

PUBLIC DISCLOSURE COPY

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the **2019** 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 SANTA BARBARA FOUNDATION		D Employer identification number 95-1866094
	Doing business as		E Telephone number 805-963-1873
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1111 CHAPALA STREET, SUITE 200		G Gross receipts \$ 82,706,936.
	City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101		
F Name and address of principal officer: JACQUELINE CARRERA SAME AS C ABOVE		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: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SBFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1928** **M** State of legal domicile: **CA**

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	60
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	15,915.
b Net unrelated business taxable income from Form 990-T, line 39	7b	93,357.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 17,917,025.	Current Year 23,257,441.
	9 Program service revenue (Part VIII, line 2g)	0.	522,973.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,101,126.	6,077,630.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	865,626.	-189,138.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,883,777.	29,668,906.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,437,980.	28,302,151.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,991,787.	3,450,553.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,816,108.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,821,607.	7,120,650.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,251,374.	38,873,354.	
19 Revenue less expenses. Subtract line 18 from line 12	-10,367,597.	-9,204,448.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 372,582,050.	End of Year 392,665,597.
	21 Total liabilities (Part X, line 26)	24,381,182.	28,901,481.
	22 Net assets or fund balances. Subtract line 21 from line 20	348,200,868.	363,764,116.

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	Date			
	JANET MOCKER, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAUREN A. HAVERLOCK	Preparer's signature LAUREN A. HAVERLOCK	Date 11/10/20	Check if self-employed <input type="checkbox"/>	PTIN P00545829
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318		Phone no. 310-477-0450	
	Firm's address ▶ 10960 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024				

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

1 Briefly describe the organization's mission: THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC CAPITAL TO BUILD EMPATHETIC, INCLUSIVE AND RESILIENT COMMUNITIES.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 31,300,912. including grants of \$ 25,308,722.) (Revenue \$ 522,973.) SBF SERVES THE ENTIRE COUNTY OF SANTA BARBARA, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS. IN 2019, SBF AWARDED OVER 2,800 GRANTS TO NONPROFIT ORGANIZATIONS. GRANTS ARE MADE THROUGH SBF FROM VARIOUS TYPES OF FUNDS, INCLUDING: DONOR ADVISED FUNDS, DONOR DESIGNATED FUNDS AND FIELD OF INTEREST FUNDS. DISCRETIONARY GRANTS, TOTALING OVER \$5 MILLION IN 2019, ARE SUPPORTED BY SBF'S UNRESTRICTED ENDOWMENT INCOME AND ARE AWARDED WITH THE APPROVAL OF THE BOARD OF TRUSTEES BASED ON RECOMMENDATIONS OF SBF STAFF FOLLOWING A RIGOROUS PROCESS OF RESEARCH, DUE DILIGENCE, PLANNING AND EVALUATION.

4b (Code:) (Expenses \$ 1,764,319. including grants of \$ 1,426,561.) (Revenue \$) SBF PROVIDED FUNDING OF OVER \$1 MILLION IN 2019 TO THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA FOR STUDENT AID. THROUGH THIS COLLABORATION, OVER 350 STUDENTS OF SANTA BARBARA COUNTY RECEIVED SCHOLARSHIP AWARDS.

4c (Code:) (Expenses \$ 1,937,846. including grants of \$ 1,566,868.) (Revenue \$) THE WOMEN'S FUND OF SANTA BARBARA IS A VOLUNTEER-LED COLLECTIVE DONOR GROUP THAT ENABLES WOMEN TO COMBINE CHARITABLE DOLLARS INTO SIGNIFICANT GRANTS FOCUSED ON THE CRITICAL NEEDS OF WOMEN, CHILDREN AND FAMILIES IN 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 35,003,077.

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 donor-restricted endowments or in 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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year 19; 1b Enter the number of voting members included on line 1a, above, who are independent 19; 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, 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; 7b 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: 8a The governing body? X; 8b 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 on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 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? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 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; 16b 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?

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 (1024 or 1024-A, 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.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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. See instructions for the order in which to list the persons above.

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) RONALD V. GALLO, ED.D PRESIDENT AND CEO	40.00 3.00			X				290,365.	0.	82,831.
(2) JACQUELINE CARRERA CHIEF REVENUE & BUSINESS DEVELOPMENT	40.00					X		208,537.	0.	33,135.
(3) JANET MOCKER CHIEF FINANCIAL OFFICER	40.00 1.00			X				162,025.	0.	35,475.
(4) BARBARA ANDERSON CHIEF STRATEGY OFFICER THRU 12/1/19	40.00					X		126,515.	0.	32,547.
(5) CHERI SAVAGE DIRECTOR OF INVESTMENTS	40.00					X		107,284.	0.	25,617.
(6) JANET CAMPBELL FORMER CHIEF PHILANTHROPIC OFFICER	0.00						X	130,000.	0.	0.
(7) PEDRO PAZ DIRECTOR OF GRANTMAKING	40.00					X		100,274.	0.	21,119.
(9) DIANE ADAM CHAIR	4.00	X		X				0.	0.	0.
(10) PAMELA GANN VICE-CHAIR	3.00	X		X				0.	0.	0.
(11) STEPHEN HICKS TREASURER	3.00	X		X				0.	0.	0.
(12) SUSAN RICHARDS SECRETARY	3.00	X		X				0.	0.	0.
(13) PHIL ALVARADO TRUSTEE	2.00	X						0.	0.	0.
(14) LAURIE ASHTON TRUSTEE	2.00	X						0.	0.	0.
(15) RANDALL DAY TRUSTEE	2.00	X						0.	0.	0.
(16) NEIL DIPAOLO TRUSTEE	2.00	X						0.	0.	0.
(17) DONNA FRANCE TRUSTEE	2.00	X						0.	0.	0.
(18) ANGEL R. MARTINEZ 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			
(19) DANNA MCGREW TRUSTEE	2.00	X					0.	0.	0.	
(20) JENNIFER T. MURRAY TRUSTEE	2.00	X					0.	0.	0.	
(21) ROBERT C. NAKASONE TRUSTEE	2.00	X					0.	0.	0.	
(22) ERNESTO PAREDES TRUSTEE	2.00	X					0.	0.	0.	
(23) CATHY PEPE TRUSTEE	2.00	X					0.	0.	0.	
(24) GINGER SALAZAR TRUSTEE	2.00	X					0.	0.	0.	
(25) NIKI SANDOVAL TRUSTEE	2.00	X					0.	0.	0.	
(26) LUIS VILLEGAS TRUSTEE	2.00	X					0.	0.	0.	
(27) MICHAEL D. YOUNG TRUSTEE	2.00	X					0.	0.	0.	
1b Subtotal							1,125,000.	0.	230,724.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,125,000.	0.	230,724.	

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 **7**

	Yes	No
3 Did the organization list any former officer, director, 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
SDF RESILIENCE, INC. PO BOX 50196, SANTA BARBARA, CA 93150	CONSULTING SERVICES (TPRC)	2,098,254.
JOSEPH COLE P.O. BOX 5476, SANTA BARBARA, CA 93150	CONSULTING SERVICES (TPRC)	445,532.
PARADISE POINT RESORT 1404 W. VACATION ROAD, SAN DIEGO, CA 92109	CONFERENCE SERVICES	323,024.
MEKETA INVESTMENT GROUP, 5796 ARMADA DRIVE, SUITE 110, CARLSBAD, CA 92008	INVESTMENT MANAGEMENT/CONSULTIN	295,000.
YOUNG CONSTRUCTION 9 ASHLEY AVENUE, SANTA BARBARA, CA 93103	CONSTRUCTION SERVICES	189,907.

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 **15**

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	23,257,441.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,472,720.				
	h Total. Add lines 1a-1f			23,257,441.			
Program Service Revenue	2 a ADMINISTRATIVE FEE	Business Code					
		561000	522,973.	522,973.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			522,973.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,728,733.		84,114.	3,644,619.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
			394,690.				
	b Less: rental expenses ...	6b	604,272.				
	c Rental income or (loss)	6c	-209,582.				
	d Net rental income or (loss)			-209,582.	-68,199.	-141,383.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			54,782,655.				
			b Less: cost or other basis and sales expenses	7b	52,433,758.		
	c Gain or (loss)	7c	2,348,897.				
d Net gain or (loss)			2,348,897.		2,348,897.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		515100	20,444.	20,444.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			20,444.				
12 Total revenue. See instructions			29,668,906.	543,417.	15,915.	5,852,133.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	28,297,851.	28,297,851.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,300.	4,300.		
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	570,696.	121,834.	289,709.	159,153.
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	1,939,445.	573,085.	790,391.	575,969.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,504.	53,410.	78,181.	39,913.
9 Other employee benefits	617,983.	173,155.	264,953.	179,875.
10 Payroll taxes	150,925.	42,259.	64,898.	43,768.
11 Fees for services (nonemployees):				
a Management	417,985.	105,771.		312,214.
b Legal	12,371.	3,764.	3,689.	4,918.
c Accounting	59,673.		59,673.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	397,226.	397,226.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,586,882.	3,559,985.	26,897.	
12 Advertising and promotion	145,237.	56,789.	6,817.	81,631.
13 Office expenses	136,545.	41,185.	58,725.	36,635.
14 Information technology	213,409.	80,458.	87,729.	45,222.
15 Royalties				
16 Occupancy	286,929.	93,228.	110,323.	83,378.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	674,261.	545,584.	85,180.	43,497.
20 Interest	17,474.	17,474.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	163,452.	48,181.	63,558.	51,713.
23 Insurance	481,827.	456,713.	19,048.	6,066.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY RELATIONS	261,124.	124,666.	4,616.	131,842.
b DUES AND SUBSCRIPTIONS	145,450.	85,354.	39,782.	20,314.
c DIRECT PROGRAM ACTIVITI	120,805.	120,805.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	38,873,354.	35,003,077.	2,054,169.	1,816,108.
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	161,790.	1	94,016.	
	2 Savings and temporary cash investments	33,623,795.	2	33,984,452.	
	3 Pledges and grants receivable, net	46,973,983.	3	45,176,463.	
	4 Accounts receivable, net	1,322,875.	4	931,191.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net	5,941,223.	7	5,950,389.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	132,285.	9	116,650.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,226,941.			
	b Less: accumulated depreciation	10b 3,925,031.			
	11 Investments - publicly traded securities	14,028,686.	10c	14,301,910.	
	12 Investments - other securities. See Part IV, line 11	157,897,809.	11	94,154,197.	
	13 Investments - program-related. See Part IV, line 11	34,975,068.	12	117,162,187.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	77,524,536.	14	80,794,142.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	372,582,050.	15	392,665,597.		
17 Accounts payable and accrued expenses	469,097.	16	537,573.		
18 Grants payable	95,417.	17	38,141.		
19 Deferred revenue		18			
20 Tax-exempt bond liabilities		19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21			
23 Secured mortgages and notes payable to unrelated third parties	3,166,187.	22	3,667,110.		
24 Unsecured notes and loans payable to unrelated third parties		23			
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	20,650,481.	24	24,658,657.		
26 Total liabilities. Add lines 17 through 25	24,381,182.	25	28,901,481.		
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26			
27 Net assets without donor restrictions	226,254,305.	27	230,790,268.		
28 Net assets with donor restrictions	121,946,563.	28	132,973,848.		
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
29 Capital stock or trust principal, or current funds		29			
30 Paid-in or capital surplus, or land, building, or equipment fund		30			
31 Retained earnings, endowment, accumulated income, or other funds		31			
32 Total net assets or fund balances	348,200,868.	32	363,764,116.		
33 Total liabilities and net assets/fund balances	372,582,050.	33	392,665,597.		

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	29,668,906.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,873,354.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,204,448.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	348,200,868.
5	Net unrealized gains (losses) on investments	5	21,460,271.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-214.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,307,639.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	363,764,116.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 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? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21637188.	19925683.	167681429	17917025.	23257441.	250418766
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	21637188.	19925683.	167681429	17917025.	23257441.	250418766
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)						112793997
6 Public support. Subtract line 5 from line 4.						137624769

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	21637188.	19925683.	167681429	17917025.	23257441.	250418766
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5577804.	5095929.	4752506.	3575430.	3910903.	22912572.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	40,298.				1,275.	41,573.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					20,444.	20,444.
11 Total support. Add lines 7 through 10						273393355
12 Gross receipts from related activities, etc. (see instructions)					12	2,290,521.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	50.34 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	51.74 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 (as 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>2,243,457.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,980,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>239,105.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>671,909.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>569,381.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 512,802.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK _____ _____ _____	\$ <u>2,243,457.</u>	<u>12/31/19</u>
3	STOCK _____ _____ _____	\$ <u>239,105.</u>	<u>12/31/19</u>
5	STOCK _____ _____ _____	\$ <u>671,909.</u>	<u>12/31/19</u>
7	STOCK _____ _____ _____	\$ <u>512,802.</u>	<u>12/31/19</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

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	235	174
2 Aggregate value of contributions to (during year)	13,215,150.	9,449,981.
3 Aggregate value of grants from (during year)	16,410,908.	12,130,378.
4 Aggregate value at end of year	94,470,540.	269,293,577.

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? Yes 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? Yes 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 (for example, 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 7/25/06, 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 FASB 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 FASB 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 FASB 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) 2019

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 make 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 program
 - 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	45,624,058.	48,728,257.	46,045,609.	46,415,142.	49,145,855.
b Contributions	115,940.	761,500.	326,104.	80.	512,606.
c Net investment earnings, gains, and losses	10,450,082.	-1,269,725.	5,252,838.	1,636,901.	-1,029,563.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,078,032.	2,595,974.	2,896,294.	2,006,514.	2,213,756.
f Administrative expenses					
g End of year balance	54,112,048.	45,624,058.	48,728,257.	46,045,609.	46,415,142.

- 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 99.00 %
 - c Term endowment 1.00 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		14,120,130.	2,938,798.	11,181,332.
c Leasehold improvements		1,142,741.	597,952.	544,789.
d Equipment		1,284,070.	388,281.	895,789.
e Other				0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 14,301,910.

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	3,396,000.	END-OF-YEAR MARKET VALUE
(B) REAL ASSETS	10,892,566.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	5,035,522.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	11,882,428.	END-OF-YEAR MARKET VALUE
(E) INFRASTRUCTURE	3,009,454.	END-OF-YEAR MARKET VALUE
(F) GLOBAL EQUITIES	28,663,659.	END-OF-YEAR MARKET VALUE
(G) GLOBAL FIXED INCOME	54,282,558.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	117,162,187.	

