

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p>SANTA BARBARA FOUNDATION</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1111 CHAPALA STREET, SUITE 200</p> City or town, state or province, country, and ZIP or foreign postal code <p>SANTA BARBARA, CA 93101</p> F Name and address of principal officer: RONALD V. GALLO, ED.D. 1111 CHAPALA STREET, SUITE 200, SANTA BARBARA	D Employer identification number <p>95-1866094</p> E Telephone number <p>805-963-1873</p> G Gross receipts \$ 115,054,645. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SBFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1928 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: OUR MISSION: THE SANTA BARBARA FOUNDATION IS A COMMUNITY FOUNDATION (PLEASE SEE SCHEDULE O)		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-24,412.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	136,674.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	21,637,188.	20,024,935.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,514,992.	2,676,104.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,532.	-512,184.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,381,712.	22,188,855.
14	Benefits paid to or for members (Part IX, column (A), line 4)	18,955,032.	21,321,537.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,639,601.	2,711,244.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,426,337.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,254,837.	2,930,618.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,849,470.	26,963,399.
19	Revenue less expenses. Subtract line 18 from line 12	3,532,242.	-4,774,544.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	254,724,840.	259,089,047.
22	Net assets or fund balances. Subtract line 21 from line 20	19,897,455.	21,267,031.
		234,827,385.	237,822,016.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p>RONALD V. GALLO, ED.D., PRESIDENT & CEO</p> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name <p>CHRISLEY N. REED, CPA</p> Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <p>P00025230</p> Firm's name ▶ MCGOWAN GUNTERMANN Firm's address ▶ 111 E. VICTORIA ST., 2ND FLOOR SANTA BARBARA, CA 93101-2018 Firm's EIN ▶ 95-3680171 Phone no. 805-962-9175	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION: THE SANTA BARBARA FOUNDATION IS A COMMUNITY FOUNDATION (PLEASE SEE SCHEDULE O) ESTABLISHED IN 1928 TO ENRICH THE LIVES OF THE PEOPLE OF SANTA BARBARA COUNTY THROUGH PHILANTHROPY. AS ONE OF THE LARGEST PRIVATE SOURCES OF FUNDING FOR AREA NONPROFITS, AGENCIES AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 20,568,820. including grants of \$ 18,857,365.) (Revenue \$) THE SANTA BARBARA FOUNDATION SERVES THE ENTIRE COUNTY OF SANTA BARBARA, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS. IN 2016, THE FOUNDATION AWARDED OVER 2,400 GRANTS TO NONPROFIT ORGANIZATIONS. GRANTS ARE MADE THROUGH THE FOUNDATION FROM VARIOUS TYPES OF FUNDS, INCLUDING: DONOR ADVISED FUNDS, DONOR DESIGNATED FUNDS AND FIELD OF INTEREST FUNDS. DISCRETIONARY GRANTS, TOTALING OVER \$4 MILLION IN 2016, ARE SUPPORTED BY THE FOUNDATION'S UNRESTRICTED ENDOWMENT INCOME AND ARE AWARDED WITH THE APPROVAL OF THE BOARD OF TRUSTEES BASED ON RECOMMENDATIONS OF FOUNDATION STAFF FOLLOWING A RIGOROUS PROCESS OF RESEARCH, DUE DILIGENCE, PLANNING AND EVALUATION.

4b (Code:) (Expenses \$ 2,103,629. including grants of \$ 1,884,172.) (Revenue \$) THE SANTA BARBARA FOUNDATION PROVIDED FUNDING OF OVER \$1 MILLION IN 2016 TO THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA FOR STUDENT AID. THROUGH THIS COLLABORATION, OVER 400 STUDENTS OF SANTA BARBARA COUNTY RECEIVED SCHOLARSHIP AWARDS.

4c (Code:) (Expenses \$ 701,210. including grants of \$ 580,000.) (Revenue \$) DIRECT PROGRAM ACTIVITIES

THE WOMEN'S FUND OF SANTA BARBARA ENABLES WOMEN TO COMBINE CHARITABLE DOLLARS AND PROVIDES SIGNIFICANT GRANTS FOCUSED ON THE CRITICAL NEEDS OF WOMEN, CHILDREN AND FAMILIES IN SOUTH SANTA BARBARA COUNTY.

THE WOMEN'S FUND OF NORTHERN SANTA BARBARA COUNTY RESPONDS TO THE COMMUNITY'S MOST URGENT NEEDS BY MAKING SUBSTANTIAL GIFTS IN THE NORTH COUNTY. MEMBERS AND SUPPORTERS OF THE FUND TRANSLATE THEIR VALUES INTO ACTION TO SERVE AS A CATALYST FOR CHANGE ON BEHALF OF THE WOMEN, CHILDREN, AND FAMILIES IN NORTH COUNTY. (CONTINUED IN SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 23,373,659.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 20		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JANET MOCKER - (805) 963-1873**
1111 CHAPALA STREET, SUITE 200, SANTA BARBARA, CA 93101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES MOROUSE CHAIR	4.00	X		X				0.	0.	0.
(2) EILEEN SHERIDAN CHAIR EMERITUS	2.00	X		X				0.	0.	0.
(3) MICHELLE LEE PICKETT TRUSTEE	2.00	X						0.	0.	0.
(4) HUGH BOSS TRUSTEE	2.00	X						0.	0.	0.
(5) GRETCHEN MILLIGAN TREASURER	3.00	X		X				0.	0.	0.
(6) ROBERT SKINNER TRUSTEE	2.00	X						0.	0.	0.
(7) LAURIE ASHTON TRUSTEE	2.00	X						0.	0.	0.
(8) MIKE MAYFIELD TRUSTEE	2.00	X						0.	0.	0.
(9) JENNIFER MURRAY TRUSTEE	2.00	X						0.	0.	0.
(10) DIANE ADAM VICE CHAIR	3.00	X		X				0.	0.	0.
(11) CHRIS SLAUGHTER TRUSTEE	2.00	X						0.	0.	0.
(12) CATHY PEPE TRUSTEE	2.00	X						0.	0.	0.
(13) NIKI SANDOVAL TRUSTEE	2.00	X						0.	0.	0.
(14) LUIS VILLEGAS TRUSTEE	2.00	X						0.	0.	0.
(15) MICHAEL D. YOUNG TRUSTEE	2.00	X						0.	0.	0.
(16) STEPHEN HICKS SECRETARY	3.00	X		X				0.	0.	0.
(17) RALPH IANNELLI TRUSTEE	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PHIL ALVARADO TRUSTEE	2.00	X					0.	0.	0.	
(19) PAMELA GANN TRUSTEE	2.00	X					0.	0.	0.	
(20) SUSAN RICHARDS TRUSTEE	2.00	X					0.	0.	0.	
(21) RON GALLO, ED.D. PRESIDENT AND CEO	40.00			X			258,661.	0.	109,973.	
(22) JANET MOCKER SENIOR DIRECTOR OF FINANCE	40.00			X			107,117.	0.	20,975.	
(23) JANET CAMPBELL CHIEF PHILANTHROPIC OFFICE	40.00				X		166,669.	0.	40,040.	
(24) JUDY TAGGART CHIEF OPERATING OFFICER	40.00				X		117,335.	0.	19,868.	
(25) SHARYN MAIN HODGSON SENIOR DIRECTOR OF COMMUNITY INVESTM	40.00				X		105,587.	0.	20,430.	
(26) PHYLENE WIGGINS SENIOR DIRECTOR OF COMMUNITY INVESTM	40.00				X		100,504.	0.	20,150.	
1b Sub-total							855,873.	0.	231,436.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							855,873.	0.	231,436.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GOLDMAN SACHS AND CO. P.O. BOX 29738, NEW YORK, NY 10087	MANAGEMENT AND ADVISORY FEES	652,065.
SILICON VALLEY COMMUNITY FOUNDATION, 2440 WEST EL CAMINO REAL, MOUNTAIN VIEW, CA	ACCOUNTING SERVICES	227,333.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,024,935.				
	g Noncash contributions included in lines 1a-1f: \$		8,390,177.				
	h Total. Add lines 1a-1f			20,024,935.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,095,929.			5,095,929.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		581,847.					
		b Less: rental expenses	606,259.				
		c Rental income or (loss)	-24,412.				
	d Net rental income or (loss)			-24,412.		-24,412.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		89,839,706.					
		b Less: cost or other basis and sales expenses	92,259,531.				
		c Gain or (loss)	-2,419,825.				
	d Net gain or (loss)			-2,419,825.			-2,419,825.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a ADMINISTRATIVE FEE	561000		403,156.	403,156.			
	b MISCELLANEOUS REVENUE	515100		-890,928.	-890,928.		
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			-487,772.				
12 Total revenue. See instructions.			22,188,855.	-487,772.	-24,412.	2,676,104.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,315,777.	21,315,777.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,760.	5,760.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	496,726.	116,995.	225,872.	153,859.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,752,395.	637,161.	609,838.	505,396.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	141,404.	52,120.	48,109.	41,175.
9 Other employee benefits	163,010.	61,622.	60,686.	40,702.
10 Payroll taxes	157,709.	53,621.	58,352.	45,736.
11 Fees for services (non-employees):				
a Management	397,671.	86,839.	180,559.	130,273.
b Legal	9,898.		6,221.	3,677.
c Accounting	45,252.		45,252.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	535,636.		535,636.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	74,866.	12,947.	4,209.	57,710.
13 Office expenses	81,443.	26,715.	30,399.	24,329.
14 Information technology	271,758.	89,669.	108,592.	73,497.
15 Royalties				
16 Occupancy	279,257.	96,459.	101,392.	81,406.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	178,551.	58,922.	71,420.	48,209.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,674.	38,823.	42,139.	43,712.
23 Insurance	32,287.	7,430.	18,519.	6,338.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT PROGRAM ACTIVITI	417,688.	417,688.		
b PROVISION FOR BAD DEBTS	241,826.	241,826.		
c COMMUNITY RELATIONS	212,439.	44,252.	5,259.	162,928.
d DUES AND SUBSCRIPTIONS	27,372.	9,033.	10,949.	7,390.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,963,399.	23,373,659.	2,163,403.	1,426,337.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash - non-interest-bearing	219,652.	1	248,763.		
	2 Savings and temporary cash investments	28,059,197.	2	24,939,005.		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	4,528,230.	4	2,451,101.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7	4,894,698.		
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	54,507.	9	91,729.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,388,292.				
	b Less: accumulated depreciation	10b 2,667,795.	15,064,985.	10c	14,720,497.	
	11 Investments - publicly traded securities	139,054,017.	11	148,817,972.		
	12 Investments - other securities. See Part IV, line 11	42,389,904.	12	32,875,381.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	25,354,348.	15	30,049,901.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	254,724,840.	16	259,089,047.			
Liabilities	17 Accounts payable and accrued expenses	468,392.	17	467,672.		
	18 Grants payable	255,150.	18	250,000.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties	3,401,576.	23	3,326,616.		
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,772,337.	25	17,222,743.		
	26 Total liabilities. Add lines 17 through 25	19,897,455.	26	21,267,031.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	161,561,487.	27	161,324,124.		
	28 Temporarily restricted net assets	15,398,468.	28	17,899,406.		
	29 Permanently restricted net assets	57,867,430.	29	58,598,486.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	234,827,385.	33	237,822,016.			
34 Total liabilities and net assets/fund balances	254,724,840.	34	259,089,047.			

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,188,855.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,963,399.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,774,544.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	234,827,385.
5	Net unrealized gains (losses) on investments	5	6,647,863.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,121,312.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	237,822,016.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization <p style="text-align:center;">SANTA BARBARA FOUNDATION</p>	Employer identification number <p style="text-align:center;">95-1866094</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18729304.	14400995.	17225590.	21637188.	19925683.	91918760.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18729304.	14400995.	17225590.	21637188.	19925683.	91918760.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12844967.
6 Public support. Subtract line 5 from line 4.						79073793.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	18729304.	14400995.	17225590.	21637188.	19925683.	91918760.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3859589.	4031647.	4669477.	5577804.	5095929.	23234446.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			301,036.	40,298.		341,334.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	83,838.	137,514.	88,250.	169,188.	403,156.	881,946.
11 Total support. Add lines 7 through 10						116376486
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	67.95 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	69.21 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization SANTA BARBARA FOUNDATION **Employer identification number** 95-1866094

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	208	
2 Aggregate value of contributions to (during year)	12,144,790.	
3 Aggregate value of grants from (during year)	11,504,934.	
4 Aggregate value at end of year	35,461,524.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,415,142.	49,145,855.	48,482,048.	46,619,740.	43,822,082.
b Contributions	80.	512,606.	77,365.	50,000.	136,435.
c Net investment earnings, gains, and losses	1,636,901.	-1,029,563.	2,287,904.	4,982,360.	4,807,586.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,006,514.	2,213,756.	1,701,462.	3,170,052.	2,146,363.
f Administrative expenses					
g End of year balance	46,045,609.	46,415,142.	49,145,855.	48,482,048.	46,619,740.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 93.00 %
- c Temporarily restricted endowment 7.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,680,000.		1,680,000.
b Buildings		14,022,863.	2,232,118.	11,790,745.
c Leasehold improvements		1,142,741.	168,804.	973,937.
d Equipment		542,688.	266,873.	275,815.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 14,720,497.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	3,317,420.	END-OF-YEAR MARKET VALUE
(B) REAL ASSETS	6,412,479.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	10,896,988.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	12,248,494.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	32,875,381.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FAIR MARKET VALUE OF ASSETS UNDER CHARITABLE TRUST	
(2) AGREEMENTS	15,711,225.
(3) VALUE OF INCOME INTEREST IN TRUSTS	14,154,961.
(4) DEPOSITS	18,014.
(5) OTHER ASSETS	165,701.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	30,049,901.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUTURE LIABILITIES PAYABLE UNDER	
(3) CHARITABLE TRUST AGREEMENTS	1,557,600.
(4) OBLIGATIONS TO DONOR DESIGNATED	
(5) FUNDS	15,586,846.
(6) 1111 CHAPALA - OTHER LIABILITIES	78,297.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,222,743.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR GRANTMAKING, STUDENT AID AND ADMINISTRATIVE EXPENSES.

