALLEY DISCOVERY MUSEUM 705 S. MCCLELLAND SANTA MARIA CA 93454		PC	GENERAL OPERATING SUPPORT	7,500.
SCHOLARSHIP FOUNDATION OF SANTA BARBARA PO BOX 3620 SANTA BARBARA CA 93130		PC	UNRESTRICTED	40,000.
SOCIAL GOOD FUND, INC PO BOX 412 LOS OLIVOS CA 93441		PC	GENERAL OPERATING SUPPORT	5,000.
ST. VINCENT'S SANTA BARBARA 4200 CALLE REAL SANTA BARBARA CA 93110		PC	FAMILY STRENGTHENING PROGRAM	12,500.
STANDING TOGETHER TO END SEXUAL ASSAULT 433 E. CANON PERDIDO STREET SANTA BARBARA CA 93101		PC	COMMUNITY EDUCATION & RAPE PREVENTION FOR ADOLESCENTS AND YOUNG ADULTS PROGRAMMING	7,500.
STORYTELLER CHILDREN'S CENTER 2115 STATE STREET SANTA BARBARA CA 93105		PC	GENERAL OPERATING SUPPORT	17,250.
TEACHER'S FUND 1250 COAST VILLAGE ROAD SANTA BARBARA CA 93108		PC	COVID EMERGENCY RESPONSE & RECOVERY GRANTS FOR LOCAL TEACHERS	4,000.
THE ARTS FUND PO BOX 333 SANTA BARBARA CA 93102		PC	TEEN ARTS MENTORSHIP PROGRAM	5,000.
THE REGENTS OF UNIVERSITY OF CALIFORNIA UNIVERSITY OF CALIFORNIA SANTA BARBARA CA 93106		PC	EAOP SCHOLARSHIP SUPPORT FOR UCSB'S SUMMER PRE-COLLEGE RESEARCH PROGRAMS	11,500.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
THE TURNER FOUNDATION PO BOX 186 SANTA BARBARA CA 93102		PC	AFTER-SCHOOL EDUCATION AND ENRICHMENT PROGRAMS (ASEEP)	\$ 5,000.
TRANSITIONS - MENTAL HEALTH ASSOCIATION PO BOX 15408 SAN LUIS OBISPO CA 93406		PC	GENERAL OPERATING SUPPORT	7,500.
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CALIFORNIA SANTA BARBARA CA 93106		PC	CHANCELLOR'S COUNCIL	1,000.
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CALIFORNIA SANTA BARBARA CA 93106		PC	GENERAL OPERATING SUPPORT OF HEALING SPACE	10,000.
UCSB ARTS & LECTURES UNIVERSITY OF CALIFORNIA SANTA BARBARA CA 93106		PC	UNRESTRICTED	5,000.
UNITED BOYS & GIRLS CLUBS OF SB COUNTY PO BOX 1485 SANTA BARBARA CA 93102		PC	GENERAL OPERATING SUPPORT	15,000.
UNITED WAY OF SANTA BARBARA COUNTY 320 E. GUTIERREZ STREET SANTA BARBARA CA 93101		PC	SUPPORT THE FUN IN THE SUN PROGRAM	20,000.
UNITED WAY OF SANTA BARBARA COUNTY 320 E. GUTIERREZ STREET SANTA BARBARA CA 93101		PC	CRITICAL NEEDS FUND FOR DISASTER ASSISTANCE	20,000.
VISITING NURSE & HOSPICE CARE 509 EAST MONTECITO ST, SUITE 200 SANTA BARBARA CA 93103		PC	VNA HEALTH BEREAVEMENT CARE PROGRAM	10,000.
WILDERNESS YOUTH PROJECT 5386 HOLLISTER AVENUE, SUITE D SANTA BARBARA CA 93111		PC	GENERAL OPERATING SUPPORT	7,500.
WILDING ART MUSEUM 1511 MISSION DRIVE, STE B SOLVANG CA 93463		PC	UNRESTRICTED	2,500.

TOWBES FOUNDATION

95-3519577

Statement 14 (continued)
Form 990-PF, Part XIV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
WOMEN'S ECONOMIC VENTURES 21 E. CANON PERDIDO ST, SUITE 301 SANTA BARBARA CA 93101		PC	UNRESTRICTED	\$ 7,500.
			Total	<u>\$ 1,556,750.</u>