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	63,594,749.
(3) VALUE OF INCOME INTEREST IN TRUSTS	16,230,954.
(4) DEPOSITS	800,943.
(5) OTHER ASSETS	167,496.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	80,794,142.

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	1,323,889.
(4) OBLIGATIONS TO DONOR DESIGNATED	
(5) FUNDS	23,305,784.
(6) 1111 CHAPALA - OTHER LIABILITIES	28,984.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	24,658,657.

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 FASB 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:

SBF AND ITS SUPPORTING ORGANIZATIONS AND AFFILIATES EVALUATE 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, 2019, SBF AND ITS SUPPORTING ORGANIZATIONS AND AFFILIATES HAVE NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

SANTA BARBARA FOUNDATION

95-1866094

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		6,188,158.
3 a Subtotal	0	0			6,188,158.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			6,188,158.

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

Schedule F (Form 990) 2019

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**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
LA CUMBRE JUNIOR HIGH SCHOOL 2255 MODOC RD SANTA BARBARA, CA 93101	26-2964339	501(C)(3)	5,000.	0.			EDUCATION
1000 FRIENDS OF OREGON 133 SW 2ND AVE STE 201 PORTLAND, OR 97204	93-0642086	501(C)(3)	12,500.	0.			ENVIRONMENT AND ANIMALS
1TO4 5225 E CAMINO CIELO SANTA BARBARA, CA 93105	46-5001370	501(C)(3)	10,000.	0.			GENERAL SUPPORT
2ND STORY ASSOCIATES 808 LAGUNA ST SANTA BARBARA, CA 93101	26-0417729	501(C)(3)	27,434.	0.			HUMAN SERVICES
A COMPAS INC PO BOX 30594 SANTA BARBARA, CA 93130-0594	20-2176039	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
A GREENER WORLD PO BOX 115 TERREBONNE, OR 97760	81-2116665	501(C)(3)	425,000.	0.			FOOD SYSTEMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **411.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

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
AFRICAN COMMUNITY EXCHANGE PO BOX 444 MIDLOTHIAN, VA 23113	20-4962182	501(C)(3)	15,000.	0.			HUMAN SERVICES
AHA! ATTITUDE. HARMONY. ACHIEVEMENT. - 1209 DE LA VINA STREET, SUITE A - SANTA BARBARA, CA 93101	20-4418873	501(C)(3)	36,600.	0.			EDUCATION
ALL SAINTS BY THE SEA EPISCOPAL CHURCH - 83 EUCALYPTUS LN - SANTA BARBARA, CA 93108	13-5562208	501(C)(3)	130,000.	0.			GENERAL SUPPORT
ALLAN HANCOCK COLLEGE FOUNDATION P.O. BOX 5170 SANTA MARIA, CA 93456-5170	95-3143396	501(C)(3)	92,112.	0.			EDUCATION
ALPHA RESOURCE CENTER OF SANTA BARBARA - 4501 CATHEDRAL OAKS RD - SANTA BARBARA, CA 93110	95-1966996	501(C)(3)	71,470.	0.			HUMAN SERVICES
ALS ASSOCIATION GOLDEN WEST CHAPTER - PO BOX 565 - AGOURA HILLS, CA 91376	95-4163338	501(C)(3)	10,200.	0.			HEALTH CARE
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 225 N MICHIGAN AVE FL 17 - CHICAGO, CA 60601	13-3039601	501(C)(3)	54,570.	0.			HEALTH CARE
AMAZON WATCH 520 3RD STREET, SUITE 108 OAKLAND, CA 94607	95-4604782	501(C)(3)	12,650.	0.			ENVIRONMENT AND ANIMALS
AMBOSELI TRUST FOR ELEPHANTS 10 STATE ST NEWBURYPORT, MA 01950	20-1321920	501(C)(3)	5,000.	0.			ENVIRONMENT AND ANIMALS

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
AMERICAN HEART ASSOCIATION OF SANTA BARBARA COUNTY - 212 W FIGUEROA ST - SANTA BARBARA, CA 93101	13-5613797	501(C)(3)	8,959.	0.			HUMAN SERVICES
AMERICAN NATIONAL RED CROSS 225 PRADO RD STE A SAN LUIS OBISPO, CA 93401	95-1643302	501(C)(3)	22,259.	0.			PUBLIC AND SOCIETAL BENEFIT
AMERICAN RED CROSS LOS ANGELES REGION - 11355 OHIO AVENUE - LOS ANGELES, CA 90025	95-1643964	501(C)(3)	25,100.	0.			PUBLIC AND SOCIETAL BENEFIT
ANIMAL LEGAL DEFENSE FUND 525 EAST COTATI AVE COTATI, CA 94931	94-2681680	501(C)(3)	425,050.	0.			ENVIRONMENT AND ANIMALS
ANIMAL SHELTER ASSISTANCE PROGRAM OF SANTA BARBARA - P.O. BOX 357 - GOLETA, CA 93116-0357	77-0283500	501(C)(3)	8,200.	0.			ENVIRONMENT AND ANIMALS
ANTI-DEFAMATION LEAGUE 1528 CHAPALA STREET, SUITE 301 SANTA BARBARA, CA 93101	13-1818723	501(C)(3)	151,280.	0.			PUBLIC AND SOCIETAL BENEFIT
ARCO COLLABORATIVE, INC. 124 W. 109TH STREET, SUITE 5A NEW YORK, NY 10025	46-4241093	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
ARTHRITIS FOUNDATION, INC. 2261 LAS POSITAS RD SANTA BARBARA, CA 93105	95-1885447	501(C)(3)	9,000.	0.			HEALTH CARE
ARTS OUTREACH PO BOX 755 LOS OLIVOS, CA 93441	77-0119825	501(C)(3)	5,200.	0.			ARTS, CULTURE, AND HUMANITIES

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
ARTSPACE INC 751 PASEO NUEVO SANTA BARBARA, CA 93101	77-0233621	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
BERKLEE COLLEGE OF MUSIC INC 1140 BOYLSTON ST MS 161-IA BOSTON, MA 02215-3631	04-2300472	501(C)(3)	100,000.	0.			EDUCATION
BORREGO VALLEY ENDOWMENT FUND PO BOX 2714 BORREGO SPRINGS, CA 92004	33-0611010	501(C)(3)	5,000.	0.			HEALTH CARE
BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA, CA 93190	20-0905385	501(C)(3)	15,400.	0.			ARTS, CULTURE, AND HUMANITIES
BOY SCOUTS OF AMERICA COUNCIL 4000 MODOC RD SANTA BARBARA, CA 93110	95-1696725	501(C)(3)	62,399.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF SANTA BARBARA, INC. - 632 E. CANON PERDIDO STREET - SANTA BARBARA, CA 93103	95-1641425	501(C)(3)	23,700.	0.			HUMAN SERVICES
BOYS AND GIRLS CLUB OF VENTURA INC 6020 NICOLLE ST STE D VENTURA, CA 93003	95-2248919	501(C)(3)	10,000.	0.			HUMAN SERVICES
BRAILLE INSTITUTE OF AMERICA, INC. PO BOX 5411 SANTA BARBARA, CA 93150	95-1641426	501(C)(3)	12,000.	0.			EDUCATION
BREAST CANCER RESOURCE CENTER OF SANTA BARBARA - 525 W. JUNIPERO ST - SANTA BARBARA, CA 93105-4211	91-1790842	501(C)(3)	10,000.	0.			HEALTH CARE

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
BRIDGE HOUSE 345 ARAPAHOE AVE UNIT 5 BOULDER, CO 80303	84-1440292	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BURLINGTON HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION - 200 S 6TH ST - BURLINGTON, KS 66839	48-1152997	501(C)(3)	15,000.	0.			HUMAN SERVICES
C.A.R.E.4PAWS PO BOX 60524 SANTA BARBARA, CA 93160	27-0207473	501(C)(3)	13,000.	0.			ENVIRONMENT AND ANIMALS
CAL STATE FULLERTON PHILANTHROPIC FOUNDATION - PO BOX 6850, H211 - FULLERTON, CA 92834	33-0567945	501(C)(3)	5,000.	0.			EDUCATION
CALIFORNIA AVOCADO FESTIVAL INC. PO BOX 146 CARPINTERIA, CA 93014	77-0159754	501(C)(3)	10,000.	0.			FOOD SYSTEMS
CALIFORNIA CENTER FOR PUBLIC POLICY - PO BOX 3480 - SANTA BARBARA, CA 93130	45-2612428	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
CALIFORNIA RANGELAND TRUST 1221 H ST SACRAMENTO, CA 95814	31-1631453	501(C)(3)	7,500.	0.			FOOD SYSTEMS
CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY STREET, STE 520 SAN FRANCISCO, CA 94105	94-1707583	501(C)(3)	5,500.	0.			HUMAN SERVICES
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS - 1 UNIVERSITY DR - CAMARILLO, CA 93012	77-0433230	501(C)(3)	150,000.	0.			EDUCATION

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 WILDLIFE CENTER PO BOX 2022 MALIBU, CA 90265	95-4580790	501(C)(3)	5,000.	0.			ENVIRONMENT AND ANIMALS
CAMERATA PACIFICA PO BOX 30116 SANTA BARBARA, CA 93130	33-0104649	501(C)(3)	19,500.	0.			ARTS, CULTURE, AND HUMANITIES
CANCER FOUNDATION OF SANTA BARBARA 601 WEST JUNIPERO STREET SANTA BARBARA, CA 93105	95-2158727	501(C)(3)	154,500.	0.			HUMAN SERVICES
CARA 237 S. DESPLAINES CHICAGO, IL 60661	36-4268095	501(C)(3)	5,000.	0.			WORKFORCE DEVELOPMENT
CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST CARPINTERIA, CA 93013	81-1407122	501(C)(3)	39,250.	0.			EDUCATION
CARPINTERIA SKATE FOUNDATION INC PO BOX 65 CARPINTERIA, CA 93013	27-0394632	501(C)(3)	10,000.	0.			HUMAN SERVICES
CARPINTERIA VALLEY ARTS COUNCIL 855 LINDEN AVE CARPINTERIA, CA 93013	77-0578720	501(C)(3)	18,650.	0.			ARTS, CULTURE, AND HUMANITIES
CARRILLO COUNSELING SERVICES INC. 324 EAST CARRILLO STREET, SUITE C SANTA BARBARA, CA 93101	77-0556795	501(C)(3)	61,350.	0.			HUMAN SERVICES
CASA DEL HERRERO FOUNDATION P.O. BOX 5612 SANTA BARBARA, CA 93150-5612	77-0340301	501(C)(3)	20,780.	0.			ARTS, CULTURE, AND HUMANITIES

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
CASA SERENA, INC. 1515 BATH ST SANTA BARBARA, CA 93101	95-2862385	501(C)(3)	46,200.	0.			HOUSING AND SHELTER
CATE SCHOOL 1960 CATE MESA RD CARPINTERIA, CA 93013	95-1644630	501(C)(3)	165,800.	0.			EDUCATION
CATHOLIC CHARITIES OF LOS ANGELES, INC. - 1531 JAMES M. WOOD BLVD PO BOX 15095 - LOS ANGELES, CA 90015-0095	95-1690973	501(C)(3)	66,700.	0.			HUMAN SERVICES
CATHOLIC EDUCATION FOUNDATION 3424 WILSHIRE BLVD 3RD FL LOS ANGELES, CA 90010	75-6725640	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CENTER FOR REGENERATIVE AGRICULTURE - PO BOX 973 - OJAI, CA 93024	03-0438828	501(C)(3)	8,500.	0.			FOOD SYSTEMS
CENTER FOR URBAN AGRICULTURE AT FAIRVIEW GARDENS - 598 N FAIRVIEW AVE - GOLETA, CA 93117	93-1213893	501(C)(3)	5,000.	0.			FOOD SYSTEMS
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021 SPERRY AVENUE #9 - VENTURA, CA 93003	77-0578864	501(C)(3)	75,500.	0.			PUBLIC AND SOCIETAL BENEFIT
CHANNEL ISLANDS RESTORATION 928 CARPINTERIA ST STE 3 SANTA BARBARA, CA 93103	61-1463876	501(C)(3)	48,519.	0.			ENVIRONMENT AND ANIMALS
CHANNEL ISLANDS YMCA ASSOCIATION OFFICE - 105 E CARRILLO ST - SANTA BARBARA, CA 93101	95-1643379	501(C)(3)	106,500.	0.			HUMAN SERVICES

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
CHILD ABUSE LISTENING MEDIATION, INC. (CALM) - 1236 CHAPALA ST - SANTA BARBARA, CA 93103	23-7097910	501(C)(3)	192,475.	0.			HUMAN SERVICES
CHILDREN AND FAMILY RESOURCE SERVICES - 3970 LA COLINA ROAD, SUITE 2 - SANTA BARBARA, CA 93110	82-4121880	501(C)(3)	71,000.	0.			HUMAN SERVICES
CHILDREN'S FOUNDATION OF AMERICA 175 N INDIANA HILL BLVD STE B-200 CLAREMONT, CA 91711	33-0910478	501(C)(3)	22,000.	0.			HUMAN SERVICES
CHILDRENS MONTESSORI SCHOOL OF LOMPOC - P.O. BOX 3510 - LOMPOC, CA 93438	77-0185213	501(C)(3)	15,000.	0.			EDUCATION
CHILDREN'S MUSEUM OF SANTA BARBARA 125 STATE ST SANTA BARBARA, CA 93107	77-0252722	501(C)(3)	73,500.	0.			ARTS, CULTURE, AND HUMANITIES
CHP 11-99 FOUNDATION 2244 N STATE COLLEGE BLVD FULLERTON, CA 92831	95-6530738	501(C)(3)	6,500.	0.			PUBLIC AND SOCIETAL BENEFIT
COACHART 3303 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90010	94-3389547	501(C)(3)	65,000.	0.			HUMAN SERVICES
COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY - 5638 HOLLISTER AVE STE 230 - GOLETA, CA 93117	95-2491790	501(C)(3)	53,505.	0.			HUMAN SERVICES
COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA - 2060 ALAMEDA PADRE SERRA, SUITE 201 - SANTA BARBARA, CA 93103-1713	95-1816010	501(C)(3)	111,633.	0.			ARTS, CULTURE, AND HUMANITIES