PART X, LINE 2:

THE FOUNDATION EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2016, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

THE FOUNDATION FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL JURISDICTIONS. THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SCHOLARSHIP FOUNDATION OF SANTA BARBARA - PO BOX 3620 - SANTA BARBARA, CA 93130-3620	23-7087774	501 (C) (3)	1,884,172.	0.			SCHOLARSHIPS AND GENERAL SUPPORT
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501 (C) (3)	1,655,100.	0.			GENERAL SUPPORT
THE GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW WASHINGTON, DC 20052	53-0196584	501 (C) (3)	1,000,000.	0.			GENERAL SUPPORT
THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DR - SANTA BARBARA, CA 93109	95-3234551	501 (C) (3)	509,634.	0.			SBCC PROMISE, ESL, RUNNING START AND GENERAL SUPPORT
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD SANTA BARBARA, CA 93108-2899	95-1525814	501 (C) (3)	492,832.	0.			COMMUNITY ACCESS TICKET PROGRAM, SCHOLARSHIPS AND GENERAL SUPPORT
UC SANTA BARBARA FOUNDATION 4219 CHEADLE HALL 4TH FL SANTA BARBARA, CA 93106	23-7314834	501 (C) (3)	477,110.	0.			ARTS AND LECTURES CAPITAL CAMPAIGN, ANNE AND MICHAEL TOWBES GRADUATE DEAN CHAIR, MCENROE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **320.**

3 Enter total number of other organizations listed in the line 1 table **12.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA MUSEUM OF NATURAL HISTORY - 2559 PUESTA DEL SOL - SANTA BARBARA, CA 93105-2998	95-1643378	501 (C) (3)	438,101.	0.			GENERAL SUPPORT, CENTENNIAL AND BUILDING CAMPAIGNS, NEXT GENERATION EDUCATION SREI
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA, CA 93101	77-0071544	501 (C) (3)	306,400.	0.			PEAC PROGRAM, ACADEMY FOR SUCCESS, LENI FE BLAND PERFORMING ARTS FUND AND GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - ARTS & LECTURES - BUILDING 402 - SANTA BARBARA, CA 93106	95-6006145	501 (C) (3)	304,083.	0.			GENERAL SUPPORT
DIRECT RELIEF 27 S LA PATERA LN GOLETA, CA 93117	95-1831116	501 (C) (3)	299,129.	0.			CAPITAL CAMPAIGN AND GENERAL SUPPORT
FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 W GUTIERREZ ST - SANTA BARBARA, CA 93101	95-1644031	501 (C) (3)	264,491.	0.			GENERAL SUPPORT, VERTICAL CHANGE COMMUNITY DATA HUB, AND AUDIO VISUAL AND PHONE SYSTEMS
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543-5357	21-0634501	501 (C) (3)	253,600.	0.			GENERAL SUPPORT
GARY SINISE FOUNDATION 21700 OXNARD ST STE 580 WOODLAND HILLS, CA 93167	80-0587086	501 (C) (3)	250,000.	0.			GENERAL SUPPORT
CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST CARPINTERIA, CA 93013	81-1407122	501 (C) (3)	250,000.	0.			GENERAL SUPPORT
FAMILY CAREGIVER ALLIANCE 142 AZALEA DRIVE MOUNTAIN VIEW, CA 94041	94-2687079	501 (C) (3)	250,000.	0.			ATLAS OF CAREGIVING PILOT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENSEMBLE THEATRE PROJECT, INC. PO BOX 2307 SANTA BARBARA, CA 93120	95-3408200	501 (C) (3)	248,350.	0.			CAPITAL, ENDOWMENT AND MATCHING CAMPAIGN AND PROGRAMS; GHOST LIGHT EVENT; PLAY SPONSORSHIP;
THE LAND TRUST FOR SANTA BARBARA COUNTY - PO BOX 91830 - SANTA BARBARA, CA 93190	95-3797404	501 (C) (3)	247,290.	0.			CARPINTERIA BLUFFS CAMPAIGN, CONSERVATION STRATEGY BLUEPRINT, AND OPERATING FUND CHALLENGE
THACHER SCHOOL, INC. 5025 THACHER RD OJAI, CA 93023	95-1642398	501 (C) (3)	226,000.	0.			MASTER PLAN, MUSIC ENDOWMENT, ANNUAL FUND AND GENERAL SUPPORT
CHILDREN'S MUSEUM OF SANTA BARBARA PO BOX 4808 SANTA BARBARA, CA 93140	77-0252722	501 (C) (3)	202,000.	0.			GENERAL SUPPORT, 3D PRINTERS, CONSTRUCTION AND FOUNDING DONORS EXHIBIT
SANTA BARBARA CENTER FOR THE PERFORMING ARTS, INC. - 1330 STATE ST STE 101 - SANTA BARBARA, CA 93101	95-3847102	501 (C) (3)	190,100.	0.			GENERAL SUPPORT AND VOCALOSITY
SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS STREET, 2ND FLOOR SANTA BARBARA, CA 93103	77-0496382	501 (C) (3)	161,500.	0.			GOLETA NEIGHBORHOOD CLINIC, HEPATITIS C AND HIV EDUCATION AND PREVENTION, BASIC NEEDS,
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	77-0169214	501 (C) (3)	161,000.	0.			ACCELERATOR PROJECTS, BASIC NEEDS AND GENERAL SUPPORT
TRANSITION HOUSE 425 E COTA ST SANTA BARBARA, CA 93101-1662	77-0099755	501 (C) (3)	145,300.	0.			BASIC NEEDS; SCHOLARSHIPS FOR INFANTS; PROFESSIONAL DEVELOPMENT, REFLECTIVE PRACTICE, AND PLANNING
SANTA BARBARA MUSEUM OF ART 1130 STATE ST SANTA BARBARA, CA 93101	95-1664122	501 (C) (3)	143,357.	0.			RENOVATION PROJECT, CAPITAL CAMPAIGN AND GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADING FROM WITHIN P.O. BOX 806 SANTA BARBARA, CA 93102	68-0365504	501 (C) (3)	141,050.	0.			LEADERSHIP PROGRAMS AND GENERAL SUPPORT
JEWISH FEDERATION OF GREATER SANTA BARBARA - 524 CHAPALA ST - SANTA BARBARA, CA 93101-3412	23-7354759	501 (C) (3)	138,100.	0.			ANNUAL CAMPAIGN, LION OF JUDAH GIFT, LEAD CAPITAL MATCHING GIFT CAMPAIGN, FRONT ENTRY WAY ADA
LOBERO THEATRE FOUNDATION 33 E CANON PERDIDO ST SANTA BARBARA, CA 93101-2246	95-1831068	501 (C) (3)	131,850.	0.			GENERAL SUPPORT, BOARD DESIGNATED RESERVE FUND AND GHOST LIGHT EVENT
ISLA VISTA YOUTH PROJECTS, INC. 6842 PHELPS RD GOLETA, CA 93117	95-3007419	501 (C) (3)	131,100.	0.			GENERAL SUPPORT, SCHOLARSHIPS FOR INFANTS AND TODDLERS, AND FAMILY ENGAGEMENT PROGRAM
CANCER FOUNDATION OF SANTA BARBARA 601 WEST JUNIPERO STREET SANTA BARBARA, CA 93105	95-2158727	501 (C) (3)	130,250.	0.			LEAP PROGRAM, CANCER CENTER AND GENERAL SUPPORT
SGSANTA BARBARA PUBLIC LIBRARY FOUNDATION - PO BOX 1019 - SANTA BARBARA, CA 93102	APPLIED FOR	OTHER	127,019.	0.			GENERAL PURPOSE
SANTA BARBARA CHAMBER ORCHESTRA SOCIETY - PO BOX 90903 - SANTA BARBARA, CA 93190	95-3248568	501 (C) (3)	123,850.	0.			CHALLENGE GRANT, BRIDGE TO THE FUTURE CAMPAIGN AND GENERAL SUPPORT
CRANE SCHOOL 1795 SAN LEANDRO LN SANTA BARBARA, CA 93108	95-1643315	501 (C) (3)	121,490.	0.			AFTER SCHOOL SCIENCE ENDOWMENT, CAPITAL CAMPAIGN AND GENERAL SUPPORT
SANTA BARBARA CHANNEL KEEPER 714 BOND AVE SANTA BARBARA, CA 93103-3131	91-2151460	501 (C) (3)	120,050.	0.			GENERAL SUPPORT, REFUGIO OIL SPILL STUDY, AND LIVESTREAMING OF "SEAFARI" EXPERIENTIAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. CECILIA SOCIETY PO BOX 50136 SANTA BARBARA, CA 93150	95-6047722	501 (C) (3)	119,723.	0.			GENERAL SUPPORT
SANTA BARBARA BOTANIC GARDEN INC. 1212 MISSION CANYON RD SANTA BARBARA, CA 93105-2126	95-1644628	501 (C) (3)	115,372.	0.			GENERAL SUPPORT, POS SOFTWARE AND CAPITAL CAMPAIGN
GANNA WALSKA LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 93108-1059	23-7082550	501 (C) (3)	115,308.	0.			GENERAL SUPPORT, CACTUS GARDEN CAMPAIGN AND SECURITY SYSTEM
CONGREGATION B'NAI B'RITH CORPORATION - 1000 SAN ANTONIO CREEK RD - SANTA BARBARA, CA 93111-1310	95-6006585	501 (C) (3)	113,670.	0.			GENERAL SUPPORT AND SHOWERS OF BLESSING
OJAI VALLEY SCHOOL 723 EL PASEO RD OJAI, CA 93023	95-1661099	501 (C) (3)	108,757.	0.			ANNUAL SUPPORT
SANTA YNEZ VALLEY FOUNDATION 540 ALISAL ROAD, SUITE 10 SOLVANG, CA 93463	33-0450151	501 (C) (3)	101,500.	0.			GRANTMAKING
GARDEN COURT, INC. 1116 DE LA VINA ST SANTA BARBARA, CA 93101	33-0764192	501 (C) (3)	100,000.	0.			GENERAL SUPPORT
BURNON, INC. 1006 E MAIN ST VENTURA, CA 93001	77-0495901	501 (C) (3)	100,000.	0.			GENERAL SUPPORT
SAGE ASSOCIATES 1396 DANIELSON RD SANTA BARBARA, CA 93108	APPLIED FOR	OTHER	97,970.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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CHILD ABUSE LISTENING MEDIATION, INC. - 1236 CHAPALA ST - SANTA BARBARA, CA 93101	23-7097910	501 (C) (3)	97,260.	0.			BASIC NEEDS, EARLY CHILDHOOD MENTAL HEALTH CONSULTATION, CALM KIDS CAMPAIGN AND GENERAL
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102	95-3802238	501 (C) (3)	95,711.	0.			INDIGENT CARE, COTTAGE CHILDREN'S, CAMPAIGN FOR COTTAGE HEALTH SYSTEM AND 2017 TIARA BALL
SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION - 1330 STATE ST STE 102 - SANTA BARBARA, CA 93101	95-2104089	501 (C) (3)	91,734.	0.			YOUTH SYMPHONY, MUSIC EDUCATION CENTER AND GENERAL SUPPORT
SMITHSONIAN INSTITUTION PO BOX 37012 MRC 035 WASHINGTON, DC 20013	53-0206027	501 (C) (3)	91,700.	0.			CBOL NEW GUINEA AND DNA BARCODING PROJECTS
SANTA BARBARA COUNTY EDUCATION OFFICE - 4400 CATHEDRAL OAKS RD - SANTA BARBARA, CA 93160	95-6000940	SANTA BARBARA CO	91,600.	0.			EDUCATION TECHNOLOGY SERVICES, CSEFEL TEACHING PYRAMID AND ECE LEADERSHIP PROJECT
SANTA BARBARA OPERA ASSOCIATION 1330 STATE ST STE 209 SANTA BARBARA, CA 93101	77-0347413	501 (C) (3)	90,500.	0.			GENERAL SUPPORT AND THE CUNNING LITTLE VIXEN
FUND FOR SANTA BARBARA, INC. 26 W ANAPAMU ST SANTA BARBARA, CA 93101	77-0070742	501 (C) (3)	90,200.	0.			EDUCATIONAL WORKSHOPS, NONPROFIT RESOURCE NETWORK AND GENERAL SUPPORT
FRIENDS OF THE UNIVERSITY OF GUELPH - 1725 I ST NW - WASHINGTON, DC 20006	51-0189191	501 (C) (3)	90,000.	0.			BIODIVERSITY INSTITUTE OF ONTARIO/NORTH AMERICAN LEPIDOPTERA PROJECT AND GLOBAL MALAISE PROGRAM
WILDLING MUSEUM 1511-B MISSION DR SOLVANG, CA 93463	77-0470520	501 (C) (3)	87,400.	0.			CAPITAL CAMPAIGN AND GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CATE SCHOOL 1960 CATE MESA RD CARPINTERIA, CA 93013	95-1644630	501 (C) (3)	87,325.	0.			CATE MUSIC SCHOOL PROGRAM RENOVATION. SENIOR CLASS ENDOWMENT FUND, CATE FUND AND GENERAL SUPPORT
THE PACIFIC PRIDE FOUNDATION, INC. 126 E HALEY ST STE A-11 SANTA BARBARA, CA 93101	95-3133613	501 (C) (3)	86,500.	0.			HEPATITIS C EDUCATION, OFFICE MOVE AND GENERAL SUPPORT
NATURE CONSERVANCY, INC. 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501 (C) (3)	86,458.	0.			CALIFORNIA FRESHWATER INITIATIVE
GIRLS INCORPORATED OF GREATER SANTA BARBARA - P.O. BOX 236 - SANTA BARBARA, CA 93102	95-6006417	501 (C) (3)	86,150.	0.			OPERATION SMART, VENTILATION SYSTEM, SCHOLARSHIPS AND GENERAL SUPPORT
EASY LIFT TRANSPORTATION, INC. 53 CASS PLACE, SUITE D GOLETA, CA 93117	95-3642272	501 (C) (3)	83,747.	0.			GENERAL SUPPORT
GIRLS INCORPORATED OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA, CA 93013	23-7430292	501 (C) (3)	82,810.	0.			EARLY LITERACY PROGRAM, SCHOLARSHIPS AND GENERAL SUPPORT
COURT APPOINTED SPECIAL ADVOCATES OF SANTA BARBARA COUNTY - 2601 SKYWAY DRIVE, SUITE A3 - SANTA MARIA, CA 93455	33-0662734	501 (C) (3)	81,300.	0.			FOSTERING FUTURE CURRICULUM AND FOSTER YOUTH ADVOCACY
STANFORD UNIVERSITY BOARD OF TRUSTEES - PO BOX 20466 - STANFORD, CA 94309-0466	94-1156365	501 (C) (3)	80,400.	0.			THEODORE (GHABL) ANNUAL AND BUSINESS SCHOOL ANNUAL FUNDS
SANTA BARBARA HUMANE SOCIETY 5399 OVERPASS RD SANTA BARBARA, CA 93111	95-1643377	501 (C) (3)	80,276.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE - 19 E MICHELTORENA ST - SANTA BARBARA, CA 93010	33-1210731	501 (C) (3)	77,950.	0.			GENERAL SUPPORT
SANTA BARBARA ZOOLOGICAL FOUNDATION - 500 NINOS DR - SANTA BARBARA, CA 93103	95-2268554	501 (C) (3)	75,353.	0.			GENERAL SUPPORT
THE KEY CLASS FUND 1482 E VALLEY RD #444 SANTA BARBARA, CA 93108	APPLIED FOR	OTHER	74,656.	0.			GENERAL SUPPORT
SURGICAL EYE EXPEDITIONS INTERNATIONAL, INC. - P.O. BOX 1910 - GOLETA, CA 93116-1910	31-1682275	501 (C) (3)	72,157.	0.			GENERAL SUPPORT
MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY - 617 GARDEN ST - SANTA BARBARA, CA 93101	95-1962659	501 (C) (3)	71,350.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY AND GENERAL SUPPORT
COUNCIL ON ALCOHOLISM & DRUG ABUSE PO BOX 28 SANTA BARBARA, CA 93102	95-1878858	501 (C) (3)	71,080.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY, VAN PURCHASE AND GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVE - DAVIS, CA 95616-8589	94-6036494	501 (C) (3)	70,000.	0.			SCHOOL OF VETERINARY MEDICINE CENTER FOR EQUINE HEALTH
CHANNEL ISLANDS YMCA 105 E CARRILLO ST SANTA BARBARA, CA 93101	95-1643379	501 (C) (3)	68,650.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY, SCHOLARSHIPS AND VAN PURCHASE
ISLA VISTA PUBLIC IMPROVEMENT CORPORATION - 961 EMBARCADERO DEL MAR - ISLA VISTA, CA 93117	77-0197511	501 (C) (3)	65,000.	0.			GENERAL SUPPORT

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ALLAN HANCOCK COLLEGE FOUNDATION 936 S COLLEGE DR SANTA MARIA, CA 93456-5170	95-3143396	501 (C) (3)	64,484.	0.			ESL PROGRAM ASSISTANT, INSTRUCTIONAL MATERIALS, OUTREACH STAFF, MARKETING, COMPREHENSIVE
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST SANTA BARBARA+E363, CA 93101-7404	77-0061994	501 (C) (3)	63,650.	0.			EMERGENCY PREPAREDNESS: LEARNING LESSONS FROM THE REFUGIO OIL SPILL PROJECT, CHANNEL ISLANDS
STORYTELLER CHILDREN'S CENTER, INC. - 2115 STATE ST - SANTA BARBARA, CA 93105-3555	77-0283072	501 (C) (3)	63,650.	0.			TO PROVIDE SCHOLARSHIPS; TO SPONSOR A CHILD FOR ONE YEAR; TO HELP PAY OUT THE CHAPALA HOME
ANTI-DEFAMATION LEAGUE 605 3RD AVE NEW YORK, NY 10158	13-1818723	501 (C) (3)	62,410.	0.			YOUTH PROGRAMS, 2016 NATIONAL YOUTH LEADERSHIP MISSION, 40TH ANNUAL GALA, TORCH OF LIBERTY
AHA! ATTITUDE. HARMONY. ACHIEVEMENT. - 1209 DE LA VINA STREET, SUITE A - SANTA BARBARA, CA 93101	20-4418873	501 (C) (3)	62,400.	0.			GENERAL SUPPORT
CARPINTERIA EDUCATION FOUNDATION, INC. - 5201 8TH ST STE 311 - CARPINTERIA, CA 93014	77-0354256	501 (C) (3)	61,500.	0.			SCHOLARSHIPS AND UPGRADING AND MODERNIZATION OF EARLY CHILDHOOD EDUCATION
SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 93103-3254	95-6134271	501 (C) (3)	60,850.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY
TRANSITIONS- MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406	95-3509040	501 (C) (3)	60,000.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY AND TO CONVERT A TWO-BEDROOM APARTMENT INTO A
CARRILLO COUNSELING SERVICES INC. 324 EAST CARRILLO STREET, SUITE C SANTA BARBARA, CA 93101	77-0556795	501 (C) (3)	59,900.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY

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ST. VINCENT'S 4200 CALLE REAL SANTA BARBARA, CA 93110-1454	95-1643367	501 (C) (3)	59,800.	0.			"SCHOLARSHIPS; BASIC NEEDS IN SANTA BARBARA COUNTY; AND EDUCATION AND TRAINING FOR THE DIRECTOR
SANTA BARBARA PUBLIC LIBRARY FOUNDATION - P.O. BOX 1019 - SANTA BARBARA, CA 93102	46-0750188	501 (C) (3)	59,200.	0.			CAPITAL CAMPAIGN AND GENERAL SUPPORT
COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY - 5638 HOLLISTER AVE STE 230 - GOLETA, CA 93117	95-2491790	501 (C) (3)	59,025.	0.			SENIOR NUTRITION PROGRAM, TEACHERS LEARNING AND COLLABORATING COACHING PROGRAM, RAIN GUTTERS AND CAREER READINESS
SANTA BARBARA PARTNERS IN EDUCATION - 3970 LA COLINA RD STE 9 - SANTA BARBARA, CA 93110	77-0549803	501 (C) (3)	58,750.	0.			PROGRAMMING AND NORTH COUNTY VOLUNTEER CORP SUPPORT
SANSUM CLINIC PO BOX 1200 SANTA BARBARA, CA 93102-1200	95-6419205	501 (C) (3)	57,000.	0.			CYSTIC FIBROSIS FUND, CANCER CENTER AND GENERAL SUPPORT
MONTECITO RETIREMENT ASSOCIATION 300 HOT SPRINGS RD SANTA BARBARA, CA 93108	23-7425754	501 (C) (3)	56,000.	0.			CAPITAL CAMPAIGN AND THE NEW PERSONAL CARE AND MEMORY UNITS
THE SALVATION ARMY 200 W COOK ST SANTA MARIA, CA 93454	94-1156347	501 (C) (3)	54,700.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY
COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA - 2060 ALAMEDA PADRE SERRA, SUITE 201 - SANTA BARBARA, CA 93103-1713	95-1816010	501 (C) (3)	54,544.	0.			GENERAL SUPPORT, 2016/2017 CONCERT SPONSORSHIP AND ONE CONCERT IN CAMA'S
BISHOP GARCIA DIEGO HIGH SCHOOL 4000 LA COLINA RD SANTA BARBARA, CA 93110	95-2056632	501 (C) (3)	53,500.	0.			ADOPT A STUDENT

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COMMUNITY ENVIRONMENTAL COUNCIL, INC. - 26 W ANAPAMU ST FL 2 - SANTA BARBARA, CA 93101	94-1728064	501 (C) (3)	53,200.	0.			COMPOST SUPPLY ANALYSIS, CARBON FARMING PILOT PROJECT AND GENERAL SUPPORT
GOOD SAMARITAN SHELTER, INC. PO BOX 5908 SANTA MARIA, CA 93456	77-0133375	501 (C) (3)	52,000.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY
UNIVERSITY OF SAN FRANCISCO PO BOX 45363 SAN FRANCISCO, CA 94145-0363	94-1156628	501 (C) (3)	51,000.	0.			GENERAL SUPPORT
ALL SAINTS BY THE SEA EPISCOPAL CHURCH - 83 EUCALYPTUS LN - SANTA BARBARA, CA 93108	13-5562208	501 (C) (3)	50,950.	0.			GENERAL SUPPORT, RECONSTRUCTION OF BELL TOWER, ENDOWMENT FUND, OUTREACH GOLF DRIVE AND
SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE - PO BOX 1478 - SOLVANG, CA 93464	77-0338060	501 (C) (3)	50,500.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY
PEOPLES' SELF-HELP HOUSING CORPORATION - 26 E VICTORIA ST - SANTA BARBARA, CA 93101	95-2750154	501 (C) (3)	50,200.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY
PASO ROBLES HORSE PARK FOUNDATION INC - PO BOX 3620 - PASO ROBLES, CA 93445	81-0938685	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
MISSION SPRINGS CHRISTIAN CAMP AND CONFERENCE CENTER - 1050 LOCKHART GULCH RD - SCOTTS VALLEY, CA 95066	90-0296189	501 (C) (3)	50,000.	0.			CAPITAL CAMPAIGN
TRADART FOUNDATION PO BOX 517 SANTA BARBARA, CA 93102	91-2120283	501 (C) (3)	50,000.	0.			GENERAL SUPPORT

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LAGUNA BLANCA SCHOOL 4125 PALOMA DR SANTA BARBARA, CA 93110	95-1641448	501 (C) (3)	50,000.	0.			SCIENCE CENTER
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 1528 CHAPALA STREET, SUITE 204 - SANTA BARBARA, CA 93101	77-0006745	501 (C) (3)	49,890.	0.			"ACCESS TO SERVICES FOR ENGLISH AND SPANISH-LANGUAGE FAMILY CAREGIVERS
LOMPOC VALLEY COMMUNITY HEALTHCARE ORGANIZATION, INC. - PO BOX 368 - LOMPOC, CA 93438-0368	77-0494140	501 (C) (3)	48,000.	0.			FAMILY CAREGIVER SYSTEMS AND SUPPORT ACTIVITIES, ACCESS TO HEALTHY LOCAL PRODUCE IN THE LOMPOC
WILDERNESS YOUTH PROJECT INCORPORATED - 5386 HOLLISTER AVENUE, SUITE D - SANTA BARBARA, CA 93111	77-0526117	501 (C) (3)	48,000.	0.			STAFF SALARIES, VAN, AND NEW PROGRAM IN CONJUNCTION WITH POLICE ACTIVITIES LEAGUE
BOYS & GIRLS CLUB OF SANTA MARIA VALLEY - 901 NORTH RAILROAD AVENUE - SANTA MARIA, CA 93458	95-2468116	501 (C) (3)	48,000.	0.			YOUTH FOR UNITY PROGRAM, LANDSCAPING RENOVATIONS AND BUILDING ENHANCEMENTS
OUR LADY OF MT. CARMEL PARISH 1300 E VALLEY RD SANTA BARBARA, CA 93108	53-0196617	501 (C) (3)	45,709.	0.			GENERAL SUPPORT
EXPLORING SOLUTIONS PAST THE MAYA FOREST ALLIANCE - PO BOX 3962 - SANTA BARBARA, CA 93130	77-0577587	501 (C) (3)	45,700.	0.			GENERAL SUPPORT
SANTA BARBARA RAPE CRISIS CENTER 433 E CAON PERDIDO ST SANTA BARBARA, CA 93101	95-2929455	501 (C) (3)	45,100.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY
FOUNDATION OF SANTA BARBARA REGIONAL HEALTH AUTHORITY - 4050 CALLE REAL - SANTA BARBARA, CA 93110	81-0587227	501 (C) (3)	45,000.	0.			"SUPPORT FOR SPANISH- AND MIXTEC-SPEAKING FAMILY CAREGIVERS