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
COMMUNITY ENVIRONMENTAL COUNCIL, INC. - 26 W ANAPAMU ST 2ND FLOOR - SANTA BARBARA, CA 93101	94-1728064	501(C)(3)	254,076.	0.			ENVIRONMENT AND ANIMALS
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC. - P.O. BOX 430 - NIPOMO, CA 93444-0430	95-3253302	501(C)(3)	30,000.	0.			HEALTH CARE
CONGREGATION B'NAI B'RITH CORPORATION - 1000 SAN ANTONIO CREEK RD - SANTA BARBARA, CA 93111-1310	95-6006585	501(C)(3)	92,480.	0.			MISCELLANEOUS
CONSERVATION X LABORATORIES 1211 GALLATIN ST NW WASHINGTON, DC 20011-6915	47-4066524	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
COTTAGE REHABILITATION HOSPITAL FOUNDATION - 2415 DE LA VINA ST - SANTA BARBARA, CA 93105-3819	26-0433816	501(C)(3)	26,000.	0.			HEALTH CARE
COUNCIL ON ALCOHOLISM & DRUG ABUSE P.O. BOX 28 SANTA BARBARA, CA 93102-0028	95-1878858	501(C)(3)	54,350.	0.			HEALTH CARE
COURT APPOINTED SPECIAL ADVOCATES OF SANTA BARBARA COUNTY - 2125 S BROADWAY, SUITE 106 - SANTA MARIA, CA 93454	33-0662734	501(C)(3)	20,765.	0.			HUMAN SERVICES
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE HOLLYWOOD, CA 90027	13-3391210	501(C)(3)	15,000.	0.			HOUSING AND SHELTER
CRANE SCHOOL 1795 SAN LEANDRO LN SANTA BARBARA, CA 93108	95-1643315	501(C)(3)	86,125.	0.			EDUCATION

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
CUYAMA VALLEY FAMILY RESOURCE CENTER - PO BOX 5 - NEW CUYAMA, CA 93254	45-1221069	501(C)(3)	30,000.	0.			HUMAN SERVICES
CYSTIC FIBROSIS RESEARCH, INC. 1731 EMBARCADERO ROAD, SUITE 210 PALO ALTO, CA 94303	51-0169988	501(C)(3)	5,000.	0.			HEALTH CARE
DAKOTA RURAL ACTION 910 4TH STREET STE. A BROOKINGS, SD 57006	46-0398656	501(C)(3)	50,000.	0.			PUBLIC AND SOCIETAL BENEFIT
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	100,000.	0.			HEALTH CARE
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	189,925.	0.			HUMAN SERVICES
DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	7,900.	0.			PUBLIC AND SOCIETAL BENEFIT
DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE - PO BOX 3751 - SANTA BARBARA, CA 93103	33-1210731	501(C)(3)	59,100.	0.			HUMAN SERVICES
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY - P.O. BOX 1536 - SANTA BARBARA, CA 93102	95-3495141	501(C)(3)	100,290.	0.			HUMAN SERVICES
DOS PUEBLOS BAND BOOSTERS PO BOX 8931 GOLETA, CA 93117	26-3368456	501(C)(3)	10,000.	0.			EDUCATION

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
DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION - PO BOX 313 - GOLETA, CA 93116-0313	26-1115393	501(C)(3)	20,000.	0.			EDUCATION
DOS PUEBLOS HIGH SCHOOL BEACH VOLLEYBALL - 65 SURREY PL - GOLETA, CA 93117-0000	81-2383874	501(C)(3)	53,227.	0.			EDUCATION
DREAMS INDEED INTERNATIONAL PO BOX 211006 DENVER, CO 80221	84-1582759	501(C)(3)	5,000.	0.			PUBLIC AND SOCIETAL BENEFIT
DUNN SCHOOL PO BOX 98 LOS OLIVOS, CA 93441	95-1909237	501(C)(3)	75,000.	0.			EDUCATION
EAST PALO ALTO TENNIS AND TUTORING P. O. BOX 60597 PALO ALTO, CA 94306	26-3316879	501(C)(3)	5,000.	0.			HUMAN SERVICES
EASY LIFT TRANSPORTATION, INC. 53 CASS PLACE, SUITE D GOLETA, CA 93117	95-3642272	501(C)(3)	27,990.	0.			HUMAN SERVICES
ENDOWMENT FOR YOUTH COMMITTEE 606 ALAMO PINTADO RD STE 3274 SOLVANG, CA 93463	77-0202584	501(C)(3)	22,058.	0.			HUMAN SERVICES
ENSEMBLE THEATRE COMPANY PO BOX 2307 SANTA BARBARA, CA 93120-2307	95-3408200	501(C)(3)	73,950.	0.			ARTS, CULTURE, AND HUMANITIES
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST SANTA BARBARA, CA 93101-7404	77-0061994	501(C)(3)	31,850.	0.			ENVIRONMENT AND ANIMALS

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
EVERYBODY DANCE NOW 763 BIRCH WALK #F GOLETA, CA 93117	45-2107249	501(C)(3)	40,000.	0.			ARTS, CULTURE, AND HUMANITIES
EXPLORING SOLUTIONS PAST THE MAYA FOREST ALLIANCE - PO BOX 3962 - SANTA BARBARA, CA 93130	77-0577587	501(C)(3)	60,000.	0.			PUBLIC AND SOCIETAL BENEFIT
FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 W GUTIERREZ ST - SANTA BARBARA, CA 93101	95-1644031	501(C)(3)	244,400.	0.			HUMAN SERVICES
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - PO BOX 770001 - CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	381,892.	0.			GENERAL SUPPORT
FIGHTING BACK SANTA MARIA VALLEY PO BOX 184 SANTA MARIA, CA 93456-0184	65-1234981	501(C)(3)	22,500.	0.			HUMAN SERVICES
FIRE SERVICE TRAINING INSTITUTE PO BOX 550 SANTA BARBARA, CA 93116	20-5793662	501(C)(3)	100,000.	0.			EDUCATION
FIRST BAPTIST CHURCH OF SANTA BARBARA - 949 VERONICA SPRINGS RD - SANTA BARBARA, CA 93105-4598	95-1869821	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FLAMENCO ARTS FESTIVAL PO BOX 90217 SANTA BARBARA, CA 93190	77-0515629	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
FOCUS ON THE MASTERS 505 POLI ST STE 310 VENTURA, CA 93001	77-0498291	501(C)(3)	13,555.	0.			ARTS, CULTURE, AND HUMANITIES

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
FOOD & WATER WATCH 1616 P ST NW STE 300 WASHINGTON, DC 20036	32-0160439	501(C)(3)	1,451,000.	0.			FOOD SYSTEMS
FOOD FORWARD 7412 FULTON AVE. #3 NORTH HOLLYWOOD, CA 91605	90-0678872	501(C)(3)	10,000.	0.			FOOD SYSTEMS
FOODBANK OF SANTA BARBARA COUNTY 1525 STATE ST STE 100 SANTA BARBARA, CA 93101	77-0169214	501(C)(3)	307,950.	0.			HUMAN SERVICES
FOUNDATION FOR SANTA BARBARA HIGH SCHOOL - PO BOX 158 - SANTA BARBARA, CA 93102	26-0312564	501(C)(3)	10,000.	0.			EDUCATION
FRANKLIN ELEMENTARY SCHOOL 1111 E. MASON ST. SANTA BARBARA, CA 93103	95-6204445	501(C)(3)	5,000.	0.			HUMAN SERVICES
FRESH START SPORT HORSES 35761 BASS ROCK RD SANTA CLARITA, CA 91390-4674	83-2282449	501(C)(3)	20,000.	0.			ENVIRONMENT AND ANIMALS
FRIENDS OF BAREFOOT COLLEGE INTERNATIONAL INC - 333 WESTERN AVE - CONWAY, AR 72034	81-1699576	501(C)(3)	10,000.	0.			HUMAN SERVICES
FRIENDS OF FAMILY FARMERS PO BOX 396 CORBETT, OR 97019	30-0390131	501(C)(3)	100,000.	0.			FOOD SYSTEMS
FRIENDS OF THE SANTA BARBARA PUBLIC LIBRARY - PO BOX 1019 - SANTA BARBARA, CA 93102	23-7380305	501(C)(3)	5,200.	0.			EDUCATION

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
FRIENDS OF THE UNIVERSITY OF GUELPH - 1725 I ST NW - WASHINGTON, DC 20006	51-0189191	501(C)(3)	50,000.	0.			EDUCATION
FRIENDS OF UNFPA, INC. 605 3RD AVE 4TH FL NEW YORK, NY 10158	13-3996346	501(C)(3)	17,500.	0.			GENERAL SUPPORT
FRIENDS OF VADA AT SANTA BARBARA HIGH SCHOOL - PO BOX 4426 - SANTA BARBARA, CA 93140	73-1646663	501(C)(3)	9,000.	0.			ARTS, CULTURE, AND HUMANITIES
FRIENDS OF WONI KENYA 14 VIOLET LANE GOLETA, CA 93117	26-1499281	501(C)(3)	16,650.	0.			GENERAL SUPPORT
FRIENDSHIP ADULT DAY CARE CENTER INC. - 89 EUCALYPTUS LN - SANTA BARBARA, CA 93108	95-3398938	501(C)(3)	8,550.	0.			HUMAN SERVICES
FUND FOR SANTA BARBARA, INC. 26 W ANAPAMU ST SANTA BARBARA, CA 93101	77-0070742	501(C)(3)	102,700.	0.			PUBLIC AND SOCIETAL BENEFIT
FUTURE LEADERS OF AMERICA 126 E HALEY ST STE A12 SANTA BARBARA, CA 93101-2389	77-0071036	501(C)(3)	22,000.	0.			HUMAN SERVICES
GANNA WALSKA LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 93108-1059	23-7082550	501(C)(3)	101,044.	0.			ENVIRONMENT AND ANIMALS
GET FOCUSED STAY FOCUSED 1161 HARBOR HILLS DRIVE SANTA BARBARA, CA 93109	47-2688736	501(C)(3)	52,000.	0.			EDUCATION

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
GIRLS INCORPORATED OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA, CA 93013	23-7430292	501(C)(3)	47,115.	0.			HUMAN SERVICES
GIRLS INCORPORATED OF GREATER SANTA BARBARA - PO BOX 236 - SANTA BARBARA, CA 93102	95-6006417	501(C)(3)	46,700.	0.			HUMAN SERVICES
GIRLS ROCK SB 1522 B EUCALYPTUS HILL ROAD SANTA BARBARA, CA 93103	46-0687975	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
GLAUCOMA RESEARCH FOUNDATION 251 POST ST STE 600 SAN FRANCISCO, CA 94108	94-2495035	501(C)(3)	10,000.	0.			HEALTH CARE
GLOBAL JUSTICE CENTER 11 HANOVER SQUARE, 6TH FLOOR NEW YORK, NY 10005	20-8734461	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
GOLETA VALLEY COTTAGE HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102	77-0003554	501(C)(3)	5,700.	0.			HEALTH CARE
GOOD SAMARITAN SHELTER, INC. 245 EAST INGER DRIVE 103-B SANTA MARIA, CA 93454	77-0133375	501(C)(3)	70,000.	0.			HOUSING AND SHELTER
GOVERNMENT ACCOUNTABILITY PROJECT, INC. - 1612 K. ST. NW SUITE #1100 - WASHINGTON, DC 20006	52-1343924	501(C)(3)	300,000.	0.			ENVIRONMENT AND ANIMALS
GUADALUPE UNION SCHOOL DISTRICT 4465 NINTH ST PO BOX 788 GUADALUPE, CA 93434	77-0070778	501(C)(3)	70,000.	0.			EDUCATION

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
GUADALUPE-NIPOMO DUNES CENTER 1065 GUADALUPE ST GUADALUPE, CA 93434-1321	77-0502739	501(C)(3)	19,017.	0.			ENVIRONMENT AND ANIMALS
HABITAT FOR HUMANITY OF SOUTHERN SANTA BARBARA COUNTY - PO BOX 176 - GOLETA, CA 93116-0176	77-0518264	501(C)(3)	29,300.	0.			HOUSING AND SHELTER
HARTFORD HOSPITAL 80 SEYMOUR ST PO BOX 5037 HARTFORD, CT 06102-5037	06-0646668	501(C)(3)	8,175.	0.			HEALTH CARE
HAWAII COMMUNITY FOUNDATION 827 FORT ST MALL HONOLULU, HI 96813-4317	99-0261283	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
HEAL THE OCEAN PO BOX 90106 SANTA BARBARA, CA 93190	77-0565183	501(C)(3)	12,411.	0.			ENVIRONMENT AND ANIMALS
HEARTS THERAPEUTIC EQUESTRIAN CENTER - P.O. BOX 30662 - SANTA BARBARA, CA 93130	77-0460907	501(C)(3)	88,650.	0.			HUMAN SERVICES
HELP OF OJAI 111 W. SANTA ANA STREET OJAI, CA 93023	95-2872549	501(C)(3)	5,000.	0.			HEALTH CARE
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	5,850.	0.			PUBLIC AND SOCIETAL BENEFIT
HEROES AND HORSES INC. PO BOX 35 MANHATTAN, MT 59741	46-4639973	501(C)(3)	10,000.	0.			HUMAN SERVICES

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
HILARITY FOR CHARITY 9301 WILSHIRE BLVD, STE 507 C/O OLC LOS ANGELES, CA 90210	82-2316072	501(C)(3)	5,000.	0.			HEALTH CARE
HILLSIDE HOUSE 1235 VERONICA SPRINGS RD SANTA BARBARA, CA 93105	95-1816019	501(C)(3)	54,942.	0.			HOUSING AND SHELTER
HOLDERMAN ENDOWMENT FOR LA PATERA SCHOOL - 555 N LA PATERA LN - GOLETA, CA 93117	95-6205039	501(C)(3)	17,650.	0.			EDUCATION
HOPE COMMUNITY CHURCH 560 N LA CUMBRE RD SANTA BARBARA, CA 93110	95-3065173	501(C)(3)	42,000.	0.			EDUCATION
HOSPICE OF SANTA BARBARA INC. 2050 ALAMEDA PADRE SERRA STE 100 SANTA BARBARA, CA 93103	23-7448586	501(C)(3)	76,900.	0.			HUMAN SERVICES
HOUSING TRUST FUND OF SANTA BARBARA COUNTY, INC. - PO BOX 60909 - SANTA BARBARA, CA 93160-0909	43-2007672	501(C)(3)	10,000.	0.			HOUSING AND SHELTER
HUMAN RIGHTS WATCH, INC. 11500 W OLYMPIC BLVD STE 540 LOS ANGELES, CA 90064	13-2875808	501(C)(3)	26,950.	0.			PUBLIC AND SOCIETAL BENEFIT
IMMIGRANT HOPE SANTA BARBARA CA, INC. - 935 SAN ANDRES - SANTA BARBARA, CA 93101	46-3416009	501(C)(3)	5,000.	0.			HUMAN SERVICES
INDUSTRY PRODUCTIONS INC. 244 S SAN PEDRO ST STE 304 LOS ANGELES, CA 90012-3861	45-3307896	501(C)(3)	13,500.	0.			ARTS, CULTURE, AND HUMANITIES

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 COLLECTIVE TRAUMA AND GROWTH - PO BOX 3498 - SANTA BARBARA, CA 93130-3498	45-5369447	501(C)(3)	29,224.	0.			HEALTH CARE
INTERFAITH INITIATIVE OF SANTA BARBARA COUNTY - PO BOX 62136 - SANTA BARBARA, CA 93160	47-0920616	501(C)(3)	10,500.	0.			PUBLIC AND SOCIETAL BENEFIT
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	30,000.	0.			ARTS, CULTURE, AND HUMANITIES
ISLA VISTA YOUTH PROJECTS, INC. 6842 PHELPS RD GOLETA, CA 93117	95-3007419	501(C)(3)	101,000.	0.			HUMAN SERVICES
JENSEN MUSIC FOUNDATION 2830 DE LA VINA ST STE F SANTA BARBARA, CA 93105	46-2588327	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
JEWISH FEDERATION OF GREATER SANTA BARBARA - 524 CHAPALA ST - SANTA BARBARA, CA 93101-3412	23-7354759	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
JOHNS HOPKINS UNIVERSITY 1800 ORLEANS ST. ROOM 7217 BALTIMORE, MD 21287	52-0595110	501(C)(3)	2,512,735.	0.			EDUCATION
JUDICIAL WATCH INC. 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	6,350.	0.			PUBLIC AND SOCIETAL BENEFIT
JUNIOR LEAGUE OF SANTA BARBARA 229 E VICTORIA ST SANTA BARBARA, CA 93101	95-6001744	501(C)(3)	8,000.	0.			PUBLIC AND SOCIETAL BENEFIT

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
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501(C)(3)	6,500.	0.			PUBLIC AND SOCIETAL BENEFIT
KIDS EDUCATIONAL ENGAGEMENT PROJECT - 485 CHANDLER POND DR - LAWRENCVILLE, GA 30043	82-1262396	501(C)(3)	10,000.	0.			HUMAN SERVICES
LA CASA DE LA RAZA 601 EAST MONTECITO STREET SANTA BARBARA, CA 93103	23-7110339	501(C)(3)	10,000.	0.			HUMAN SERVICES
LA CUMBRE JUNIOR HIGH SCHOOL FOUNDATION - PO BOX 6502 - SANTA BARBARA, CA 93160	26-2964339	501(C)(3)	5,000.	0.			EDUCATION
LAGUNA BLANCA SCHOOL 4125 PALOMA DRIVE SANTA BARBARA, CA 93110	95-1641448	501(C)(3)	27,500.	0.			EDUCATION
LAKE CITY COMMUNITY SCHOOL FOUNDATION - PO BOX 818 - LAKE CITY, CO 81235	83-0779787	501(C)(3)	5,000.	0.			EDUCATION
LAND TRUST ALLIANCE, INC. 1660 L ST NW STE 1100 WASHINGTON, DC 20036	04-2751357	501(C)(3)	30,000.	0.			ENVIRONMENT AND ANIMALS
LEADING FROM WITHIN P.O. BOX 806 SANTA BARBARA, CA 93102	68-0365504	501(C)(3)	185,735.	0.			PUBLIC AND SOCIETAL BENEFIT
LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS - 6114 LASALLE AVE, #424 - OAKLAND, CA 94611	45-5125583	501(C)(3)	5,000.	0.			PUBLIC AND SOCIETAL BENEFIT

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
LIFECHRONICLES, INC. 113 W MISSION ST STE B2 SANTA BARBARA, CA 93101	77-0256868	501(C)(3)	10,100.	0.			ARTS, CULTURE, AND HUMANITIES
LIGHT AND LIFE GOLETA PO BOX 1004 GOLETA, CA 93116	37-1556505	501(C)(3)	8,000.	0.			GENERAL SUPPORT
LITTLE HOUSE BY THE PARK 4681 11TH STREET GUADALUPE, CA 93434	81-5435357	501(C)(3)	5,000.	0.			HUMAN SERVICES
LIVE OAK UNITARIAN UNIVERSALIST CONGREGATION - 820 N. FAIRVIEW AVENUE - GOLETA, CA 93117	77-0128401	501(C)(3)	7,620.	0.			GENERAL SUPPORT
LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION - 1996 EASTMAN AVE STE 101 - VENTURA, CA 93003	95-1693538	501(C)(3)	20,000.	0.			HEALTH CARE
LOBERO THEATRE FOUNDATION 33 E CANON PERDIDO ST SANTA BARBARA, CA 93101-2246	95-1831068	501(C)(3)	149,600.	0.			ARTS, CULTURE, AND HUMANITIES
LOIS AND WALTER CAPPS PROJECT 226 E. CANON PERDIDO STREET D SANTA BARBARA, CA 93101	02-0538138	501(C)(3)	12,500.	0.			PUBLIC AND SOCIETAL BENEFIT
LOMPOC SCHOOL DISTRICT COMMUNITY EDUCATION FOUNDATION - PO BOX 8000 - LOMPOC, CA 93438-8000	77-0443885	501(C)(3)	5,000.	0.			EDUCATION
LOMPOC VALLEY COMMUNITY HEALTHCARE ORGANIZATION, INC. - PO BOX 368 - LOMPOC, CA 93438-0368	77-0494140	501(C)(3)	109,771.	0.			HEALTH CARE

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
LOMPOC VALLEY MASTER CHORALE P.O. BOX 24 LOMPOC, CA 93438-0024	93-1081968	501(C)(3)	15,700.	0.			ARTS, CULTURE, AND HUMANITIES
LOS ANGELES FIRE DEPARTMENT SCHOLARSHIP FUND - 1700 STADIUM WAY #101 - LOS ANGELES, CA 90012	20-5474305	501(C)(3)	7,500.	0.			PUBLIC AND SOCIETAL BENEFIT
LOS ANGELES PHILHARMONIC ASSOCIATION - PO BOX 1951 - LOS ANGELES, CA 90078	95-1696734	501(C)(3)	8,500.	0.			ARTS, CULTURE, AND HUMANITIES
LOS PADRES FOREST WATCH, INC. PO BOX 831 SANTA BARBARA, CA 93102	20-1531390	501(C)(3)	10,900.	0.			ENVIRONMENT AND ANIMALS
LOST TREE CHAPEL INC 11149 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	59-1709556	501(C)(3)	7,000.	0.			GENERAL SUPPORT
MACHIK CORP. 1609 CONNECTICUT AVE NW STE 400 WASHINGTON, DC 20009	03-0377568	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
MARIAN REGIONAL MEDICAL CENTER FOUNDATION - 1400 E CHURCH ST - SANTA MARIA, CA 93454	95-3818027	501(C)(3)	97,670.	0.			HEALTH CARE
MARYMOUNT ACADEMY INCORPORATED 2130 MISSION RIDGE RD SANTA BARBARA, CA 93103	23-7154063	501(C)(3)	21,300.	0.			EDUCATION
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 SOUTH GREAT RD - LINCOLN, MA 01773	04-2104702	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS

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
MAYO CLINIC 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	10,000.	0.			HEALTH CARE
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	50,000.	0.			HEALTH CARE
MEDIA4GOOD, INC. 1219 STATE ST SANTA BARBARA, CA 93101	26-0603721	501(C)(3)	52,000.	0.			ARTS, CULTURE, AND HUMANITIES
MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY - 617 GARDEN ST - SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	125,025.	0.			BEHAVIORAL HEALTH
MINDFUL HEART PROGRAMS 2946 LA COMBADURA ROAD SANTA BARBARA, CA 93105	82-2949097	501(C)(3)	10,500.	0.			HUMAN SERVICES
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 06032	06-0646786	501(C)(3)	5,000.	0.			EDUCATION
MONROE ELEMENTARY SCHOOL 431 FLORA VISTA DR SANTA BARBARA, CA 93109	95-6208404	501(C)(3)	10,000.	0.			EDUCATION
MONTECITO COVENANT CHURCH 671 COLD SPRING RD SANTA BARBARA, CA 93108	95-2685463	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MONTECITO RETIREMENT ASSOCIATION 300 HOT SPRINGS RD SANTA BARBARA, CA 93108	23-7425754	501(C)(3)	67,000.	0.			HUMAN SERVICES

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
MONTECITO TRAILS FOUNDATION PO BOX 5481 SANTA BARBARA, CA 93150	95-6152328	501(C)(3)	5,920.	0.			HUMAN SERVICES
MUSEUM OF CONTEMPORARY ART SANTA BARBARA, INC. - 653 PASEO NUEVO - SANTA BARBARA, CA 93101	95-3384859	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD SANTA BARBARA, CA 93108-2899	95-1525814	501(C)(3)	434,330.	0.			ARTS, CULTURE, AND HUMANITIES
NATIONAL BLOOD FOUNDATION RESEARCH & EDUCATION TRUST FUND - 8101 GLENBROOK RD - BETHESDA, MD 20814-2749	52-2059102	501(C)(3)	10,000.	0.			HEALTH CARE
NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION - 100 W HARRISON STREET NORTH TOWER SUITE 500 - SEATTLE, WA 98119	91-1255818	501(C)(3)	10,000.	0.			HUMAN SERVICES
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON RD - SANTA PAULA, CA 93060	77-0412509	501(C)(3)	15,350.	0.			PUBLIC AND SOCIETAL BENEFIT
NATIONAL FEDERATION OF THE BLIND INC. - 200 E WELLS ST - BALTIMORE, MD 21230	02-0259978	501(C)(3)	35,788.	0.			HEALTH CARE
NEBULA DANCE LAB PO BOX 30245 SANTA BARBARA, CA 93130	27-3489380	501(C)(3)	9,740.	0.			ARTS, CULTURE, AND HUMANITIES
NOTRE DAME SCHOOL 33 E MICHELTORENA ST SANTA BARBARA, CA 93101	53-0196617	501(C)(3)	18,500.	0.			EDUCATION

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
OJAI FESTIVALS LTD. PO BOX 185 OJAI, CA 93024	95-2122508	501(C)(3)	27,500.	0.			ARTS, CULTURE, AND HUMANITIES
OJAI PRESBYTERIAN CHURCH 304 FOOTHILL RD OJAI, CA 93023-2425	95-1831075	501(C)(3)	5,500.	0.			GENERAL SUPPORT
OJAI STUDIO ARTISTS 1129 MARICOPA HWY, BOX 243B OJAI, CA 93023	20-4958788	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
OJAI TREES 550 BUCKBOARD LANE OJAI, CA 93023	26-1940250	501(C)(3)	7,500.	0.			ENVIRONMENT AND ANIMALS
OJAI UNIFIED SCHOOL DISTRICT PO BOX 878 OJAI, CA 93024	95-2405855	501(C)(3)	10,000.	0.			EDUCATION
OJAI VALLEY COMMUNITY HOSPITAL FOUNDATION - 1301 MARICOPA HWY - OJAI, CA 93023	20-1982135	501(C)(3)	12,500.	0.			HEALTH CARE
OJAI VALLEY SCHOOL 723 EL PASEO RD OJAI, CA 93023	95-1661099	501(C)(3)	79,863.	0.			EDUCATION
OJAI VALLEY YOUTH FOUNDATION PO BOX 1543 OJAI, CA 93024	77-0455993	501(C)(3)	7,800.	0.			HUMAN SERVICES
OJAI YOUTH OPERA COMPANY P.O. BOX 70 OJAI, CA 93024	47-1279185	501(C)(3)	5,250.	0.			ARTS, CULTURE, AND HUMANITIES

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
OJAICARES 960 E OJAI AVE SUITE 105 OJAI, CA 93023	46-3130611	501(C)(3)	22,000.	0.			HEALTH CARE
OLD MISSION SANTA BARBARA 2201 LAGUNA ST SANTA BARBARA, CA 93105	77-0517792	501(C)(3)	6,500.	0.			ARTS, CULTURE, AND HUMANITIES
OLD MISSION SANTA INES PO BOX 408 SOLVANG, CA 93464	95-2265515	501(C)(3)	15,500.	0.			MISCELLANEOUS
ONE VOICE STUDENT MISSIONS PO BOX 41038 PASADENA, CA 91114	46-3045887	501(C)(3)	6,000.	0.			MISCELLANEOUS
OPUS ARCHIVES AND RESEARCH CENTER INC. - PO BOX 1078 - CARPINTERIA, CA 93014-1078	77-0225564	501(C)(3)	6,000.	0.			EDUCATION
ORCUTT AREA SENIORS IN SERVICE, INC. - PO BOX 2637 - SANTA MARIA, CA 93457	77-0058257	501(C)(3)	7,200.	0.			HUMAN SERVICES
ORCUTT CHILDREN'S ART FOUNDATION, INC. - 500 DYER ST - ORCUTT, CA 93455	03-0463467	501(C)(3)	17,300.	0.			ARTS, CULTURE, AND HUMANITIES
ORCUTT UNION SCHOOL DISTRICT 500 DYER STREET ORCUTT, CA 93455	77-0074164	501(C)(3)	5,000.	0.			EDUCATION
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST PORTLAND, OR 97205-2126	23-7315673	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT

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 LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 321 SW 4TH AVENUE, STE 600 - PORTLAND, OR 97204	93-1177957	501(C)(3)	5,000.	0.			ENVIRONMENT AND ANIMALS
OREGON PROGRESSIVE ALLIANCE INC. 209 SW OAK ST STE 500 PORTLAND, OR 97204-2740	54-2177095	501(C)(3)	7,500.	0.			PUBLIC AND SOCIETAL BENEFIT
ORGANIC SOUP KITCHEN 315 MEIGS ROAD, SUITE A # 369 SANTA BARBARA, CA 93109	27-1081432	501(C)(3)	56,100.	0.			HUMAN SERVICES
OUT OF THE BOX THEATRE COMPANY 5910 BEREKELY RD GOLETA, CA 93117	46-1023027	501(C)(3)	11,000.	0.			ARTS, CULTURE, AND HUMANITIES
PACIFIC CROSSROADS CHURCH 6330 SAN VICENTE BLVD STE 102 LOS ANGELES, CA 90048	95-4714292	501(C)(3)	12,000.	0.			GENERAL SUPPORT
PAGE YOUTH CENTER PO BOX 6766 SANTA BARBARA, CA 93160	77-0085672	501(C)(3)	10,280.	0.			HUMAN SERVICES
PALO ALTO HISTORY MUSEUM PO BOX 676 PALO ALTO, CA 94302	77-0634933	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
PARKS AND RECREATION COMMUNITY FOUNDATION - PO BOX 91742 - SANTA BARBARA, CA 93190	77-0126823	501(C)(3)	5,000.	0.			HUMAN SERVICES
PAW PROJECT- ANIMAL GENERAL HOSPITAL - PO BOX 445 - SANTA MONICA, CA 90406-0445	59-3782436	501(C)(3)	5,000.	0.			ENVIRONMENT AND ANIMALS