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FIELD INSTITUTE OF TAOS PO BOX 486 ARROYO SECO, NM 87514	85-0442587	501 (C) (3)	45,000.	0.			GENERAL SUPPORT
ST. MARY OF THE ASSUMPTION 424 EAST CYPRESS ST SANTA MARIA, CA 93454	95-3248111	501 (C) (3)	44,700.	0.			SCHOLARSHIPS, MID-MORNING PROTEIN, FINANCIAL LITERACY, STAFF HEALTH AND WELLNESS AND GENERAL
UNITED BOYS & GIRLS CLUBS OF GREATER SANTA BARBARA COUNTY - P.O. BOX 1485 - SANTA BARBARA, CA 93102	23-7087814	501 (C) (3)	43,553.	0.			CAPITAL PROJECT TO REPLACE THE ROOF OF THE LOMPOC UNIT AND GENERAL SUPPORT
STATE STREET BALLET 2285 LAS POSITAS RD SANTA BARBARA, CA 93105	86-0717486	501 (C) (3)	42,000.	0.			GENERAL SUPPORT
SANTA BARBARA HISTORICAL MUSEUM 136 E DE LA GUERRA ST SANTA BARBARA, CA 93101	95-6005796	501 (C) (3)	41,381.	0.			EDWARD BOREIN GALLERY AND RESEARCH CENTER AND GENERAL SUPPORT
NOTES FOR NOTES INCORPORATED P.O. BOX 90632 SANTA BARBARA, CA 93190	20-4875556	501 (C) (3)	41,100.	0.			GENERAL SUPPORT
WILD UP PO BOX 292075 LOS ANGELES, CA 90029	47-3266537	501 (C) (3)	40,000.	0.			CAPACITY BUILDING MATCHING CAMPAIGN AND GENERAL SUPPORT
ST. JOSEPH HIGH SCHOOL 4120 S BRADLEY RD SANTA MARIA, CA 93455	95-2315939	501 (C) (3)	39,950.	0.			GENERAL SUPPORT
SANTA BARBARA MIDDLE SCHOOL 1321 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103	95-3134383	501 (C) (3)	39,600.	0.			GENERAL SUPPORT

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GREATER SANTA BARBARA ICE SKATING ASSOCIATION - 6985 SANTA FELICIA DR - GOLETA, CA 93117	45-0508885	501 (C) (3)	39,500.	0.			ICE IN PARADISE CAMPAIGN
SANTA BARBARA BOWL FOUNDATION 1122 N MILPAS ST SANTA BARBARA, CA 93103-2336	95-3618955	501 (C) (3)	38,500.	0.			COMMUNITY TICKET SUBSIDY PROGRAM, COMMUNITY ARTS WEBSITE AND GENERAL SUPPORT
ELINGS PARK FOUNDATION 1298 LAS POSITAS RD SANTA BARBARA, CA 93105	95-3500475	501 (C) (3)	37,800.	0.			GEORGE BLISS DRIVE RESURFACING PROJECT AND TO PURCHASE A MAINTENANCE VEHICLE
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY - P.O. BOX 1536 - SANTA BARBARA, CA 93102	95-3495141	501 (C) (3)	37,247.	0.			CARPETING AND GENERAL SUPPORT
HEARTS THERAPEUTIC EQUESTRIAN CENTER - P.O. BOX 30662 - SANTA BARBARA, CA 93130	77-0460907	501 (C) (3)	36,950.	0.			SPONSORSHIPS OF STELLA, LAYLA AND DEZANO; HEARTS THERAPEUTIC RIDING CENTER; AND GENERAL
SANTA MARIA VALLEY YMCA 3400 SKYWAY DR SANTA MARIA, CA 93455-2504	95-2158363	501 (C) (3)	36,250.	0.			SCHOLARSHIPS
CHANNEL ISLANDS RESTORATION 928 CARPINTERIA ST STE 3 SANTA BARBARA, CA 93103	61-1463876	501 (C) (3)	36,000.	0.			HAMMONDS MEADOW RESTORATION PROJECT AND GENERAL SUPPORT
TENNIS PATRONS ASSOCIATION OF SANTA BARBARA, INC. - PO BOX 3886 - SANTA BARBARA, CA 93130	23-7203732	501 (C) (3)	34,554.	0.			GENERAL SUPPORT
TEDDY BEAR CANCER FOUNDATION 3892 STATE ST STE 220 SANTA BARBARA, CA 93105	14-1872081	501 (C) (3)	32,500.	0.			COMPUTER EQUIPMENT, CONFERENCE PHONE, PROSPECT RESEARCH DATABASE AND GENERAL

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BOYS & GIRLS CLUB OF SANTA BARBARA, INC. - 632 E. CANON PERDIDO STREET - SANTA BARBARA, CA 93103	95-1641425	501 (C) (3)	31,250.	0.			TEEN PROGRAM
CARPINTERIA UNIFIED SCHOOL DISTRICT - 1400 LINDEN AVE - CARPINTERIA, CA 93013-1414	95-6101195	501 (C) (3)	31,100.	0.			SCIENCE MATTERS
GIRLS ROCK SB 1522 B EUCALYPTUS HILL ROAD SANTA BARBARA, CA 93103	46-0687975	501 (C) (3)	31,000.	0.			AFTER SCHOOL PROGRAMS, SCHOLARSHIPS FOR FRANKLIN ELEMENTARY SCHOOL PARTICIPANTS, WAGES FOR
ALL FOR ANIMALS INC. PO BOX 3534 SANTA BARBARA, CA 93130	47-0879588	501 (C) (3)	30,500.	0.			GENERAL SUPPORT
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501 (C) (3)	30,450.	0.			LATINO YOUTH LEADERSHIP PROJECT
UNITED WAY OF SANTA BARBARA COUNTY, INC. - 320 E GUTIERREZ ST - SANTA BARBARA, CA 93101-1736	95-1641968	501 (C) (3)	30,143.	0.			GENERAL SUPPORT
LAND TRUST ALLIANCE, INC. 1660 L ST NW STE 1100 WASHINGTON, DC 20036	04-2751357	501 (C) (3)	30,000.	0.			RALLY SPONSORSHIP & SCHOLARSHIPS
MEDIA4GOOD, INC. 308 ENNISBROOK DRIVE SANTA BARBARA, CA 93108	26-0603721	501 (C) (3)	30,000.	0.			RESURRECTED BY YOUTH
VISITING NURSE AND HOSPICE CARE FOUNDATION - 509 E MONTECITO ST STE 200 - SANTA BARBARA, CA 93103	77-0342043	501 (C) (3)	30,000.	0.			IN-HOME SERVICES FOR LOW INCOME & FRAGILE PATIENTS IN LOMPOC AND GENERAL SUPPORT

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SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY STE 190 SANTA BARBARA, CA 93109-2344	77-0392953	501 (C) (3)	30,000.	0.			HVAC UNITS AND GENERAL SUPPORT
DUNN SCHOOL PO BOX 98 LOS OLIVOS, CA 93441	95-1909237	501 (C) (3)	30,000.	0.			BLISS HOUSE AND ANNUAL FUND
COUNTY OF SANTA BARBARA ARTS FUND 205-C SANTA BARBARA STREET SANTA BARBARA, CA 93101	77-0015381	501 (C) (3)	29,500.	0.			TEEN ARTS MENTORSHIP PROGRAM AND COMMUNITY GALLERY RENOVATION
SANTA BARBARA WILDLIFE CARE NETWORK, INC. - PO BOX 6594 - SANTA BARBARA, CA 93160	77-0201505	501 (C) (3)	29,100.	0.			GENERAL SUPPORT
SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA ST STE 203 - SANTA BARBARA, CA 93101	77-0073674	501 (C) (3)	28,500.	0.			MIKE'S FIELD TRIP TO THE MOVIES AND ROSEBUD PROGRAMS AND GENERAL SUPPORT
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501 (C) (3)	28,250.	0.			YOUTH LEADERSHIP INITIATIVE
INTRONETWORKS, INC 1187 COAST VILLAGE ROAD, SUITE 1 SANTA BARBARA, CA 93108	APPLIED FOR	OTHER	28,245.	0.			GENERAL SUPPORT
NUCLEAR AGE PEACE FOUNDATION PMB 121, 1187 COAST VILLAGE ROAD, \$ SANTA BARBARA, CA 93108	95-3825265	501 (C) (3)	27,800.	0.			FRANK KELLY LECTURE, EVENING FOR PEACE AND GENERAL SUPPORT
NATIONAL FEDERATION OF THE BLIND INC. - 200 E WELLS ST - BALTIMORE, MD 21230	02-0259978	501 (C) (3)	27,555.	0.			DR. JACOB BOLOTINE BLIND AWARD

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TRINITY EVANGELICAL LUTHERAN CHURCH - 909 N LA CUMBRE - SANTA BARBARA, CA 93110	41-1568278	501 (C) (3)	27,500.	0.			SANCTUARY RENEWAL
D-REV DESIGN FOR THE OTHER NINETY PERCENT - 695 MINNESOTA STREET - SAN FRANCISCO, CA 94107	26-0642778	501 (C) (3)	27,350.	0.			TREATMENT OF SEVERE JAUNDICE TO END BRAIN DAMAGE AND END AT RISK NEWBORNS
SANTA BARBARA COURTHOUSE LEGACY FOUNDATION - P.O. BOX 91459 - SANTA BARBARA, CA 93190	20-1174366	501 (C) (3)	27,000.	0.			STORAGE AREA CONVERSION TO AN OFFICE AND GENERAL SUPPORT
REINS OF H.O.P.E. P.O. BOX 1156 OJAI, CA 93024	37-1518849	501 (C) (3)	27,000.	0.			FOSTERING HOPE FOR YOUTH PROGRAM AND GENERAL SUPPORT
OJAI FESTIVALS LTD. PO BOX 185 OJAI, CA 93024	95-2122508	501 (C) (3)	27,000.	0.			GENERAL SUPPORT
ONE HEART WORLD-WIDE 1818 PACHECO STREET SAN FRANCISCO, CA 94116	20-0443243	501 (C) (3)	26,750.	0.			TREATMENT OF SEVERE JAUNDICE TO END BRAIN DAMAGE AND END AT RISK NEWBORNS
CATHOLIC CHARITIES OF SANTA BARBARA COUNTY - 609 E HALEY ST - SANTA BARBARA, CA 93101	95-1690973	501 (C) (3)	25,500.	0.			RENTAL ASSISTANCE FOR CLIENTS IN CRISIS IN SOUTH SANTA BARBARA COUNTY AND GENERAL
WORLD DANCE FOR HUMANITY 906 N NOPAL ST SANTA BARBARA, CA 93103	46-2890372	501 (C) (3)	25,200.	0.			GENERAL SUPPORT
PRINCETON PROSPECT FOUNDATION 62 WASHINGTON RD PRINCETON, NJ 08540	22-6075964	501 (C) (3)	25,000.	0.			TERRACE FUTURE CAMPAIGN

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4-H CLUBS & AFFILIATED 4-H ORGANIZATIONS - 2801 SECOND STREET - DAVIS, CA 95618-7774	23-7327765	501 (C) (3)	25,000.	0.			UC 4-H IN SBC LATINO INITIATIVE
DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION - PO BOX 313 - GOLETA, CA 93116-0313	26-1115393	501 (C) (3)	25,000.	0.			ROBOTICS TEAM
CASCADES ACADEMY OF CENTRAL OREGON 19860 TUMALO RESERVOIR RD BEND, OR 97703	41-2086942	501 (C) (3)	25,000.	0.			CAMPUS VISION PROJECT
PAW PROJECT- ANIMAL GENERAL HOSPITAL - PO BOX 445 - SANTA MONICA, CA 90406-0445	59-3782436	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
CATHOLIC EDUCATION FOUNDATION 3424 WILSHIRE BLVD 3RD FL LOS ANGELES, CA 90010	75-6725640	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
SANTA MARIA VALLEY HUMANE SOCIETY P.O. BOX 1700 SANTA MARIA, CA 93456-1700	77-0002949	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
NATIONAL DISASTER SEARCH DOG FOUNDATION - 501 E OJAI AVE - OJAI, CA 93023	77-0412509	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
SANTA BARBARA MARINE MAMMAL CENTER 389 N HOPE AVE SANTA BARBARA, CA 93110	77-0446004	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
OLD MISSION SANTA BARBARA 2201 LAGUNA ST SANTA BARBARA, CA 93105	77-0517792	501 (C) (3)	25,000.	0.			RESTORATION OF OLD MISSION FACILITIES AND LANDSCAPING

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RONA BARRETT FOUNDATION PO BOX 1559 SANTA YNEZ, CA 93460	77-0555412	501 (C) (3)	25,000.	0.			CAMPAIGN FOR THE GOLDEN INN AND VILLAGE
SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM - P.O. BOX 256 - SOLVANG, CA 93464	77-0564282	501 (C) (3)	25,000.	0.			TO BUILD CAPACITY TO SERVE SPECIAL-NEEDS YOUTH THROUGH PRIVATE AND SEMI-PRIVATE LESSONS AND
TAOS HEALTH SYSTEMS INC HOLY CROSS HOSPITAL - 1397 WEIMER RD - TAOS, NM 87571	85-0289839	501 (C) (3)	25,000.	0.			FIRST STEPS PROGRAM
NORTH COUNTY RAPE CRISIS & CHILD PROTECTION CENTER - PO BOX 148 - LOMPOC, CA 93438-0148	95-2994637	501 (C) (3)	25,000.	0.			DESIGNATED FOR INTERVENTION/PREVENTION SERVICES
HOPE COMMUNITY CHURCH 560 N LA CUMBRE RD SANTA BARBARA, CA 93110	95-3065173	501 (C) (3)	25,000.	0.			HOPE 4 KIDS PRESCHOOL SCHOLARSHIPS
OAKS CHRISTIAN SCHOOL 31749 LA TIENDA DR WESTLAKE VILLAGE, CA 91362	95-4656912	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
SANTA BARBARA HIGH SCHOOL EDUCATION FOUNDATION - PO BOX 158 - SANTA BARBARA, CA 93102	26-0312564	501 (C) (3)	24,000.	0.			PEABODY STADIUM RENOVATION
TRINITY YOUTH SERVICES PO BOX 1210 CLAREMONT, CA 91711-1210	95-2480624	501 (C) (3)	24,000.	0.			TRINITY STAFF RECOGNITION
LA PATERA SCHOOL 555 N LA PATERA LN GOLETA, CA 93117	77-0068725	501 (C) (3)	22,849.	0.			GENERAL SUPPORT

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HARTFORD HOSPITAL 80 SEYMOUR ST HARTFORD, CT 06102-5037	06-0646668	501 (C) (3)	22,500.	0.			GENERAL SUPPORT
ARTS MENTORSHIP PROGRAM, INC. 531 E. COTA STREET SANTA BARBARA, CA 93103-3101	45-1567553	501 (C) (3)	22,500.	0.			SCHOLARSHIP MENOR PROGRAM AND GENERAL SUPPORT
ENDOWMENT FOR YOUTH COMMITTEE 606 ALAMO PINTADO RD STE 3274 SOLVANG, CA 93463	77-0202584	501 (C) (3)	22,250.	0.			GENERAL SUPPORT
ARTSPACE INC 751 PASEO NUEVO SANTA BARBARA, CA 93101	77-0233621	501 (C) (3)	22,000.	0.			RENTER SUPPORT PROJECTS
SANTA BARBARA POLICE ACTIVITIES LEAGUE - P.O. BOX 91121 - SANTA BARBARA, CA 93190	77-0523426	501 (C) (3)	21,794.	0.			YOUTH LEADERSHIP COUNCIL
HUMAN RIGHTS WATCH, INC. 11500 W OLYMPIC BLVD STE 540 LOS ANGELES, CA 90064	13-2875808	501 (C) (3)	21,610.	0.			GENERAL SUPPORT, PATRON'S CIRCLE 2016 ANNUAL FUNDRAISER, AND MONITOR SPONSORSHIP
IMMACULATE HEART COMMUNITY 5515 FRANKLIN AVE LOS ANGELES, CA 90028-5901	95-2706764	501 (C) (3)	20,400.	0.			PRESERVE AND RENEW CAMPAIGN, WIFI AND SIGNAGE
RETURN TO FREEDOM INC PO BOX 926 LOMPOC, CA 93438	06-1484961	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
WIKIMEDIA FOUNDATION, INC. PO BOX 98204 WASHINGTON, DC 20090-8204	20-0049703	501 (C) (3)	20,000.	0.			GENERAL SUPPORT

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GRATIS 7 MEDIA GROUP INC. 432 WAGON WHEEL GAP RD BOULDER, CO 80302	26-0139992	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
SILVER LAKE FOUNDATION PO BOX 1522 MAMMOTH LAKES, CA 93546	46-1667221	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
HEROES AND HORSES INC. PO BOX 35 MANHATTAN, MT 59741	46-4639973	501 (C) (3)	20,000.	0.			PROGRAM AND GENERAL SUPPORT
WEST SEATTLE & FAUNTLEROY YMCA 4515 36TH AVE SW SEATTLE, WA 98126	91-0482710	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
MONTECITO COVENANT CHURCH 671 COLD SPRING RD SANTA BARBARA, CA 93108	95-2685463	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
SOLVANG THEATERFEST PO BOX 917 SOLVANG, CA 93464	95-3612715	501 (C) (3)	20,000.	0.			TO MOVE THE ELECTRICAL DISTRIBUTION TO A DEDICATED METERED PANEL AND FOR THE MASTER PLAN
AMERICAN FEDERATION FOR AGING RESEARCH (AFAR), INC. - 55 W 39TH ST 16 FL - NEW YORK, NY 10018	13-3045282	501 (C) (3)	19,600.	0.			GENERAL SUPPORT
MARYMOUNT ACADEMY INCORPORATED 2130 MISSION RIDGE RD SANTA BARBARA, CA 93103	23-7154063	501 (C) (3)	19,500.	0.			GENERAL SUPPORT
ST. LOUIS DE MONTFORT CATHOLIC CHURCH & SCHOOL - 5095 HARP RD - SANTA MARIA, CA 93455	35-1460853	501 (C) (3)	18,114.	0.			STAND UP DESKS AND STOOLS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA COUNTY ANIMAL CARE FOUNDATION - PO BOX 86 - GOLETA, CA 93116-0086	68-0498950	501 (C) (3)	17,695.	0.			GENERAL SUPPORT
PCPA FOUNDATION PO BOX 6803 SANTA MARIA, CA 93456	77-0399484	501 (C) (3)	17,600.	0.			EDUCATION AND OUTREACH PROGRAM, PATRON DATABASE TRAINING, AND SCHOLARSHIP
EXPLORE ECOLOGY 302 E COTA ST SANTA BARBARA, CA 93101	20-4944165	501 (C) (3)	17,500.	0.			FOR SNOOK TO APPEAR AND ENGAGE CHILDREN IN ENVIRONMENTAL ISSUES, SYSTEMS ENHANCEMENTS,
TRINITY EPISCOPAL CHURCH, SANTA BARBARA - 1500 STATE ST - SANTA BARBARA, CA 93101	31-1629166	501 (C) (3)	17,500.	0.			GENERAL SUPPORT
VISITING NURSE AND HOSPICE CARE OF SANTA BARBARA - 509 E MONTECITO ST STE 200 - SANTA BARBARA, CA 93103	95-1641969	501 (C) (3)	17,150.	0.			GENERAL SUPPORT
CUYAMA VALLEY FAMILY RESOURCE CENTER - PO BOX 5 - NEW CUYAMA, CA 93254	45-1221069	501 (C) (3)	16,820.	0.			BASIC NEEDS IN SANTA BARBARA COUNTY
THINK LIBERIA INC. PO BOX 1532 ORANGEBURG, SC 29116	46-2037133	501 (C) (3)	16,500.	0.			GENERAL SUPPORT
ST. BARBARA PARISH 2201 LAGUNA ST SANTA BARBARA, CA 93105-3611	95-2316605	501 (C) (3)	16,500.	0.			GENERAL SUPPORT
ANIMAL SHELTER ASSISTANCE PROGRAM OF SANTA BARBARA - 5473 OVERPASS ROAD - SANTA BARBARA, CA 93111	77-0283500	501 (C) (3)	16,280.	0.			TO PURCHASE COMPUTER EQUIPMENT AND SOFTWARE

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SANTA BARBARA CHORAL SOCIETY 1330 STATE ST STE 202 SANTA BARBARA, CA 93101	77-0032197	501 (C) (3)	15,500.	0.			HANDEL MESSIAH CONCERT AND GENERAL SUPPORT
SANTA BARBARA UNIFIED SCHOOL DISTRICT - 720 SANTA BARBARA ST - SANTA BARBARA, CA 93101	77-0069325	SANTA BARBARA UN	15,383.	0.			BICYCLES FOR ELEMENTARY SCHOOLS
FRIENDS OF UNFPA INC. 605 3RD AVE 4TH FL NEW YORK, NY 10158	13-3996346	501 (C) (3)	15,250.	0.			LIBERIA PROJECT/TEEN PREGNANCY PREVENTION AND HAITI RELIEF
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - 10920 WILSHIRE BLVD STE 1100 - LOS ANGELES, CA 90095	95-6006143	501 (C) (3)	15,250.	0.			FOWLER MUSEUM BARBARA AND JOE GOLDENBERG ENDOWMENT FUND
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	23-7222333	501 (C) (3)	15,200.	0.			AGRICULTURAL CONSERVATION EASEMENT
AMERICAN BAPTIST HOMES FOUNDATION OF THE WEST, INC. - 6120 STONERIDGE MALL RD FL 3 - PLEASANTON, CA 94588	94-1225374	501 (C) (3)	15,200.	0.			IN SUPPORT OF VALLE VERDE AMIGOS WEBSITE
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE HOLLYWOOD, CA 90027	13-3391210	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
GIVE BACK YOGA FOUNDATION 900 BASELINE ROAD 13B BOULDER, CO 80302	20-8666751	501 (C) (3)	15,000.	0.			PRISON YOGA PROJECT SANTA BARBARA
HOUSING TRUST FUND OF SANTA BARBARA COUNTY, INC. - PO BOX 60909 - SANTA BARBARA, CA 93160-0909	43-2007672	501 (C) (3)	15,000.	0.			OPERATING SUPPORT

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CENTRAL COAST FUTURE LEADERS, INC. 110 S. LINCOLN STREET, SUITE 103 SANTA MARIA, CA 93458	45-5369418	501 (C) (3)	15,000.	0.			PROGRAM SUPPORT
GUADALUPE KIDS COME FIRST FOUNDATION - PO BOX 696 - GUADALUPE, CA 93434	46-3658555	501 (C) (3)	15,000.	0.			THRIVE GUADALUPE PARENT ACADEMY
BURLINGTON HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION - 200 S 6TH ST - BURLINGTON, KS 66839	48-1152997	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
ALLIANCES FOR DISCOVERY PO BOX 30397 SANTA BARBARA, CA 93130	91-2156519	501 (C) (3)	15,000.	0.			CROSS-SECTOR VITALITY ROAD MAP AND VITAL SANTA BARBARA/LAUGHINGHEART INITIATIVE
EARTH ISLAND INSTITUTE, INC. 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704	94-2889684	501 (C) (3)	15,000.	0.			FOR SOUTH COAST HABITAT RESTORATION TO IMPLEMENT A NEW MODEL FOR IMPROVING HABITAT FOR ENDANGERED
CONSERVACION PATAGONICA 1606 UNION ST SAN FRANCISCO, CA 94123	94-3363675	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
BRILLE INSTITUTE OF AMERICA, INC. 2031 DE LA VINA ST SANTA BARBARA, CA 93105	95-1641426	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
NORTHERN SANTA BARBARA COUNTY UNITED WAY - PO BOX 947 - SANTA MARIA, CA 93456-0947	95-6006513	501 (C) (3)	15,000.	0.			CENTRAL COAST COLLABORATIVE ON HOMELESSNESS (C3H) AND PROGRAM PILOTING
OTOJOY LLC 3463 STATE ST, SUITE #497 SANTA BARBARA, CA 93105	APPLIED FOR	OTHER	14,250.	0.			GENERAL SUPPORT

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THE WUTTKE FOUNDATION 212 COTTAGE GROVE AVE, STE A SANTA BARBARA, CA 93101	APPLIED FOR	OTHER	14,040.	0.			GENERAL SUPPORT
UPPER ROOM DALLAS 1350 MANUFACTURING ST STE 111 DALLAS, TX 75207	45-3932555	501 (C) (3)	14,000.	0.			UR MINISTRIES SANTA BARBARA
SANTA BARBARA FAMILY CARE CENTER 705 E MAIN ST STE 101 SANTA MARIA, CA 93454	95-2684041	501 (C) (3)	14,000.	0.			FAMILY CHILD CARE NETWORK
UNIVERSITY OF SOUTHERN CALIFORNIA ADM 160, MC 4017 LOS ANGELES, CA 90089	95-1642394	501 (C) (3)	13,950.	0.			DEAN'S FUND FOR EXCELLENCE, LAW SCHOOL, ANNUAL FUND, WATER POLO BOOSTERS, KUSC AND SWIM
COALITION AGAINST GUN VIOLENCE PO BOX 699 SUMMERLAND, CA 93067	27-4444591	501 (C) (3)	13,500.	0.			GENERAL SUPPORT
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA, CA 93190	77-0395986	501 (C) (3)	13,500.	0.			IT EQUIPMENT AND SOFTWARE
LOMPOC HOSPITAL DISTRICT FOUNDATION - PO BOX 883 - LOMPOC, CA 93438	77-0262454	501 (C) (3)	13,000.	0.			INFRASTRUCTURE AND RENOVATIONS TO FOUNDATION HOUSE FOR FAMILY CAREGIVER SUPPORT NETWORK
SAINT MARK UNITED METHODIST CHURCH 3942 LA COLINA RD SANTA BARBARA, CA 93110	95-2487538	501 (C) (3)	13,000.	0.			TO PROVIDE SCHOLARSHIPS FOR ONE (1) TODDLER AND ONE (1) PRESCHOOLER
CASA SERENA, INC. 1515 BATH ST SANTA BARBARA, CA 93101	95-2862385	501 (C) (3)	12,900.	0.			SOBER APPS PROGRAM AND GENERAL SUPPORT