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
PCPA FOUNDATION 800 S COLLEGE DR SANTA MARIA, CA 93454-6399	77-0399484	501(C)(3)	22,500.	0.			ARTS, CULTURE, AND HUMANITIES
PENINSULA COLLEGE FUND MILPITAS 526 VALLEY WAY, BUILDING 3, TOP FLOOR - REDWOOD CITY, CA 95035	26-4293269	501(C)(3)	12,196.	0.			EDUCATION
PEOPLE ASSISTING THE HOMELESS PO BOX 24116 SANTA BARBARA, CA 93121	95-3950196	501(C)(3)	99,850.	0.			HOUSING AND SHELTER
PERFORMANCES TO GROW ON PO BOX 212 OJAI, CA 93024	77-0400314	501(C)(3)	7,525.	0.			ARTS, CULTURE, AND HUMANITIES
PERFORMING ARTS SCHOLARSHIP FOUNDATION - PO BOX 5575 - MONTECITO, CA 93150	95-3757549	501(C)(3)	5,500.	0.			EDUCATION
PIERRE CLAEYSSENS VETERANS MUSEUM AND LIBRARY FOUNDATION - 1187 COAST VILLAGE ROAD, SUITE 1-334 - SANTA BARBARA, CA 93108	05-0565638	501(C)(3)	9,275.	0.			EDUCATION
PITZER COLLEGE 1050 NORTH MILLS AVENUE CLAREMONT, CA 91711	95-2261113	501(C)(3)	10,000.	0.			EDUCATION
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	85,850.	0.			HUMAN SERVICES
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST - NEW YORK, NY 10038	13-1644147	501(C)(3)	12,200.	0.			HEALTH CARE

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
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 124 MT AUBURN ST - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	100,100.	0.			EDUCATION
PRINCETON PROSPECT FOUNDATION 62 WASHINGTON RD PRINCETON, NJ 08540	22-6075964	501(C)(3)	25,000.	0.			EDUCATION
PROVIDENCE SBCS INC. 630 E CANON PERDIDO ST SANTA BARBARA, CA 93103	95-2105233	501(C)(3)	10,000.	0.			EDUCATION
PUBLIC SQUARE, INC. 3463 STATE ST #229 SANTA BARBARA, CA 93106	82-1616055	501(C)(3)	9,800.	0.			ARTS, CULTURE, AND HUMANITIES
QUAIL SPRINGS PERMACULTURE 35070 HIGHWAY 33 MARICOPA, CA 93252	38-3692928	501(C)(3)	15,500.	0.			ENVIRONMENT AND ANIMALS
RANCHO SANTA ANA BOTANIC GARDEN 1500 N COLLEGE AVE CLAREMONT, CA 91711	95-1664113	501(C)(3)	17,738.	0.			ENVIRONMENT AND ANIMALS
REFORMED UNIVERSITY FELLOWSHIP P.O. BOX 890004 CHARLOTTE, NC 28289-0004	58-1713181	501(C)(3)	5,000.	0.			GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 202 CONSTEAU PLACE, SUITE 185 - DAVIS, CA 95618	94-6036494	501(C)(3)	5,000.	0.			EDUCATION
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - CHEADLE HALL, 1210 MESA RD - SANTA BARBARA, CA 93106-2013	95-6006145	501(C)(3)	304,838.	0.			EDUCATION

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
REINS OF H.O.P.E. P.O. BOX 1156 OJAI, CA 93024	37-1518849	501(C)(3)	10,000.	0.			HUMAN SERVICES
RESOURCE MEDIA 925 4TH AVE., 11TH FLOOR SEATTLE, WA 98164	82-0564961	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
RESQCATS INC. PO BOX 3852 SANTA BARBARA, CA 93130	77-0466188	501(C)(3)	5,100.	0.			ENVIRONMENT AND ANIMALS
RETURN TO FREEDOM INC PO BOX 926 LOMPOC, CA 93438	06-1484961	501(C)(3)	5,500.	0.			ENVIRONMENT AND ANIMALS
RIOS PROMISE INC. 187 3RD ST SOLVANG, CA 93463-2819	47-2092483	501(C)(3)	23,000.	0.			HUMAN SERVICES
ROMAN CATHOLIC ARCHBISHOP OF LOS ANGELES A CORPORATION SOLE - 3424 WILSHIRE BLVD 6TH FL - LOS ANGELES, CA 90010	95-1642382	501(C)(3)	103,000.	0.			GENERAL SUPPORT
RXART, INC. 208 FORSYTH STREET NEW YORK, NY 10002	36-4375632	501(C)(3)	26,499.	0.			ARTS, CULTURE, AND HUMANITIES
SALVATION ARMY - SANTA BARBARA CORPS - 4849 HOLLISTER AVE - SANTA BARBARA, CA 93111	94-1156347	501(C)(3)	16,000.	0.			HUMAN SERVICES
SAN MARCOS HIGH SCHOOL 4750 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0086774	501(C)(3)	11,000.	0.			EDUCATION

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
SANAR WELLNESS INSTITUTE INC PO BOX 32353 NEWARK, NJ 07102	47-3612405	501(C)(3)	10,000.	0.			HEALTH CARE
SANSUM CLINIC PO BOX 1200 SANTA BARBARA, CA 93102-1200	95-6419205	501(C)(3)	27,200.	0.			HEALTH CARE
SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH ST SANTA BARBARA, CA 93105	95-1684086	501(C)(3)	68,000.	0.			HEALTH CARE
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA, CA 93190	77-0395986	501(C)(3)	8,500.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA BOTANIC GARDEN, INC. 1212 MISSION CANYON RD SANTA BARBARA, CA 93105-2126	95-1644628	501(C)(3)	54,567.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA BOWL FOUNDATION 1122 N MILPAS ST SANTA BARBARA, CA 93103-2336	95-3618955	501(C)(3)	60,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA BUCKET BRIGADE P.O. BOX 50640 SANTA BARBARA, CA 93150	83-1156413	501(C)(3)	24,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA CENTER FOR THE PERFORMING ARTS, INC. - 1214 STATE ST - SANTA BARBARA, CA 93101-2608	95-3847102	501(C)(3)	265,300.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA CHANNELKEEPER 714 BOND AVE SANTA BARBARA, CA 93103-3131	91-2151460	501(C)(3)	54,250.	0.			ENVIRONMENT AND ANIMALS

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
SANTA BARBARA COMMUNITY YOUTH PERFORMING ARTS CENTER - PO BOX 21046 - SANTA BARBARA, CA 93121	77-0543169	501(C)(3)	27,600.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102	95-3802238	501(C)(3)	172,354.	0.			HEALTH CARE
SANTA BARBARA COUNTY ANIMAL CARE FOUNDATION - PO BOX 86 - GOLETA, CA 93116	68-0498950	501(C)(3)	12,500.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA COUNTY EDUCATION OFFICE - 4400 CATHEDRAL OAKS RD - SANTA BARBARA, CA 93160	95-6000940	501(C)(3)	30,000.	0.			EDUCATION
SANTA BARBARA COUNTY FIRE SAFE COUNCIL - P.O BOX 31052 - SANTA BARBARA, CA 93130	77-0459954	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA DANCE INSTITUTE 1330 STATE ST STE 207 SANTA BARBARA, CA 93101	26-4255635	501(C)(3)	20,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA EDUCATION FOUNDATION 133 EAST DE LA GUERRA #366 SANTA BARBARA, CA 93101	77-0071544	501(C)(3)	87,100.	0.			EDUCATION
SANTA BARBARA EQUINE ASSISTANCE & EVACUATION TEAM, INC. - PO BOX 60535 - SANTA BARBARA, CA 93160	31-1654184	501(C)(3)	50,200.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA FAMILY CARE CENTER 705 E MAIN ST STE 101 SANTA MARIA, CA 93454	95-2684041	501(C)(3)	35,000.	0.			HUMAN SERVICES

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
SANTA BARBARA FESTIVAL BALLET 1019 B CHAPALA ST SANTA BARBARA, CA 93101-3218	23-7429689	501(C)(3)	16,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA HILLEL 781 EMBARDADERO DEL MAR ISLA VISTA, CA 93117	91-2054237	501(C)(3)	26,410.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA HISTORICAL MUSEUM 136 E DE LA GUERRA ST SANTA BARBARA, CA 93101	95-6005796	501(C)(3)	20,842.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA HUMANE SOCIETY 5399 OVERPASS RD SANTA BARBARA, CA 93111	95-1643377	501(C)(3)	77,975.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA ST STE 203 - SANTA BARBARA, CA 93101	77-0073674	501(C)(3)	18,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY STE 190 SANTA BARBARA, CA 93109-2344	77-0392953	501(C)(3)	10,600.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MASTER CHORALE P.O. BOX 30803 SANTA BARBARA, CA 93130	77-0055880	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SANTA BARBARA MEALS ON WHEELS PO BOX 6099 SANTA BARBARA, CA 93160	51-0139577	501(C)(3)	11,000.	0.			HUMAN SERVICES
SANTA BARBARA MIDDLE SCHOOL 1321 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103	95-3134383	501(C)(3)	19,500.	0.			EDUCATION

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
SANTA BARBARA MOUNTAIN BIKE TRAIL VOLUNTEERS INC - P.O. BOX 4003 - SANTA BARBARA, CA 93140	77-0342830	501(C)(3)	5,000.	0.			HUMAN SERVICES
SANTA BARBARA MUSEUM OF ART 1130 STATE ST SANTA BARBARA, CA 93101	95-1664122	501(C)(3)	358,716.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MUSEUM OF NATURAL HISTORY - 2559 PUESTA DEL SOL - SANTA BARBARA, CA 93105-2998	95-1643378	501(C)(3)	595,361.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MUSIC CLUB PO BOX 3974 SANTA BARBARA, CA 93130-3974	95-3023863	501(C)(3)	9,800.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST SANTA BARBARA, CA 93101	77-0496382	501(C)(3)	275,000.	0.			HEALTH CARE
SANTA BARBARA NEW HOUSE 2434 BATH ST SANTA BARBARA, CA 93105	95-2887119	501(C)(3)	5,400.	0.			HEALTH CARE
SANTA BARBARA OPERA ASSOCIATION 1330 STATE ST STE 209 SANTA BARBARA, CA 93101	77-0347413	501(C)(3)	111,282.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA PARTNERS IN EDUCATION - 3970 LA COLINA RD STE 9 - SANTA BARBARA, CA 93110	77-0549803	501(C)(3)	14,761.	0.			EDUCATION
SANTA BARBARA POLICE ACTIVITIES LEAGUE - P.O. BOX 91121 - SANTA BARBARA, CA 93190	77-0523426	501(C)(3)	7,100.	0.			HUMAN SERVICES

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
SANTA BARBARA PUBLIC LIBRARY PO BOX 1019 SANTA BARBARA, CA 93102	46-0750188	501(C)(3)	125,136.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 93103-3254	95-6134271	501(C)(3)	68,968.	0.			HOUSING AND SHELTER
SANTA BARBARA RESPONSE NETWORK 115 W CANON PERDIDO SANTA BARBARA, CA 93101	30-0703710	501(C)(3)	30,000.	0.			BEHAVIORAL HEALTH
SANTA BARBARA REVELS INC. PO BOX 41535 SANTA BARBARA, CA 93140	26-1442786	501(C)(3)	6,100.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA SOCCER CLUB 121 GRAY AVE, STE 300 SANTA BARBARA, CA 93101	77-0435044	501(C)(3)	22,500.	0.			HUMAN SERVICES
SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION - 1330 STATE ST STE 102 - SANTA BARBARA, CA 93101	95-2104089	501(C)(3)	42,350.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA TRUST FOR HISTORIC PRESERVATION - 123 E CANON PERDIDO ST - SANTA BARBARA, CA 93101-2215	95-6111696	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA WILDLIFE CARE NETWORK, INC. - PO BOX 6594 - SANTA BARBARA, CA 93160	77-0201505	501(C)(3)	7,800.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA ZOOLOGICAL FOUNDATION - 500 NINOS DR - SANTA BARBARA, CA 93103	95-2268554	501(C)(3)	103,844.	0.			ENVIRONMENT AND ANIMALS

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
SANTA CRUZ ISLAND FOUNDATION 5045 WULLBRANDT WAY CARPINTERIA, CA 93013	95-4073657	501(C)(3)	1,508,000.	0.			ENVIRONMENT AND ANIMALS
SANTA MARIA MUSEUM OF FLIGHT 3015 AIRPARK DRIVE SANTA MARIA, CA 93455	77-0061985	501(C)(3)	5,000.	0.			EDUCATION
SANTA MARIA PHILHARMONIC SOCIETY PO BOX 375 SANTA MARIA, CA 93456-0375	77-0288378	501(C)(3)	17,600.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA MARIA VALLEY COMMUNITY FOUNDATION - 614 S. BROADWAY - SANTA MARIA, CA 93454	75-2983776	501(C)(3)	42,500.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA MARIA VALLEY HUMANE SOCIETY P.O. BOX 1700 SANTA MARIA, CA 93456	77-0002949	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
SANTA MARIA VALLEY YMCA 3400 SKYWAY DR SANTA MARIA, CA 93455-2504	95-2158363	501(C)(3)	54,300.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY CHORALE P.O. BOX 1902 SANTA YNEZ, CA 93460	95-3658104	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA YNEZ VALLEY COTTAGE HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102	95-3308522	501(C)(3)	26,000.	0.			HEALTH CARE
SANTA YNEZ VALLEY FRUIT AND VEGETABLE RESCUE - PO BOX 1651 - SANTA YNEZ, CA 93460	45-1797788	501(C)(3)	23,000.	0.			FOOD SYSTEMS