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ORGANIC SOUP KITCHEN 315 MEIGS ROAD, SUITE A # 369 SANTA BARBARA, CA 93109	27-1081432	501 (C) (3)	12,800.	0.			VACUUM SEALER CHAMBERS FOR THE DELIVERY PROGRAM AND GENERAL SUPPORT
UNITY SHOPPE, INC. 110 W SOLA ST SANTA BARBARA, CA 93101	77-0391064	501 (C) (3)	12,600.	0.			GENERAL SUPPORT
WESTMONT COLLEGE 955 LA PAZ RD SANTA BARBARA, CA 93108-1099	95-1684793	501 (C) (3)	12,500.	0.			ATHLETICS
SANTA MARIA PUBLIC LIBRARY FOUNDATION - 421 S. MCCLELLAND STREET - SANTA MARIA, CA 93454	47-2530364	501 (C) (3)	12,000.	0.			STUDENT ACCESS TO TECHNOLOGY AND TUTORING; AND PROMOTIONAL MATERIALS
CENTRAL COAST JUNIOR GOLF, INC. P.O. BOX 6261 SANTA BARBARA, CA 93160	77-0524816	501 (C) (3)	12,000.	0.			FIRST TEE CENTRAL COAST AND GIRLS INC. OF CARPINTERIA AND SANTA BARBARA COLLABORATION
THE NATURE CONSERVANCY OF CALIFORNIA - 201 MISSION ST FL 4 - SAN FRANCISCO, CA 94105	20-5797732	501 (C) (3)	11,750.	0.			SANTA CRUZ ISLAND AND GENERAL SUPPORT
FRIENDS OF THE SANTA BARBARA PUBLIC LIBRARY - PO BOX 1019 - SANTA BARBARA, CA 93102	23-7380305	501 (C) (3)	11,700.	0.			GENERAL SUPPORT
CARPINTERIA VALLEY ARTS COUNCIL 855 LINDEN AVE CARPINTERIA, CA 93013	77-0578720	501 (C) (3)	11,100.	0.			ENDOWMENT
KINGSWOOD-OXFORD SCHOOL INC. 170 KINGSWOOD RD WEST HARTFORD, CT 06119-1430	06-0646688	501 (C) (3)	11,000.	0.			ANNUAL FUND

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FOUNDATION FOR GIRSH PARK 7050 PHELPS RD GOLETA, CA 93117	77-0498372	501 (C) (3)	11,000.	0.			TO IMPROVE AND RENOVATE THE BASEBALL INFIELDS
COMPASSION AND CHOICES 3055 WILSHIRE BLVD SUITE 1010 LOS ANGELES, CA 90010	84-1328829	501 (C) (3)	11,000.	0.			TRUTH IN TREATMENT INITIATIVE
J STREET EDUCATION FUND, INC. PO BOX 66073 WASHINGTON, DC 20035	20-2777557	501 (C) (3)	10,860.	0.			GENERAL SUPPORT
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521-2038	06-0646973	501 (C) (3)	10,700.	0.			ANNUAL FUND AND GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501 (C) (3)	10,700.	0.			GENERAL SUPPORT
YOSEMITE CONSERVANCY 101 MONTGOMERY ST STE 1700 SAN FRANCISCO, CA 94104	94-3058041	501 (C) (3)	10,658.	0.			MARIPOSA GROVE AND GENERAL SUPPORT
JESSE ROHDE EDUCATIONAL FOUNDATION PO BOX 14245 SAN LUIS OBISPO, CA 93406	20-2046900	501 (C) (3)	10,500.	0.			GENERAL SUPPORT
GLOBAL JUSTICE CENTER 11 HANOVER SQUARE, 6TH FLOOR NEW YORK, NY 10005	20-8734461	501 (C) (3)	10,500.	0.			GENERAL SUPPORT
NATIONAL BLOOD FOUNDATION RESEARCH & EDUCATION TRUST FUND - 8101 GLENBROOK RD - BETHESDA, MD 20814-2749	52-2059102	501 (C) (3)	10,500.	0.			BLOOD RELATED RESEARCH

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WOMEN'S ECONOMIC VENTURES OF SANTA BARBARA - 333 S SALINAS ST - SANTA BARBARA, CA 93103	95-3674624	501 (C) (3)	10,500.	0.			SERVER, PROJECTORS AND GENERAL SUPPORT
HILLSIDE HOUSE 1235 VERONICA SPRINGS RD SANTA BARBARA, CA 93105	95-1816019	501 (C) (3)	10,495.	0.			ONSITE BLADDER SCANNER AND ELECTROCARDIOGRAM MACHINE AND GENERAL SUPPORT
LAS MADRINAS DEPT 6778 LOS ANGELES, CA 90084-6778	95-1959907	501 (C) (3)	10,350.	0.			GENERAL SUPPORT
TROUT UNLIMITED INC. 1300 N 17TH ST STE 500 ARLINGTON, VA 22209	38-1612715	501 (C) (3)	10,250.	0.			GENERAL SUPPORT
RESQCATS INC. PO BOX 3852 SANTA BARBARA, CA 93130	77-0466188	501 (C) (3)	10,100.	0.			GENERAL SUPPORT
WILLIAMS COLLEGE 75 PARK ST WILLIAMSTOWN, MA 01267	04-2104847	501 (C) (3)	10,000.	0.			THE ESTES FUND
ASSOCIATION OF FUNDRAISING PROFESSIONALS - PO BOX 1564 - SANTA BARBARA, CA 93102	13-2590764	501 (C) (3)	10,000.	0.			AFP CHAPTER PARTNERSHIP
OTIS COLLEGE OF ARTS AND DESIGN 9045 LINCOLN BLVD LOS ANGELES, CA 90045	13-2981115	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
DELOITTE FOUNDATION 695 E MAIN ST STAMFORD, CT 06901-2150	13-6400341	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

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BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA, CA 93190	20-0905385	501 (C) (3)	10,000.	0.			GENERAL OPERATING SUPPORT
KRISHNAMURTI FOUNDATION OF AMERICA 220 LOMITA AVENUE OJAI, CA 93023	23-7018406	501 (C) (3)	10,000.	0.			ONCE UPON A WATERSHED
SANTA YNEZ VALLEY BOTANIC GARDEN FOUNDATION, INC. - PO BOX 1623 - BUELLTON, CA 93427	26-1197733	501 (C) (3)	10,000.	0.			GARDEN'S INFRASTRUCTURE RENOVATION
LAST MILE HEALTH PO BOX 130122 BOSTON, MA 02113	26-1401736	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
FACE AFRICA 929 MASSACHUSETTS AVE STE 01 CAMBRIDGE, MA 02139	26-1443101	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
TAOS FALL ARTS FESTIVAL INC. PO BOX 675 TAOS, NM 87571	30-0356462	501 (C) (3)	10,000.	0.			PASEO TAOS
GIRLS EMPOWERMENT WORKSHOP P.O. BOX 1581 OJAI, CA 93024	46-4137646	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
THE INSTITUTE OF ARTERIOLOGY 604 ARIZONA AVE SANTA MONICA, CA 90401	46-4946645	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
1TO4 5225 E CAMINO CIELO SANTA BARBARA, CA 93105	46-5001370	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

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PROJECT KINDLE INC. 28245 AVE CROCKER STE 104 SANTA CLARITA, CA 91355	47-0814125	501 (C) (3)	10,000.	0.			CAMPSITE AND FACILITY IMPROVEMENTS
OJAI YOUTH OPERA COMPANY P.O. BOX 70 OJAI, CA 93024	47-1279185	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
YOUR CHILDREN'S TREES 69 CALAVERAS AVE GOLETA, CA 93117	47-2759212	501 (C) (3)	10,000.	0.			LOS PRIETOS BOYS CAMP, COAL OIL POINT RESERVE, AND UCSB NORTH PARCEL
OUR OREGON 618 NW GILSAN ST STE 203 PORTLAND, OR 97209	65-1247426	501 (C) (4)	10,000.	0.			PRIORITIES OF OREGON: A BETTER OREGON, KEEP OREGON WORKING, ETC.
SOUTH COAST COMMUNITY MEDIA ACCESS CENTER - 329 S SALINAS ST - SANTA BARBARA, CA 93103	71-0910704	501 (C) (3)	10,000.	0.			BRANDING, MARKETING AND GENERAL SUPPORT
FRIENDS OF WALLER PARK PO BOX 2835 ORCUTT, CA 93457	77-0031587	501 (C) (3)	10,000.	0.			TO REVITALIZE AND EXPAND THE TRAILS SYSTEM IN WALLER PARK NEAR SANTA MARIA
MAKE-A-WISH FOUNDATION OF THE TRI-COUNTIES - 4222 MARKET ST STE D - VENTURA, CA 93005	77-0098671	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
SAN MARCOS PARENT-CHILD WORKSHOP INC. - 400-A PUENTE DR - SANTA BARBARA, CA 93110	77-0138239	501 (C) (3)	10,000.	0.			TO FUND INFRASTRUCTURE IMPROVEMENTS TO NEW FACILITY
CALIFORNIA AVOCADO FESTIVAL INC. PO BOX 146 CARPINTERIA, CA 93014	77-0159754	501 (C) (3)	10,000.	0.			AVOCADO FESTIVAL

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VALLEY HAVEN 502 N THIRD ST LOMPOC, CA 93436-5404	77-0257405	501 (C) (3)	10,000.	0.			TO IMPROVE PROPERTY SAFETY AND SECURITY
NAN TOLBERT NURTURING CENTER PO BOX 285 OJAI, CA 93024	77-0544181	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
MAYO CLINIC 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501 (C) (3)	10,000.	0.			SUPPORT OF MEDICAL SCHOOL
LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION - 1996 EASTMAN AVE STE 101 - VENTURA, CA 93003	95-1693538	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
PATHPOINT 315 W HALEY ST STE 202 SANTA BARBARA, CA 93101	95-2371668	501 (C) (3)	10,000.	0.			TO REPAIR AND PROVIDE A SAFE ENVIRONMENT FOR INDIVIDUALS WITH DISABILITIES AT THE
SANTA BARBARA NEW HOUSE 2434 BATH ST SANTA BARBARA, CA 93105	95-2887119	501 (C) (3)	10,000.	0.			TO INSTALL NEW FLOORS IN NEW HOUSE II AND III FACILITIES
THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD STE 200 SAN DIEGO, CA 92106	95-2942582	501 (C) (3)	10,000.	0.			DESIGNATED FOR COX CARES SAN DIEGO FUND. REIMBURSEMENT FOR 2015 SCHOLARSHIPS.
JODI HOUSE, INC. 625 CHAPALA ST SANTA BARBARA, CA 93101	95-3836137	501 (C) (3)	10,000.	0.			BRAINLINK CENTRALIZE STATEWIDE DATABASE AND GENERAL SUPPORT
HAWAII COMMUNITY FOUNDATION 827 FORT ST MALL HONOLULU, HI 96813-4317	99-0261283	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

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LOYOLA MARYMOUNT UNIVERSITY 1 LMU DR STE 2800 LOS ANGELES, CA 90045-2659	95-1643334	501 (C) (3)	9,900.	0.			GENERAL SUPPORT
PTA CALIFORNIA CONGRESS OF PARENTS 2701 LAS POSITAS RD SANTA BARBARA, CA 93105	95-6204041	501 (C) (3)	9,880.	0.			SUPPLEMENTAL SUPPORT FOR LOW INCOME
SANTA BARBARA DANCE INSTITUTE 1330 STATE ST STE 207 SANTA BARBARA, CA 93101	26-4255635	501 (C) (3)	9,500.	0.			EDUCATIONAL DANCE PROGRAMS
PEOPLE ASSISTING THE HOMELESS PO BOX 24116 SANTA BARBARA, CA 93121	95-3950196	501 (C) (3)	9,450.	0.			DEFERRED MAINTENANCE AND GENERAL SUPPORT
AMERICAN HEART ASSOCIATION OF SANTA BARBARA COUNTY - 212 W FIGUEROA ST - SANTA BARBARA, CA 93101	13-5613797	501 (C) (3)	9,125.	0.			GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS 2707 STATE ST SANTA BARBARA, CA 93105	95-1643302	501 (C) (3)	9,000.	0.			ARC INTERNATIONAL SERVICES AND GENERAL SUPPORT
OUT OF THE BOX THEATRE COMPANY 751 PASEO NUEVO SANTA BARBARA, CA 93101	46-1023027	501 (C) (3)	8,500.	0.			GENERAL SUPPORT
SANTA BARBARA COMMUNITY YOUTH PERFORMING ARTS CENTER - PO BOX 21046 - SANTA BARBARA, CA 93121	77-0543169	501 (C) (3)	8,500.	0.			GENERAL SUPPORT
ANTIOCH UNIVERSITY 602 ANACAPA ST SANTA BARBARA, CA 93101-1615	31-0536640	501 (C) (3)	8,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION - ONE GRAND AVE - SAN LUIS OBISPO, CA 93407	20-4927897	501 (C) (3)	8,000.	0.			NEW SCIENCE AND AGRICULTURE BUILDING AND GENERAL SUPPORT
SANTA BARBARA AUDUBON SOCIETY, INC. - PO BOX 5508 - SANTA BARBARA, CA 93150	23-7051362	501 (C) (3)	8,000.	0.			ANNUAL APPEAL AND EYE TO NATURE PROGRAM
TRUE VINE BIBLE FELLOWSHIP 533 AVALON ST. #A LOMPOC, CA 93436	26-1606260	501 (C) (6)	8,000.	0.			WILDERNESS CAMP FOR CHILDREN IN LOMPOC AND THE SANTA YNEZ VALLEY
ROTARY CLUB OF SANTA BARBARA SUNRISE CHARITABLE FOUNDATION - PO BOX 50355 - SANTA BARBARA, CA 93150	91-1752304	501 (C) (3)	8,000.	0.			GENERAL SUPPORT
CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO ST STE 110 SAN FRANCISCO, CA 94133	94-1707583	501 (C) (3)	8,000.	0.			GENERAL SUPPORT
OAKS PARENT CHILD WORKSHOP 605 W JUNIPERO ST SANTA BARBARA, CA 93105	95-1689449	501 (C) (3)	8,000.	0.			SHED REPLACEMENT AND REPAIR
HABITAT FOR HUMANITY OF SOUTHERN SANTA BARBARA COUNTY - PO BOX 176 - GOLETA, CA 93116-0176	77-0518264	501 (C) (3)	7,700.	0.			BRUSH WITH KINDNESS, CRITICAL HOME REPAIRS AND GENERAL SUPPORT
CALIFORNIA RANGELAND TRUST 1221 H ST SACRAMENTO, CA 95814	31-1631453	501 (C) (3)	7,500.	0.			CONSERVATION EASEMENT
CENTER FOR COURAGE & RENEWAL 1402 THIRD AVE STE 925 SEATTLE, WA 98101	33-1023228	501 (C) (3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON PROGRESSIVE ALLIANCE INC. 209 SW OAK ST STE 500 PORTLAND, OR 97204-2740	54-2177095	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
SOLVANG HERITAGE ASSOCIATES P.O. BOX 769 SOLVANG, CA 93464	77-0248806	501 (C) (3)	7,500.	0.			MUSEUM GENERAL SUPPORT
SUMMERDANCE SANTA BARBARA PO BOX 360 SANTA BARBARA, CA 93102	77-0496643	501 (C) (3)	7,500.	0.			DANCE WORKS RESIDENCY
OREGON LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 133 SW 2ND AVE STE 200 - PORTLAND, OR 97204	93-1177957	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
STARR KING PARENT-CHILD WORKSHOP 1525 1/2 SANTA BARBARA ST SANTA BARBARA, CA 93101	95-1688546	501 (C) (3)	7,500.	0.			STRATEGIC PLANNING
LIFECHRONICLES, INC. 113 W MISSION ST STE B2 SANTA BARBARA, CA 93101	77-0256868	501 (C) (3)	7,400.	0.			INTERVIEW AND VIDEO SERVICES TRAINING PROGRAM
CASA DEL HERRERO FOUNDATION P.O. BOX 5612 SANTA BARBARA, CA 93150-5612	77-0340301	501 (C) (3)	7,350.	0.			GENERAL SUPPORT
COMMUNITY PARTNERS IN CARING 120 E JONES ST STE 123 SANTA MARIA, CA 93454	77-0477176	501 (C) (3)	7,300.	0.			GENERAL SUPPORT
HARTFORD STAGE COMPANY 50 CHURCH ST HARTFORD, CT 06103	06-0790484	501 (C) (3)	7,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS PADRES FOREST WATCH, INC. PO BOX 831 SANTA BARBARA, CA 93102	20-1531390	501 (C) (3)	7,200.	0.			VOLUNTEER PROJECT EVALUATION, FOREST STEWARDSHIP PROGRAM AND GENERAL SUPPORT
DAVEY'S VOICE FOUNDATION FOR THE PROTECTION OF ANIMALS - PO BOX 50201 - SANTA BARBARA, CA 93150	47-7356580	501 (C) (3)	7,000.	0.			PAWS UP FOR PETS AWARENESS CAMPAIGN AND GENERAL SUPPORT
SANTA MARIA VALLEY CHILDREN'S MUSEUM - 705 S MCCLELLAND ST - SANTA MARIA, CA 93454	77-0354168	501 (C) (3)	7,000.	0.			CAPACITY BUILDING PLAN FOR BOARD AND STAFF MEMBERS AND GENERAL SUPPORT
FRANKLIN ELEMENTARY SCHOOL 1111 E MASON ST SANTA BARBARA, CA 93103	APPLIED FOR	OTHER	6,800.	0.			NEED BASED SCHOLARSHIPS
GLOBAL RESCUE PROJECT INC. 10253 N SCOTTSDALE RD SCOTTSDALE, AZ 85253	46-3133258	501 (C) (3)	6,700.	0.			FEEDING, TRAVELING, BUS AND GUEST ROOM
ST. VINCENT DE PAUL SOCIETY 210 N AVE 21 LOS ANGELES, CA 90031	95-1644622	501 (C) (3)	6,451.	0.			GENERAL SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, STE 1250 OAKLAND, CA 94612	94-6069890	501 (C) (3)	6,208.	0.			GENERAL SUPPORT
COMMUNITY ACTION FUND FOR WOMEN IN AFRICA - 801 COLD SPRINGS RD - SANTA BARBARA, CA 93108	26-0140533	501 (C) (3)	6,200.	0.			GENERAL SUPPORT
CENTER FOR SUCCESSFUL AGING 1815 STATE ST STE E SANTA BARBARA, CA 93101	80-0422344	501 (C) (3)	6,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR LEISURE AND YOUTH, INC. 615 S MCCLELLAND SANTA MARIA, CA 93454	77-0469844	501 (C) (3)	6,000.	0.			CAREER CAMP PROGRAM
YOUTH WITH A MISSION OF MONTANA A CORPORATION - 501 BLACKTAIL RD - LAKESIDE, MT 59922	81-6037128	501 (C) (3)	6,000.	0.			TO SUPPORT THE WORK OF MISSIONARIES LUKE AND BETHANY ROQUE
SUNDANCE INSTITUTE 5900 WILSHIRE BLVD STE 800 LOS ANGELES, CA 90036	87-0361394	501 (C) (3)	6,000.	0.			SUNDANCE CIRCLE INITIATIVE
BREAST CANCER RESOURCE CENTER OF SANTA BARBARA - 55 HITCHCOCK WAY STE 101 - SANTA BARBARA, CA 93105	91-1790842	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
ST. RAPHAEL SCHOOL 160 ST. JOSEPH WAY SANTA BARBARA, CA 93111	91-2171237	501 (C) (3)	6,000.	0.			SCHOLARSHIPS
ARTHRITIS FOUNDATION, INC. 2261 LAS POSITAS RD SANTA BARBARA, CA 93105	95-1885447	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
SANTA CRUZ ISLAND FOUNDATION 5045 WULLBRANDT WAY CARPINTERIA, CA 93013	95-4073657	501 (C) (3)	6,000.	0.			CAPITAL CAMPAIGN AND SANTA CRUZ ISLAND PROJECT
COMMUNITY PARTNERS 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012	95-4302067	501 (C) (3)	6,000.	0.			STRATEGIC MARKETING AND COMMUNICATIONS PLAN AND SANTA BARBARA VILLAGE
SEGUE CAREER GUIDANCE PROGRAM INC. PO BOX 7817 VENTURA, CA 93006	56-2579515	501 (C) (3)	5,970.	0.			PASSION SPARK RETREAT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU FOUNDATION OF SOUTHERN CALIFORNIA - 1313 W 8TH ST - LOS ANGELES, CA 90017	95-2673361	501 (C) (3)	5,800.	0.			GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS 2707 STATE ST SANTA BARBARA, CA 93105	53-0196605	501 (C) (3)	5,625.	0.			GENERAL SUPPORT
VARIOUS 1111 CHAPALA ST, STE 200 SANTA BARBARA, CA 93101	95-1866094	501 (C) (3)	835,655.	0.			GENERAL SUPPORT
LA CUMBRE JUNIOR HIGH SCHOOL 2255 MODOC ROAD SANTA BARBARA, CA 93101	APPLIED FOR	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
SANTA BARBARA ARTS COLLABORATIVE PO BOX 1414 SANTA BARBARA, CA 93102	27-3262168	501 (C) (3)	5,600.	0.			GENERAL SUPPORT
CAMERATA PACIFICA PO BOX 30116 SANTA BARBARA, CA 93130	33-0104649	501 (C) (3)	5,550.	0.			GENERAL SUPPORT
IRIS GLOBAL PO BOX 493995 REDDING, CA 96049	33-0648658	501 (C) (3)	5,500.	0.			GENERAL SUPPORT
LIBERIA NOW 9355 BANDERA RD STE 124 SAN ANTONIO, TX 78250	26-3991211	501 (C) (3)	5,400.	0.			GENERAL SUPPORT
ART WITHOUT LIMITS 816 CHELHAM WAY SANTA BARBARA, CA 93108	77-0050060	501 (C) (3)	5,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR AMERICAN RESEARCH 300 N LOS CARNEROS RD GOLETA, CA 93117	95-2579618	501 (C) (3)	5,300.	0.			GENERAL SUPPORT
GENSPAN FOUNDATION 1418 E MAIN ST, STE 120 SANTA MARIA, CA 93454	77-0531693	501 (C) (3)	5,150.	0.			GENERAL SUPPORT
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501 (C) (3)	5,100.	0.			GENERAL SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BREITLING COLLEGE VISIT SCHOLARSHIP FUND AWARDS	5	5,760.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION PROVIDES COMPETITIVE GRANTS TO 501(C)(3) ORGANIZATIONS SERVING THE PEOPLE OF SANTA BARBARA COUNTY. GRANTEES MUST PROVIDE ANNUAL FOLLOW-UP REPORTS INDICATING HOW THE FUNDS WERE UTILIZED. IN ADDITION, THE FOUNDATION DOES SITE VISITS AND INTERVIEWS WITH GRANTEES THROUGHOUT THE YEAR.

501 (C) (3) GRANTEES OF ADVISED GRANTS HAVE TO AGREE TO THE FOLLOWING STIPULATIONS - GRANTS FROM DONOR ADVISED FUNDS OF SANTA BARBARA FOUNDATION

Part IV Supplemental Information

MAY NOT BE USED TO FULFILL A LEGALLY-BINDING PLEDGE, OR TO PAY ANY PORTION OF GOODS OR SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UC SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ARTS AND LECTURES CAPITAL CAMPAIGN, ANNE AND MICHAEL TOWBES GRADUATE DEAN CHAIR, MCENROE READING CLINIC AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA BARBARA MUSEUM OF NATURAL HISTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CENTENNIAL AND BUILDING CAMPAIGNS, NEXT GENERATION EDUCATION SREI LEARNING COMMUNITY AND QUASARS TO SEASTARS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: ENSEMBLE THEATRE PROJECT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL, ENDOWMENT AND MATCHING CAMPAIGN AND PROGRAMS; GHOST LIGHT EVENT; PLAY SPONSORSHIP; AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA NEIGHBORHOOD CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: GOLETA NEIGHBORHOOD CLINIC, HEPATITIS C AND HIV EDUCATION AND PREVENTION, BASIC NEEDS, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: TRANSITION HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: BASIC NEEDS; SCHOLARSHIPS FOR INFANTS; PROFESSIONAL DEVELOPMENT, REFLECTIVE PRACTICE, AND PLANNING TIME

Part IV Supplemental Information

FOR LICENSED INFANT CARE STAFF; EMERGENCY RENTAL ASSISTANCE; RESTROOM WALL RESURFACING; AND LANDLORD LIAISON PARTNERSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FEDERATION OF GREATER SANTA BARBARA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL CAMPAIGN, LION OF JUDAH GIFT, LEAD CAPITAL MATCHING GIFT CAMPAIGN, FRONT ENTRY WAY ADA UPGRADE AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA CHANNEL KEEPER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, REFUGIO OIL SPILL STUDY, AND LIVESTREAMING OF "SEAFARI" EXPERIENTIAL EDUCATION CRUISES AND DIVES

NAME OF ORGANIZATION OR GOVERNMENT: CHILD ABUSE LISTENING MEDIATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BASIC NEEDS, EARLY CHILDHOOD MENTAL HEALTH CONSULTATION, CALM KIDS CAMPAIGN AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ALLAN HANCOCK COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ESL PROGRAM ASSISTANT, INSTRUCTIONAL MATERIALS, OUTREACH STAFF, MARKETING, COMPREHENSIVE REGIONAL WORKFORCE ASSESSMENT TO DETERMINE NEEDS FOR AGRICULTURE CAREER TECHNICAL TRAINING AND EDUCATION PROGRAM, AND RADIOS FOR STAGE MANAGEMENT AND OFFICE STAFF

NAME OF ORGANIZATION OR GOVERNMENT: ENVIRONMENTAL DEFENSE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY PREPAREDNESS: LEARNING LESSONS FROM THE REFUGIO OIL SPILL PROJECT, CHANNEL ISLANDS NATIONAL MARINE SANCTUARY ADVISORY COUNCIL SUPPORT AND GENERAL SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STORYTELLER CHILDREN'S CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SCHOLARSHIPS; TO SPONSOR A CHILD FOR ONE YEAR; TO HELP PAY OUT THE CHAPALA HOME PURCHASED FROM THE ORFALEA FOUNDATION; AND TO SUPPORT HIGH-QUALITY EARLY CHILDHOOD EDUCATION FOR HOMELESS AND AT-RISK CHILDREN AND SUPPORT SERVICES FOR THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: ANTI-DEFAMATION LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH PROGRAMS, 2016 NATIONAL YOUTH LEADERSHIP MISSION, 40TH ANNUAL GALA, TORCH OF LIBERTY FOR SB MIDDLE SCHOOL, DIVERSI TEA EVENT AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

CARPINTERIA EDUCATION FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS AND UPGRADING AND MODERNIZATION OF EARLY CHILDHOOD EDUCATION ASSESSMENT SYSTEMS

NAME OF ORGANIZATION OR GOVERNMENT:

TRANSITIONS- MENTAL HEALTH ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BASIC NEEDS IN SANTA BARBARA COUNTY AND TO CONVERT A TWO-BEDROOM APARTMENT INTO A THREE-BEDROOM APARTMENT FOR ADULTS WITH MENTAL ILLNESS

NAME OF ORGANIZATION OR GOVERNMENT: ST. VINCENT'S

(H) PURPOSE OF GRANT OR ASSISTANCE: "SCHOLARSHIPS; BASIC NEEDS IN SANTA BARBARA COUNTY; AND EDUCATION AND TRAINING FOR THE DIRECTOR AND TEACHERS OF ST. VINCENT'S EARLY CHILDHOOD EDUCATION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: SENIOR NUTRITION PROGRAM, TEACHERS LEARNING AND COLLABORATING COACHING PROGRAM, RAIN GUTTERS AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 2016/2017 CONCERT SPONSORSHIP AND ONE CONCERT IN CAMA'S 2017-2018 INTERNATIONAL SERIES