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
SANTA YNEZ VALLEY HISTORICAL SOCIETY - P.O. BOX 181 - SANTA YNEZ, CA 93460	95-6121776	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE - PO BOX 1478 - SOLVANG, CA 93464	77-0338060	501(C)(3)	6,000.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY SENIOR ADVISORY COUNCIL - 1745 MISSION DRIVE - SOLVANG, CA 93463	77-0236226	501(C)(3)	5,000.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY SENIOR CITIZENS FOUNDATION - PO BOX 1946 - BUELLTON, CA 93427	95-3169593	501(C)(3)	50,000.	0.			HUMAN SERVICES
SARAH HOUSE SANTA BARBARA PO BOX 20031 SANTA BARBARA, CA 93120	77-0224415	501(C)(3)	96,100.	0.			HEALTH CARE
SB ACT PO BOX 217 SANTA BARBARA, CA 93102	46-2832064	501(C)(3)	60,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SCHOLARSHIP FOUNDATION OF SANTA BARBARA - PO BOX 3620 - SANTA BARBARA, CA 93130-3620	23-7087774	501(C)(3)	1,426,561.	0.			EDUCATION
SCHOOL ON WHEELS, INC. P.O. BOX 23371 VENTURA, CA 93002	95-4422640	501(C)(3)	10,000.	0.			EDUCATION
SHADOW'S FUND PO BOX 1472 LOMPOC, CA 93438	27-1239123	501(C)(3)	6,500.	0.			ENVIRONMENT AND ANIMALS

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
SHE-CAN P.O. BOX 876 MILL VALLEY, CA 94942	27-4524093	501(C)(3)	10,000.	0.			HUMAN SERVICES
SHEPHERD MOUNTAIN HORSE RESCUE INC 12106 SHEPHERD LN MOUNTAINBURG, AR 72946	47-5440806	501(C)(3)	37,500.	0.			ENVIRONMENT AND ANIMALS
SIGMA CHI FOUNDATION 1714 HINMAN AVENUE EVANSTON, IL 60201	36-2208386	501(C)(3)	20,000.	0.			EDUCATION
SILVER LAKE FOUNDATION PO BOX 1522 MAMMOTH LAKES, CA 93546	46-1667221	501(C)(3)	35,000.	0.			HUMAN SERVICES
SKIRBALL CULTURAL CENTER 2701 N SEPULVEDA BLVD LOS ANGELES, CA 90049	95-4538371	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
SLO NOOR FOUNDATION 1428 PHILLIPS LN STE B4 SAN LUIS OBISPO, CA 93401-2570	27-1412176	501(C)(3)	5,000.	0.			HEALTH CARE
SMITHSONIAN INSTITUTION PO BOX 37012 MRC 106 WASHINGTON, DC 20013	53-0206027	501(C)(3)	40,250.	0.			PUBLIC AND SOCIETAL BENEFIT
SOCIALY RESPONSIBLE AGRICULTURAL PROJECT INC - 1120 WASHINGTON AVE., STE 200 - GOLDEN, CO 80401	20-8688122	501(C)(3)	48,000.	0.			ENVIRONMENT AND ANIMALS
SOLVANG FRIENDSHIP HOUSE 880 FRIENDSHIP LN SOLVANG, CA 93463	95-3264110	501(C)(3)	6,000.	0.			HOUSING AND SHELTER

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
SOLVANG HERITAGE ASSOCIATES 1624 ELVERHOY WAY SOLVANG, CA 93463	77-0248806	501(C)(3)	7,700.	0.			ARTS, CULTURE, AND HUMANITIES
SOLVANG SCHOOL DISTRICT EDUCATIONAL FOUNDATION - P.O. BOX 304 - SOLVANG, CA 93464	77-0373606	501(C)(3)	15,000.	0.			EDUCATION
SOLVANG THEATERFEST PO BOX 917 SOLVANG, CA 93464	95-3612715	501(C)(3)	45,000.	0.			ARTS, CULTURE, AND HUMANITIES
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	7,050.	0.			HUMAN SERVICES
SPIRIT ROCK MEDITATION CENTER PO BOX 169 WOODACRE, CA 94973	94-2971001	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. CECILIA SOCIETY PO BOX 92213 SANTA BARBARA, CA 93150	95-6047722	501(C)(3)	20,198.	0.			HUMAN SERVICES
ST. JOHNS SEMINARY 5012 SEMINARY RD CAMARRILLO, CA 93012	95-1642384	501(C)(3)	8,900.	0.			GENERAL SUPPORT
ST. JOSEPH HIGH SCHOOL 4120 S BRADLEY RD SANTA MARIA, CA 93455	95-2315939	501(C)(3)	55,825.	0.			EDUCATION
ST. MARKS SCHOOL OF SOUTHBOROUGH INC. - 25 MARLBORO RD - SOUTHBOROUGH, MA 01772	04-2103623	501(C)(3)	5,350.	0.			EDUCATION

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. MARK'S-IN-THE-VALLEY EPISCOPAL CHURCH - PO BOX 39 - LOS OLIVOS, CA 93441	31-1629166	501(C)(3)	18,800.	0.			GENERAL SUPPORT
ST. MARY OF THE ASSUMPTION 424 EAST CYPRESS ST SANTA MARIA, CA 93454	95-3248111	501(C)(3)	20,100.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL SOCIETY 210 N AVE 21 LOS ANGELES, CA 90031	95-1644622	501(C)(3)	6,308.	0.			HUMAN SERVICES
ST. VINCENT'S 4200 CALLE REAL SANTA BARBARA, CA 93110-1454	95-1643367	501(C)(3)	26,000.	0.			GENERAL SUPPORT
STANDING TOGETHER TO END SEXUAL ASSAULT - 433 E CANON PERDIDO ST - SANTA BARBARA, CA 93101	95-2929455	501(C)(3)	50,100.	0.			HUMAN SERVICES
STANFORD UNIVERSITY 434 GALVEZ MALL STANFORD, CA 94305-6010	94-1156365	501(C)(3)	68,550.	0.			EDUCATION
STATE INNOVATION EXCHANGE PO BOX 260230 MADISON, WI 53726-0230	46-1368531	501(C)(3)	100,000.	0.			PUBLIC AND SOCIETAL BENEFIT
STATE STREET BALLET 2285 LAS POSITAS RD SANTA BARBARA, CA 93105	86-0717486	501(C)(3)	39,000.	0.			ARTS, CULTURE, AND HUMANITIES
STORYTELLER CHILDREN'S CENTER, INC. - 2115 STATE ST - SANTA BARBARA, CA 93105-3555	77-0283072	501(C)(3)	63,100.	0.			EDUCATION

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
SUMMERDANCE SANTA BARBARA PO BOX 360 SANTA BARBARA, CA 93102	77-0496643	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
SUSTAINABLE CHANGE ALLIANCE FOUNDATION - P.O. BOX 41625 - SANTA BARBARA, CA 93103	83-1937937	501(C)(3)	70,000.	0.			PUBLIC AND SOCIETAL BENEFIT
TEDDY BEAR CANCER FOUNDATION 3892 STATE ST STE 220 SANTA BARBARA, CA 93105	14-1872081	501(C)(3)	25,000.	0.			HEALTH CARE
TENNIS PATRONS ASSOCIATION OF SANTA BARBARA, INC. - PO BOX 3886 - SANTA BARBARA, CA 93130	23-7203732	501(C)(3)	31,351.	0.			HUMAN SERVICES
TETON REGIONAL LAND TRUST PO BOX 247 1520 S. 500 W. DRIGGS, ID 83422	94-3146525	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS
THE ARC OF VENTURA COUNTY 5103 WALKER STREET VENTURA, CA 93003	95-2266987	501(C)(3)	10,000.	0.			HUMAN SERVICES
THE EARNEST BROOKS FOUNDATION PO BOX 997 SANTA BARBARA, CA 93116	81-0894477	501(C)(3)	48,500.	0.			ARTS, CULTURE, AND HUMANITIES
THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DR - SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	76,130.	0.			EDUCATION
THE GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	730,000.	0.			EDUCATION

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
THE GOOD FOOD INSTITUTE 1380 MONROE ST NW #229 WASHINGTON, DC 20010	81-0840578	501(C)(3)	300,000.	0.			FOOD SYSTEMS
THE HOUSE FOUNDATION FOR THE ARTS 260 WEST BROADWAY, STE 2 NEW YORK, NY 10013	13-2869113	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE HUMANE LEAGUE PO BOX 10476 ROCKVILLE, MD 20849	04-3817491	501(C)(3)	100,000.	0.			ENVIRONMENT AND ANIMALS
THE LAND TRUST FOR SANTA BARBARA COUNTY - PO BOX 91830 - SANTA BARBARA, CA 93190	95-3797404	501(C)(3)	331,900.	0.			ENVIRONMENT AND ANIMALS
THE NAN TOLBERT NURTURING CENTER PO BOX 285 OJAI, CA 93024	77-0544181	501(C)(3)	10,500.	0.			HUMAN SERVICES
THE NATURE CONSERVANCY OF CALIFORNIA - 201 MISSION STREET, 4TH FLOOR - SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	97,000.	0.			ENVIRONMENT AND ANIMALS
THE NEW YORK SHAKESPEARE FESTIVAL D.B.A. THE PUBLIC THEATER - 425 LAFAYETTE ST - NEW YORK, NY 10003	13-1844852	501(C)(3)	22,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE PACIFIC PRIDE FOUNDATION, INC. 608 ANACAPA ST. SUITE A SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	80,250.	0.			HEALTH CARE
THE SANTA BARBARA CHORAL SOCIETY 1330 STATE ST STE 202 SANTA BARBARA, CA 93101	77-0032197	501(C)(3)	15,000.	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
THE SANTA BARBARA COUNTY SHERIFFS BENEVOLENT POSSE - 4434 CALLE REAL - SANTA BARBARA, CA 93110-1002	77-0328889	501(C)(3)	5,000.	0.			HUMAN SERVICES
THE TURNER FOUNDATION PO BOX 186 SANTA BARBARA, CA 93012	95-6111806	501(C)(3)	13,000.	0.			HOUSING AND SHELTER
THE UC DAVIS FOUNDATION 202 CONSTEAU PLACE, SUITE 185 DAVIS, CA 95618	94-6081352	501(C)(3)	50,000.	0.			EDUCATION
THE UCLA FOUNDATION 10920 WILSHIRE BLVD STE 900 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	45,200.	0.			EDUCATION
THERAPY DOGS OF SANTA BARBARA PO BOX 3534 SANTA BARBARA, CA 93130	47-0879588	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
THINK LIBERIA INC. PO BOX 1532 ORANGEBURG, SC 29116	46-2037133	501(C)(3)	6,500.	0.			HUMAN SERVICES
TOMPKINS CONSERVATION 1606 UNION ST SAN FRANCISCO, CA 94123	94-3363675	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
TRANSITION HOUSE 425 E COTA ST SANTA BARBARA, CA 93101-1662	77-0099755	501(C)(3)	190,500.	0.			HOUSING AND SHELTER
TRANSITIONS-MENTAL HEALTH ASSOCIATION - 784 HIGH STREET - SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	50,000.	0.			HEALTH CARE

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
TRIBAL TRUST FOUNDATION PO BOX 5687 SANTA BARBARA, CA 93150-5687	59-3528567	501(C)(3)	5,000.	0.			ARTS, CULTURE, AND HUMANITIES
TROUT UNLIMITED INC. 1300 N 17TH ST STE 500 ARLINGTON, VA 22209	38-1612715	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
TRUE VINE BIBLE FELLOWSHIP 533 AVALON ST. #A LOMPOC, CA 93436	26-1606260	501(C)(3)	11,000.	0.			GENERAL SUPPORT
TRUSTEES OF BOSTON UNIVERSITY 95 COMMONWEALTH AVE STE 700 BOSTON, MA 02215	04-2103547	501(C)(3)	5,100.	0.			EDUCATION
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	5,000.	0.			EDUCATION
UC SANTA BARBARA FOUNDATION 4219 CHEADLE HALL 4TH FL SANTA BARBARA, CA 93106-2013	23-7314834	501(C)(3)	917,567.	0.			EDUCATION
UNICEF USA 125 MAIDEN LN NEW YORK, NY 10038	13-1760110	501(C)(3)	5,100.	0.			HUMAN SERVICES
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	95-1709293	501(C)(3)	12,000.	0.			HOUSING AND SHELTER
UNITARIAN SOCIETY OF SANTA BARBARA 1535 SANTA BARBARA ST SANTA BARBARA, CA 93101	95-1890767	501(C)(3)	45,490.	0.			MISCELLANEOUS

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
UNITED BOYS & GIRLS CLUBS OF GREATER SANTA BARBARA COUNTY - P.O. BOX 1485 - SANTA BARBARA, CA 93102	23-7087814	501(C)(3)	50,499.	0.			HUMAN SERVICES
UNITED WAY OF SANTA BARBARA COUNTY, INC. - 320 E GUTIERREZ ST - SANTA BARBARA, CA 93101-1736	95-1641968	501(C)(3)	478,998.	0.			HEALTH CARE
UNITY SHOPPE, INC. 110 W SOLA ST SANTA BARBARA, CA 93101	77-0391064	501(C)(3)	120,300.	0.			HUMAN SERVICES
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	100,000.	0.			EDUCATION
UNIVERSITY OF SOUTHERN CALIFORNIA PO BOX 80354 LOS ANGELES, CA 90074-0354	95-1642394	501(C)(3)	31,100.	0.			EDUCATION
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	70,000.	0.			EDUCATION
VENTURA COUNTY MEDICAL RESOURCE FOUNDATION - 199 FIGUEROA ST FL 2 - VENTURA, CA 93001	95-6096141	501(C)(3)	5,000.	0.			HEALTH CARE
VILLA MAJELLA OF SANTA BARBARA 5662 CALLE REAL, #228 GOLETA, CA 93111	95-3730718	501(C)(3)	25,000.	0.			HEALTH CARE
VISITING NURSE AND HOSPICE CARE FOUNDATION - 509 E MONTECITO ST STE 200 - SANTA BARBARA, CA 93103	77-0342043	501(C)(3)	27,800.	0.			HEALTH CARE

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
VISITING NURSE AND HOSPICE CARE OF SANTA BARBARA - 512 EAST GUTIERREZ STREET, SUITE A - SANTA BARBARA, CA 93103	95-1641969	501(C)(3)	5,100.	0.			HEALTH CARE
VOTE.ORG 4096 PIEDMONT AVE. #368 OAKLAND, CA 94611	26-2094990	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
WALDORF SCHOOL OF SANTA BARBARA 2300-B GARDEN STREET SANTA BARBARA, CA 93105	77-0035318	501(C)(3)	20,000.	0.			EDUCATION
WELLESLEY COLLEGE 106 CENTRAL ST WELLESLEY, MA 02481	04-2103637	501(C)(3)	7,500.	0.			EDUCATION
WESTERN FOUNDATION OF VERTEBRATE ZOOLOGY - 439 CALLE SAN PABLO - CAMARILLO, CA 93012	95-6096078	501(C)(3)	19,900.	0.			GENERAL SUPPORT
WESTMONT COLLEGE 955 LA PAZ RD SANTA BARBARA, CA 93108-1099	95-1684793	501(C)(3)	26,000.	0.			EDUCATION
WHITE BUFFALO LAND TRUST PO BOX 22 SUMMERLAND, CA 93067	82-4562776	501(C)(3)	36,200.	0.			ENVIRONMENT AND ANIMALS
WILD UP PO BOX 292075 LOS ANGELES, CA 90029	47-3266537	501(C)(3)	30,000.	0.			ARTS, CULTURE, AND HUMANITIES
WILDERNESS YOUTH PROJECT INCORPORATED - 5386 HOLLISTER AVENUE, SUITE D - SANTA BARBARA, CA 93111	77-0526117	501(C)(3)	16,700.	0.			HUMAN SERVICES

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
WILDLIFE EXPERIENCE PO BOX 532 OAK VIEW, CA 93022	77-0539107	501(C)(3)	12,000.	0.			ENVIRONMENT AND ANIMALS
WILDLING MUSEUM 1511-B MISSION DR SOLVANG, CA 93463	77-0470520	501(C)(3)	110,650.	0.			ARTS, CULTURE, AND HUMANITIES
WOMEN'S ECONOMIC VENTURES 333 S SALINAS ST SANTA BARBARA, CA 93101	95-3674624	501(C)(3)	55,100.	0.			PUBLIC AND SOCIETAL BENEFIT
WOMEN'S FUND OF SANTA BARBARA 133 E. DE LA GUERRA ST, #15 SANTA BARBARA, CA 93101	82-5169678	501(C)(3)	809,588.	0.			PUBLIC AND SOCIETAL BENEFIT
WORLD DANCE FOR HUMANITY 906 N NOPAL ST SANTA BARBARA, CA 93103	46-2890372	501(C)(3)	25,500.	0.			HUMAN SERVICES
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	7,400.	0.			ENVIRONMENT AND ANIMALS
YMCA OF GREATER SEATTLE 909 FOURTH AVE SEATTLE, WA 98104	91-0482710	501(C)(3)	20,000.	0.			HUMAN SERVICES
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DR STE 600 RESTON, VA 20191-1556	23-7042029	501(C)(3)	23,500.	0.			HUMAN SERVICES
ZONA SECA INC. 26 W. FIGUEROA STREET SANTA BARBARA, CA 93101	95-2655853	501(C)(3)	5,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

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

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:

SBF 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, SBF 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 SBF MAY NOT BE USED TO FULFILL A LEGALLY-BINDING PLEDGE, OR TO PAY ANY PORTION OF GOODS OR

Part IV Supplemental Information

SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 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) 2019

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) RONALD V. GALLO, ED.D PRESIDENT AND CEO	(i)	290,365.	0.	0.	27,334.	55,497.	373,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JACQUELINE CARRERA CHIEF REVENUE & BUSINESS DEVELOPMENT	(i)	208,537.	0.	0.	13,236.	19,899.	241,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANET MOCKER CHIEF FINANCIAL OFFICER	(i)	162,025.	0.	0.	16,449.	19,026.	197,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARBARA ANDERSON CHIEF STRATEGY OFFICER THRU 12/1/19	(i)	126,515.	0.	0.	12,648.	19,899.	159,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANET CAMPBELL FORMER CHIEF PHILANTHROPIC OFFICER	(i)	0.	0.	130,000.	0.	0.	130,000.	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)							

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:

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

PART I, LINE 4A:

JANET CAMPBELL, CHIEF PHILANTHROPIC OFFICER, WAS TERMINATED ON JANUARY 2, 2018 AND WAS OFFERED SEVERANCE OF \$130,000 IN 2018 AND \$130,000 IN 2019.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	X	1	42,500.	RETAIL VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	54	7,430,220.	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**

- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE TOTALS REPORTED IN COLUMN (B) REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2019.

Multiple horizontal lines for supplemental information.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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:

CAPITAL TO BUILD EMPATHETIC, INCLUSIVE AND RESILIENT COMMUNITIES.

SBF IS A COMMUNITY FOUNDATION 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, SBF 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 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 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.

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

THE FINANCE AND AUDIT COMMITTEES OF THE SBF 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

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

Schedule O (Form 990 or 990-EZ) (2019)

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

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:

THE 2019 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION, BASED ON COMPARABLE DATA FROM VARIOUS SOURCES SUCH AS THE COUNCIL ON FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION REPORT AND/OR OTHER APPLICABLE SURVEYS AND INFORMATION, INCLUDING INFORMATION OBTAINED FROM PROFESSIONAL CONSULTANTS. A PERFORMANCE EVALUATION WAS CONDUCTED BY THE BOARD AND CONSOLIDATED BY THE BOARD CHAIR. THE PROCESS AND DECISION ARE RECORDED IN A DOCUMENT THAT IS MAINTAINED CONFIDENTIALLY BY THE CFO. WHILE PREVIOUSLY THE BOARD EMPLOYED AD HOC TASK FORCES TO ADDRESS VARYING ASPECTS OF COMPENSATION AND MAKE RECOMMENDATIONS TO THE BOARD, THE BOARD ESTABLISHED A PERMANENT COMPENSATION COMMITTEE BY RESOLUTION DATED APRIL 11, 2019. PURSUANT TO ITS CHARTER, THIS COMMITTEE NOW (A) CONDUCTS AN ANNUAL REVIEW OF THE CEO'S PERFORMANCE AND ASSESSES THE REASONABLENESS OF THE CEO'S TOTAL COMPENSATION IN RELATION TO THE MARKETPLACE, INCLUDING BY USING COMPARABILITY DATA; (B) SOLICITS BOARD INPUT REGARDING THE CEO'S PERFORMANCE; (C) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGES IN THE CEO'S TOTAL COMPENSATION; (D) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGES IN THE CEO'S EMPLOYMENT AGREEMENT, SEVERANCE AND/OR RETENTION AGREEMENT, IF ANY ARE IN EFFECT; (E) WORKS COLLABORATIVELY WITH

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

THE CEO TO RECOMMEND FOR BOARD APPROVAL THE CEO'S ANNUAL PERFORMANCE GOALS;
AND (F) DOCUMENTS THE FOREGOING.

THE 2019 COMPENSATION OF THE CFO WAS APPROVED BY THE BOARD BASED ON
COMPARABLE DATA AND DOCUMENTED. THE COMPENSATION COMMITTEE DESCRIBED IN THE
FOREGOING PARAGRAPH NOW HAS THE RESPONSIBILITY TO ASSESS, DETERMINE AND
DOCUMENT THE REASONABLENESS OF TOTAL COMPENSATION RANGES OF THE CFO AND ALL
EMPLOYEES WITH TOTAL COMPENSATION RANGES AT OR OVER \$150,000. WHEN
APPROPRIATE, THE COMMITTEE SELECTS AND ENGAGES PROFESSIONALS TO GATHER AND
REVIEW IN ADVANCE, APPROPRIATE MARKET COMPARABILITY DATA ON THE AMOUNT AND
FORM OF COMPENSATION PAID FOR COMPARABLE POSITIONS BY OTHER COMPARABLE
EMPLOYERS. FOR COMPENSATION OF THE COVERED EMPLOYEES IN 2019, THIS
COMMITTEE CONFIRMED THE REASONABLENESS OF SUCH COMPENSATION AT ITS MEETING
ON OCTOBER 17, 2019. SUCH EMPLOYEES FOR 2019 HELD THE FOLLOWING POSITIONS:
CHIEF FINANCIAL OFFICER; CHIEF REVENUE & BUSINESS DEVELOPMENT OFFICER;
CHIEF STRATEGY OFFICER; DIRECTOR OF DEVELOPMENT; DIRECTOR OF INVESTMENTS;
DIRECTOR OF DONOR RELATIONS; DIRECTOR OF GRANTMAKING.

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

ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON SBF'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	3,391,753.
PASSTHROUGH INCOME FROM UBI	-84,114.
TOTAL TO FORM 990, PART XI, LINE 9	3,307,639.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	-177,491.	9,461,765.	SANTA BARBARA FOUNDATION
300 EAST ISLAY STREET, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	0.	3,114,555.	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, 300 CRESCENT COURT, SUITE 700, DALLAS, TX 75201	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION	TEXAS	501(C)(3)	LINE 12A	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)	LINE 12A	SANTA BARBARA FOUNDATION	X	

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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	250,000.	
(2) HIGHLAND SANTA BARBARA FOUNDATION	S	203,092.	
(3) ERIC AND KELLY SCHWARTZ CHARITABLE TRUST	S	110,272.	
(4)			
(5)			
(6)			

Form **990-T**

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

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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 code (See instructions.)</p>
---	------------------------------	---	--

<p>C Book value of all assets at end of year 392,665,597.</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 Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ **QUALIFYING INVESTMENT ACTIVITIES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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 a partnership or an S corporation (attach statement)	5 -21,039.	STMT 1	-21,039.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7 128,432.	196,630.	-68,198.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule 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	13 107,393.	196,630.	-89,237.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (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) (see instructions)	18		
19 Taxes and licenses	19		1,383.
20 Depreciation (attach Form 4562)	20	300,097.	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	300,097.	0.
22 Depletion	22		
23 Contributions to deferred compensation plans	23		
24 Employee benefit programs	24		
25 Excess exempt expenses (Schedule I)	25		
26 Excess readership costs (Schedule J)	26		
27 Other deductions (attach schedule)	27	SEE STATEMENT 2	1,463.
28 Total deductions. Add lines 14 through 27	28		2,846.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29		-92,083.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31		-92,083.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	104,841.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 3 STMT 4	34	10,484.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	94,357.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	94,357.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	93,357.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	19,605.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	19,605.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	548.
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	139.
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	687.
47	Subtract line 46e from line 45	47	18,918.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	18,918.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	49,362.
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	49,362.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	30,444.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 30,444. Refunded	56	0.

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

57	At any time during the 2019 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
58	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
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Signature of officer _____ **Date** _____ **CHIEF FINANCIAL OFFICER** **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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LAUREN A. HAVERLOCK	LAUREN A. HAVERLOCK	11/10/20		P00545829
	Firm's name MOSS ADAMS LLP	Firm's address 10960 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024		Firm's EIN 91-0189318	Phone no. 310-477-0450

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)

(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 5	STATEMENT 6	
(1) COMMERCIAL BUILDING	394,690.	300,097.	304,175.	
(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 7	STATEMENT 8			
(1) 3,127,273.	9,611,814.	32.54%	128,432.	196,630.
(2)		%		
(3)		%		
(4)		%		
Totals			128,432.	196,630.
Total dividends-received deductions included in column 8				0.

Form 990-T (2019)

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 25.
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 26. 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.

Form **990-T** (2019)

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
AG SUPER FUND, L.P. - ORDINARY BUSINESS INCOME (LOSS)	532.
AETHER REAL ASSETS II, L.P.	
AETHER REAL ASSETS II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	443.
CROW HOLDINGS REALTY PARTNERS VIII, L.P.	
CROW HOLDINGS REALTY PARTNERS VIII, L.P. - ORDINARY BUSINESS INCOME (LOSS)	1,185.
METROPOLITAN REAL ESTATE PARTNERS IV - ORDINARY BUSINESS INCOME (LOSS)	-2,442.
METROPOLITAN REAL ESTATE PARTNERS V - ORDINARY BUSINESS INCOME (LOSS)	-145.
TCV X (A), L.P. - ORDINARY BUSINESS INCOME (LOSS)	-18,144.
NEWBURY EQUITY PARTNERS (AKA NEWBURY SECONDARY FUND LP) - ORDINARY BUSINESS	1,092.
MERCER PIP LP - ORDINARY BUSINESS INCOME (LOSS)	-3,199.
MERCER PIP-II LP - ORDINARY BUSINESS INCOME (LOSS)	-235.
QUELLOS BLACKROCK REAL ASSETS II (PARALLEL), L.P. - ORDINARY BUSINESS INCOM	9,459.
AETHER REAL ASSETS V LP - ORDINARY BUSINESS INCOME (LOSS)	-16,563.
NORTHGATE IV, LP	
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-205.
MERCER PIP (REAL ASSETS) - ORDINARY BUSINESS INCOME (LOSS)	7,183.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-21,039.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	1,463.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	1,463.

FORM 990-T

CONTRIBUTIONS

STATEMENT 3

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS FROM PASSTHROUGHS	N/A	85.
CHARITABLE CONTRIBUTIONS	N/A	27,726,689.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		27,726,774.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014
 FOR TAX YEAR 2015
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	27,726,774	
TOTAL CONTRIBUTIONS AVAILABLE	27,726,774	
TAXABLE INCOME LIMITATION AS ADJUSTED	10,484	
EXCESS CONTRIBUTIONS	27,716,290	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	27,716,290	
ALLOWABLE CONTRIBUTIONS DEDUCTION		10,484
TOTAL CONTRIBUTION DEDUCTION		10,484

FORM 990-T

SCHEDULE E - DEPRECIATION DEDUCTION

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		300,097.	
- SUBTOTAL -	1		300,097.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			300,097.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		130,821.	
OPERATING EXPENSE		173,354.	
- SUBTOTAL -	1		304,175.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			304,175.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE ACQUISITION DEBT		3,127,273.	
- SUBTOTAL -	1		3,127,273.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			<u>3,127,273.</u>

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		9,611,814.	
- SUBTOTAL -	1		9,611,814.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			9,611,814.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, and ending _____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Unrelated Business Activity Code (see instructions) ▶ **532000**

Describe the unrelated trade or business ▶ **REAL ESTATE RENTAL**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a 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		
4 a 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 a partnership or an S corporation (attach statement) STATEMENT 9		5 105,153.		105,153.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule 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		13 105,153.		105,153.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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) (see instructions)		18		
19 Taxes and licenses		19		149.
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule) SEE STATEMENT 10		27		163.
28 Total deductions. Add lines 14 through 27		28		312.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		104,841.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		104,841.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 9
DESCRIPTION		NET INCOME OR (LOSS)
CAL REAL PROPERTIES, LP - 1 - ORDINARY BUSINESS INCOME (LOSS)		25,479.
CAL REAL PROPERTIES, LP - 2 - ORDINARY BUSINESS INCOME (LOSS)		79,674.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5		105,153.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 10
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		163.
TOTAL TO SCHEDULE M, PART II, LINE 27		163.