NAME OF ORGANIZATION OR GOVERNMENT:

ALL SAINTS BY THE SEA EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, RECONSTRUCTION OF BELL TOWER, ENDOWMENT FUND, OUTREACH GOLF DRIVE AND CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

LOMPOC VALLEY COMMUNITY HEALTHCARE ORGANIZATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY CAREGIVER SYSTEMS AND SUPPORT ACTIVITIES, ACCESS TO HEALTHY LOCAL PRODUCE IN THE LOMPOC VALLEY, AND BICYCLE REPAIR STATIONS

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARY OF THE ASSUMPTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, MID-MORNING PROTEIN, FINANCIAL LITERACY, STAFF HEALTH AND WELLNESS AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HEARTS THERAPEUTIC EQUESTRIAN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIPS OF STELLA, LAYLA AND

Part IV Supplemental Information

DEZANO; HEARTS THERAPEUTIC RIDING CENTER; AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: TEDDY BEAR CANCER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPUTER EQUIPMENT, CONFERENCE PHONE, PROSPECT RESEARCH DATABASE AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS ROCK SB

(H) PURPOSE OF GRANT OR ASSISTANCE: AFTER SCHOOL PROGRAMS, SCHOLARSHIPS FOR FRANKLIN ELEMENTARY SCHOOL PARTICIPANTS, WAGES FOR INSTRUCTORS AND GENERAL PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF SANTA BARBARA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: RENTAL ASSISTANCE FOR CLIENTS IN CRISIS IN SOUTH SANTA BARBARA COUNTY AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD CAPACITY TO SERVE SPECIAL-NEEDS YOUTH THROUGH PRIVATE AND SEMI-PRIVATE LESSONS AND FIELD DAYS

NAME OF ORGANIZATION OR GOVERNMENT: SOLVANG THEATERFEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MOVE THE ELECTRICAL DISTRIBUTION TO A DEDICATED METERED PANEL AND FOR THE MASTER PLAN FOR RENOVATIONS

NAME OF ORGANIZATION OR GOVERNMENT: EXPLORE ECOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SNOOK TO APPEAR AND ENGAGE

Part IV Supplemental Information

CHILDREN IN ENVIRONMENTAL ISSUES, SYSTEMS ENHANCEMENTS, WEBSITE
RE-DESIGN, AND SCHOOL GARDENS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: EARTH ISLAND INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SOUTH COAST HABITAT RESTORATION
TO IMPLEMENT A NEW MODEL FOR IMPROVING HABITAT FOR ENDANGERED STEELHEAD
TROUT IN THE GAVIOTA WATERSHED

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN SANTA BARBARA COUNTY UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: CENTRAL COAST COLLABORATIVE ON
HOMELESSNESS (C3H) AND PROGRAM PILOTING INCLUDING STRATEGIC MARKETING,
COMMUNICATIONS AND DONOR DEVELOPMENT EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: DEAN'S FUND FOR EXCELLENCE, LAW
SCHOOL, ANNUAL FUND, WATER POLO BOOSTERS, KUSC AND SWIM WITH MIKE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LOMPOC HOSPITAL DISTRICT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INFRASTRUCTURE AND RENOVATIONS TO
FOUNDATION HOUSE FOR FAMILY CAREGIVER SUPPORT NETWORK AND FLAGPOLE AT
CHAMPIONS CENTER

NAME OF ORGANIZATION OR GOVERNMENT: PATHPOINT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REPAIR AND PROVIDE A SAFE
ENVIRONMENT FOR INDIVIDUALS WITH DISABILITIES AT THE COMMUNITY
INDEPENDENT LIVING PROGRAM

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RON GALLO, ED.D. PRESIDENT AND CEO	(i)	258,661.	0.	0.	51,366.	58,607.	368,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANET CAMPBELL CHIEF PHILANTHROPIC OFFICE	(i)	166,669.	0.	0.	24,899.	15,141.	206,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE FOUNDATION REQUIRES THE PRESIDENT AND CEO TO RESIDE IN A RESIDENCE
OWNED BY THE FOUNDATION AS A CONDITION OF CONTINUED EMPLOYMENT

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANNE SMITH TOWBES, FORMER	WIFE OF THE FORMER	0.	BANKING		X
ROBERT SKINNER, TRUSTEE	NEPHEW OF THE FORMER	0.	BANKING		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ANNE SMITH TOWBES, FORMER TRUSTEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF THE FORMER OWNER & CHAIRMAN OF A BANK USED BY THE ORGANIZATION

(A) NAME OF PERSON: ROBERT SKINNER, TRUSTEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NEPHEW OF THE FORMER OWNER & CHAIRMAN OF A BANK USED BY THE ORGANIZATION

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	65	8,390,177	MARKET QUOTATIONS
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ESTABLISHED IN 1928 TO ENRICH THE LIVES OF THE PEOPLE OF SANTA BARBARA COUNTY THROUGH PHILANTHROPY. AS ONE OF THE LARGEST PRIVATE SOURCES OF FUNDING FOR AREA NONPROFITS, AGENCIES AND COLLEGE BOUND STUDENTS, THE FOUNDATION BUILDS AND FACILITATES PHILANTHROPY THROUGH DONOR PARTNERSHIPS; INVESTS IN NONPROFITS; AND IDENTIFIES AND STRATEGICALLY ADDRESSES IMPORTANT COMMUNITY NEEDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLEGE BOUND STUDENTS, THE FOUNDATION BUILDS AND FACILITATES PHILANTHROPY THROUGH DONOR PARTNERSHIPS; INVESTS IN NONPROFITS; AND IDENTIFIES AND STRATEGICALLY ADDRESSES IMPORTANT COMMUNITY NEEDS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE WOMEN'S FUNDS EDUCATE AND INSPIRE WOMEN TO BECOME LEADERS IN PHILANTHROPY, EMPHASIZING THE POWER OF COLLECTIVE GIVING AND THE REWARDING PERSONAL EXPERIENCE THAT ACTIVE PHILANTHROPY PROVIDES.

THE OJAI WOMEN'S FUND (OWF) IS AN ALL-VOLUNTEER COLLECTIVE GIVING CIRCLE DEDICATED TO MAKING SUBSTANTIAL GRANTS ON AN ANNUAL BASIS TO ORGANIZATIONS THAT TARGET CRITICAL NEEDS IN THE OJAI VALLEY (AREAS OF FOCUS INCLUDE SOCIAL AND HEALTH SERVICES, EDUCATION, THE ENVIRONMENT AND THE ARTS). THE OWF INSPIRES AND EDUCATES WOMEN OF ALL BACKGROUNDS TO BECOME LEADERS IN PHILANTHROPY.

SOCIAL VENTURE PARTNERS SANTA BARBARA (SVPSB), IS A LOCAL CHAPTER OF AN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

INTERNATIONAL ORGANIZATION WHICH IS SPONSORED BY THE SANTA BARBARA FOUNDATION. SVPSB IS AN ACTIVE NETWORK OF PROFESSIONALS WHO LEVERAGE THEIR TIME, EXPERTISE, CONNECTIONS AND FUNDS TO HELP MAKE A MEASURABLE IMPACT IN SANTA BARBARA COUNTY. SVPSB PARTNERS WITH NON-PROFIT AGENCIES, DECISION MAKERS, PHILANTHROPISTS AND OTHER COLLABORATORS AND PROVIDES SOLUTIONS AND BEST PRACTICES ESPECIALLY IN THE AREAS OF HOMELESSNESS, EDUCATION AND THE ENVIRONMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE AND AUDIT COMMITTEES OF THE SANTA BARBARA FOUNDATION BOARD REVIEWED THE FINAL FORM OF THE 990 PRIOR TO FILING THE FORM WITH THE IRS. IN ADDITION, PRIOR TO FILING THE 990, A COPY OF THE FINAL FORM 990 WAS DISTRIBUTED TO EACH VOTING MEMBER OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

TRUSTEES, COMMITTEE MEMBERS AND STAFF COMPLETE A CONFLICT OF INTEREST POLICY ANNUALLY. COMMITTEE AND BOARD MEMBERS RECUSE THEMSELVES BEFORE ACTIONS ARE TAKEN DURING MEETINGS IF THEY HAVE A CONFLICT OF INTEREST. THEY WILL ALSO COMPLETE A CONFLICT OF INTEREST FORM (TO ABSTAIN FROM VOTING) TO VALIDATE THEIR CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE CEO IS SET ANNUALLY BY THE FULL BOARD AT AN EXECUTIVE SESSION. THE COMPENSATION RANGE IS BASED ON COMPARABLE DATA FROM VARIOUS SOURCES SUCH AS THE COUNCIL ON FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION REPORT, SALARY INFORMATION FROM THE LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS, AND /OR OTHER APPLICABLE SURVEYS AND INFORMATION. A PERFORMANCE EVALUATION IS CONDUCTED BY EACH BOARD MEMBER AND CONSOLIDATED

Name of the organization SANTA BARBARA FOUNDATION	Employer identification number 95-1866094
--	--

BY THE BOARD CHAIR. THE PROCESS AND DECISION IS RECORDED IN A DOCUMENT THAT IS MAINTAINED CONFIDENTIALLY BY THE COO.

COMPENSATION RANGES OF OTHER KEY EMPLOYEES ARE ALSO BASED ON COMPARABLE DATA FROM VARIOUS SOURCES SUCH AS THE COUNCIL ON FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION REPORT, SALARY INFORMATION FROM THE LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS, AND /OR OTHER APPLICABLE SURVEYS AND INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19:

ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE. ARTICLES OF INCORPORATION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF CRT AND TRUST	1,121,312.
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FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE IN THE CURRENT TAX YEAR TO THE OVERSIGHT OR SELECTION PROCESS OF THE AUDIT AND INDEPENDENT ACCOUNTANT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public
Inspection

Name of the organization **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1111 CHAPALA STREET, LLC - 27-0393865 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	RENTAL - OFFICE SPACE	CALIFORNIA	0.	10,248,444.	SANTA BARBARA FOUNDATION
300 EAST ISLAY STREET, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	0.	3,327,420.	SANTA BARBARA FOUNDATION
SBF PROPERTIES, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	0.	0.	SANTA BARBARA FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HIGHLAND SANTA BARBARA FOUNDATION - 45-3962008, 1111 CHAPALA STREET, SUITE 200, SANTA BARBARA, CA 93101	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION.	CALIFORNIA	501(C)(3)	SUPPORTING - TYPE 1	SANTA BARBARA FOUNDATION		X
ERIC AND KELLY SCHWARTZ CHARITABLE TRUST - 47-4959497, 1776 PLEASANT PLAIN ROAD, FAIRFIELD, IA 52556	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION.	IOWA	501(C)(3)	SUPPORTING - TYPE 1	SANTA BARBARA FOUNDATION		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HIGHLAND SANTA BARBARA FOUNDATION	C	140,000.	
(2) HIGHLAND SANTA BARBARA FOUNDATION	S	176,875.	
(3) ERIC AND KELLY SCHWARTZ CHARITABLE TRUST	S	91,720.	
(4)			
(5)			
(6)			

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**

2017

Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2016 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	36,553.
c	2017 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	36,560.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	04/18/17	06/15/17	09/15/17	12/15/17
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	9,140.	9,140.	9,140.	9,140.
13	2016 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

ESTIMATED TAX	36,560.
OVERPAYMENT APPLIED	58,236.
AMOUNT DUE	0.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2016

For calendar year 2016 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SANTA BARBARA FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101</p>	<p>D Employer identification number (Employees' trust, see instructions.) 95-1866094</p> <p>E Unrelated business activity codes (See instructions.) 900000</p>
---	------------------------------	---	--

<p>C Book value of all assets at end of year 259089047.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JANET MOCKER** Telephone number ▶ **(805)963-1873**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 145,579.	STMT 2	145,579.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7 188,402.	196,307.	-7,905.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 333,981.	196,307.	137,674.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	137,674.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	137,674.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	136,674.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c	36,553.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	36,553.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	36,553.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	36,553.
45a	Payments: A 2015 overpayment credited to 2016	45a	94,789.
b	2016 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	94,789.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	58,236.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax 58,236. Refunded	50	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

Sign Here
 Signature of officer _____ Date _____ **PRESIDENT & CEO** Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **CHRISLEY N. REED, CPA**
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00025230**
 Firm's name: **MCGOWAN GUNTERMANN** Firm's EIN: **95-3680171**
 Firm's address: **111 E. VICTORIA ST., 2ND FLOOR SANTA BARBARA, CA 93101-2018** Phone no. **805-962-9175**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
		STATEMENT 3	STATEMENT 4	
(1) COMMERCIAL BUILDING	581,847.	283,920.	322,339.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
STATEMENT 5	STATEMENT 6			
(1) 3,364,096.	10,390,405.	32.38%	188,402.	196,307.
(2)		%		
(3)		%		
(4)		%		
Totals			188,402.	196,307.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2016

Name SANTA BARBARA FOUNDATION		Employer identification number 95-1866094
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	136,674.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	136,674.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	136,674.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	136,674.
6	Alternative tax net operating loss deduction. See instructions	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	136,674.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	0.
b	Multiply line 8a by 25% (0.25)	0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	96,674.
10	Multiply line 9 by 20% (0.20)	19,335.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
12	Tentative minimum tax. Subtract line 11 from line 10	19,335.
13	Regular tax liability before applying all credits except the foreign tax credit	36,553.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	136,674.
2 ACE depreciation adjustment:			
a	AMT depreciation	2a	
b	ACE depreciation:		
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4 Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	136,674.