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

SANTA BARBARA FOUNDATION

Identifying number
 95-1866094

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
 (See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2019. See instructions	3	
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 	7	19,605.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	0.
9	Add lines 7 and 8	9	19,605.
10a	Foreign tax credit	10a	548.
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	548.
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	19,057.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	19,057.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	19,057.
17	Enter the smaller of line 6 or line 16	17	

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2019)

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	19,057.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	19,057.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	139.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	
34	Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	139.
37	Enter the smaller of line 29 or line 36	37	139.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	139.

Name(s) shown on return

Identifying number

SANTA BARBARA FOUNDATION

95-1866094

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	139.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	139.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	139.

Foreign Tax Credit—Corporations

▶ Attach to the corporation's tax return.
 ▶ Go to www.irs.gov/Form1118 for instructions and the latest information.

OMB No. 1545-0123

For calendar year 20 19 , or other tax year beginning , 20 , and ending , 20

Name of corporation

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Use a separate Form 1118 for each applicable category of income (see instructions).

- a Separate Category (Enter code—see instructions.) ▶ PAS
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c If code RBT is entered on line a, enter the country code for the treaty country (see instructions) ▶

Schedule A Income or (Loss) Before Adjustments (Report all amounts in U.S. dollars. See Specific Instructions.)

1. EIN or Reference ID Number (see instructions)*	2. Foreign Country or U.S. Possession (enter two-letter code—use a separate line for each) (see instructions)	3. Inclusions Under Sections 951(a)(1) and 951A (see instructions)				4. Dividends (see instructions)		5. Interest		
		(a) Exclude Gross-Up		(b) Gross-Up (section 78)		(a) Exclude Gross-Up			(b) Gross-Up (section 78)	
A	OC									
B										
C										
Totals (add lines A through C) ▶										

6. Gross Rents, Royalties, and License Fees	7. Sales	8. Gross Income From Performance of Services	9. Section 986(c) Gain or Loss	10. Section 987 Gain or Loss	11. Section 988 Gain or Loss	12. Other (attach schedule)	
A						27,053	
B							
C							
Totals							27,053.00

13. Total (add columns 3(a) through 12)	14. Allocable Deductions				(f) Expenses Allocable to Sales Income		
	(a) Dividends Received Deduction (see instructions)	(b) Deduction Allowed Under Section 250(a)(1)(A)—Foreign Derived Intangible Income	(c) Deduction Allowed Under Section 250(a)(1)(B)—Global Intangible Low-Taxed Income	Rental, Royalty, and Licensing Expenses			
				(d) Depreciation, Depletion, and Amortization	(e) Other Allocable Expenses		
A	27,053.00						
B							
C							
Totals							27,053.00

14. Allocable Deductions (continued)			15. Apportioned Share of Deductions (enter amount from applicable line of Schedule H, Part II, column (d))	16. Net Operating Loss Deduction	17. Total Deductions (add columns 14(i) through 16)	18. Total Income or (Loss) Before Adjustments (subtract column 17 from column 13)	
(g) Expenses Allocable to Gross Income From Performance of Services	(h) Other Allocable Deductions	(i) Total Allocable Deductions (add columns 14(a) through 14(h))					
A	24,423	24,423.00			24,423.00	2,630.00	
B							
C							
Totals							24,423.00

*For section 863(b) income, NOLs, income from RICs, high-taxed income, section 965, and section 951A, use a single line (see instructions).

For Paperwork Reduction Act Notice, see separate instructions.

Schedule B Foreign Tax Credit (Report all foreign tax amounts in U.S. dollars.)

Part I—Foreign Taxes Paid, Accrued, and Deemed Paid (see instructions)

1. Credit Is Claimed for Taxes (check one):		2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used)					
<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Accrued		Tax Withheld at Source on:					
Date Paid	Date Accrued	(a) Dividends	(b) Distributions of Previously Taxed Income	(c) Branch Remittances	(d) Interest	(e) Rents, Royalties, and License Fees	(f) Other
A	VAR						4,052
B							
C							
Totals (add lines A through C)							4,052.00

2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used)				3. Tax Deemed Paid (see instructions)
Other Foreign Taxes Paid or Accrued on:			(j) Total Foreign Taxes Paid or Accrued (add columns 2(a) through 2(i))	
(g) Sales	(h) Services Income	(i) Other		
A			4,052.00	
B				
C				
Totals			4,052.00	

Part II—Separate Foreign Tax Credit (Complete a separate Part II for each applicable category of income.)

1a	Total foreign taxes paid or accrued (total from Part I, column 2(j))	4,052.00	
b	Foreign taxes paid or accrued by the corporation during prior tax years that were suspended due to the rules of section 909 and for which the related income is taken into account by the corporation during the current tax year (see instructions)		
2	Total taxes deemed paid (total from Part I, column 3)		
3	Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G)	()	
4	Taxes reclassified under high-tax kickout		
5	Enter the sum of any carryover of foreign taxes (from Schedule K, line 3, column (xiv), and from Schedule I, Part III, line 3) plus any carrybacks to the current tax year		
6	Total foreign taxes (combine lines 1a through 5)		4,052.00
7	Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is not required to be completed, enter the result from the "Totals" line of column 18 of the applicable Schedule A		2,630
8a	Total taxable income from all sources (enter taxable income from the corporation's tax return)	94,357	
b	Adjustments to line 8a (see instructions)		
c	Subtract line 8b from line 8a		94,357.00
9	Divide line 7 by line 8c. Enter the resulting fraction as a decimal (see instructions). If line 7 is greater than line 8c, enter 1		0.0279
10	Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus any American Samoa economic development credit)		19,605
11	Credit limitation (multiply line 9 by line 10) (see instructions)		548
12	Separate foreign tax credit (enter the smaller of line 6 or line 11). Enter here and on the appropriate line of Part III		548.00

Schedule B Foreign Tax Credit (continued) (Report all foreign tax amounts in U.S. dollars.)

Part III—Summary of Separate Credits (Enter amounts from Part II, line 12 for each applicable category of income. Do not include taxes paid to sanctioned countries.)

1	Credit for taxes on section 951A category income		
2	Credit for taxes on foreign branch category income		
3	Credit for taxes on passive category income	548	
4	Credit for taxes on general category income		
5	Credit for taxes on section 901(j) category income (combine all such credits on this line)		
6	Credit for taxes on income re-sourced by treaty (combine all such credits on this line)		
7	Total (add lines 1 through 6)		548.00
8	Reduction in credit for international boycott operations (see instructions)		
9	Total foreign tax credit (subtract line 8 from line 7). Enter here and on the appropriate line of the corporation's tax return		548.00

Schedule C Tax Deemed Paid With Respect to Section 951(a)(1) Inclusions by Domestic Corporation Filing Return (Section 960(a))

Use this schedule to report the tax deemed paid by the corporation with respect to section 951(a)(1) inclusions of earnings from foreign corporations under section 960(a).

1a. Name of Foreign Corporation	1b. EIN or Reference ID Number of the Foreign Corporation (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code—see instructions)	4. E&P for Tax Year Indicated (in functional currency)	5. Foreign Taxes Paid for Tax Year Indicated (see instructions)	6. Section 951(a)(1) Inclusions		7. Tax Deemed Paid (see instructions)
						(a) Functional Currency	(b) U.S. Dollars	
Total (add amounts in column 7). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3								

Schedule D Tax Deemed Paid With Respect to Section 951A Income by Domestic Corporation Filing the Return (Section 960(d))

Use this schedule to figure the tax deemed paid by the corporation with respect to section 951A inclusions of earnings from foreign corporations under section 960(d).

Part I—Foreign Corporation’s Tested Income and Foreign Taxes

1a. Name of Foreign Corporation	1b. EIN or Reference ID Number of the Foreign Corporation (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code— see instructions)	4. Pro Rata Share of CFC’s Tested Income	5. Pro Rata Share of Tested Foreign Income Taxes Paid or Accrued by CFC
Total (add amounts in column 4) ▶					
Total (add amounts in column 5) ▶					

Part II—Foreign Income Tax Deemed Paid

1. Global Intangible Low-Taxed Income (Section 951A Inclusion)	2. Inclusion Percentage. Divide Part II, Column 1, by Part I, Column 4 Total	3. Multiply Part I, Column 5 Total, by Part II, Column 2 Percentage	4. Tax Deemed Paid (Multiply Part II, column 3, by 80%. Enter the result here and include on the “Totals” line of Schedule B, Part I, column 3.)

Schedule E Tax Deemed Paid With Respect to Previously Taxed Income by Domestic Corporation Filing the Return (Section 960(b))

Part I—Tax Deemed Paid by Domestic Corporation

Use this schedule to report the tax deemed paid by the domestic corporation with respect to distributions of previously taxed earnings from foreign corporations under section 960(b).

1a. Name of Distributing Foreign Corporation	1b. EIN or Reference ID Number of the Foreign Corporation (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code—see instructions)	4. Distribution of Previously Taxed Income (PTI)	5. Foreign Income Taxes Properly Attributable to PTI and Not Previously Deemed Paid

Total (add amounts in column 5). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3 ▶

Part II—Tax Paid or Deemed Paid by First- and Lower-Tier Foreign Corporations

Use this schedule to report the tax paid or deemed paid by a foreign corporation with respect to distributions of previously taxed earnings from lower-tier foreign corporations under section 960(b) that relate to distributions reported in Part I (see instructions).

1a. Name of Distributing Foreign Corporation	1b. EIN or Reference ID Number of the Foreign Corporation (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code—see instructions)	4a. Name of Recipient Foreign Corporation	4b. EIN or Reference ID Number of the Foreign Corporation (see instructions)	5. Tax Year End (Year/Month) (see instructions)	6. Country of Incorporation (enter country code—see instructions)	7. Previously Taxed Income (PTI) Distributed	8. Foreign Income Taxes Properly Attributable to PTI and Not Previously Deemed Paid

Schedule F-1 Tax Deemed Paid by Domestic Corporation Filing Return—Pre-2018 Taxable Years of Foreign Corporations *(continued)*

IMPORTANT: Applicable to dividends or inclusions from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend or inclusion, do not complete Schedule F-1 (see instructions).

Part II—Dividends Paid Out of Pre-1987 Accumulated Profits

1a. Name of Foreign Corporation (identify DISCs and former DISCs)	1b. EIN (if any) of the Foreign Corporation	1c. Reference ID Number (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code— see instructions)	4. Accumulated Profits for Tax Year Indicated (in functional currency computed under section 902) (attach schedule)
5. Foreign Taxes Paid and Deemed Paid on Earnings and Profits (E&P) for Tax Year Indicated (in functional currency) (see instructions)	6. Dividends Paid		7. Divide Column 6(a) by Column 4	8. Tax Deemed Paid (see instructions)	
	(a) Functional Currency	(b) U.S. Dollars		(a) Functional Currency	(b) U.S. Dollars

Total (add amounts in column 8b). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3 ▶

Part III—Deemed Inclusions From Pre-1987 Earnings and Profits

1a. Name of Foreign Corporation (identify DISCs and former DISCs)	1b. EIN (if any) of the Foreign Corporation	1c. Reference ID Number (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code— see instructions)	4. E&P for Tax Year Indicated (in functional currency translated from U.S. dollars, computed under section 964) (attach schedule)
5. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated (see instructions)	6. Deemed Inclusions		7. Divide Column 6(a) by Column 4	8. Tax Deemed Paid (multiply column 5 by column 7)	
	(a) Functional Currency	(b) U.S. Dollars			

Total (add amounts in column 8). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3 ▶

Schedule F-2 Tax Deemed Paid by First- and Second-Tier Foreign Corporations Under Section 902(b)—Pre-2018 Taxable Years of Foreign Corporations (continued)

IMPORTANT: Applicable to dividends from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend, do not complete Schedule F-2 (see instructions).

Part II—Dividends Deemed Paid by Second-Tier Foreign Corporations

Section A—Dividends Paid Out of Post-1986 Undistributed Earnings (In general, include the column 10 results in Section A, column 6(b), of Part I. However, see instructions for Schedule F-1, Part I, column 6(b), for an exception.)

1a. Name of Third-Tier Foreign Corporation and Its Related Second-Tier Foreign Corporation		1b. EIN (if any) of the Third-Tier Foreign Corporation	1c. Reference ID Number (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code—see instructions)	4. Post-1986 Undistributed Earnings (in functional currency—attach schedule)	5. Opening Balance in Post-1986 Foreign Income Taxes
6. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated		7. Post-1986 Foreign Income Taxes (add columns 5, 6(a), and 6(b))	8. Dividends Paid (in functional currency)		9. Divide Column 8(a) by Column 4	10. Tax Deemed Paid (multiply column 7 by column 9)	
(a) Taxes Paid	(b) Taxes Deemed Paid (from Schedule F-3, Part I, column 10)		(a) of Third-Tier Corporation	(b) of Second-Tier Corporation			

Section B—Dividends Paid Out of Pre-1987 Accumulated Profits (In general, include the column 8(b) results in Section A, column 6(b), of Part I. However, see instructions for Schedule F-1, Part I, column 6(b) for an exception.)

1a. Name of Third-Tier Foreign Corporation and Its Related Second-Tier Foreign Corporation		1b. EIN (if any) of the Third-Tier Foreign Corporation	1c. Reference ID Number (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code—see instructions)	4. Accumulated Profits for Tax Year Indicated (in functional currency—attach schedule)
5. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated (in functional currency—see instructions)	6. Dividends Paid (in functional currency)		7. Divide Column 6(a) by Column 4	8. Tax Deemed Paid (see instructions)		
	(a) of Third-Tier Corporation	(b) of Second-Tier Corporation		(a) Functional Currency of Third-Tier Corporation	(b) U.S. Dollars	

Schedule F-3 Tax Deemed Paid by Certain Third-, Fourth-, and Fifth-Tier Foreign Corporations Under Section 902(b)—Pre-2018 Taxable Years of Foreign Corporations

Use this schedule to report taxes deemed paid with respect to dividends from eligible post-1986 undistributed earnings of fourth-, fifth-, and sixth-tier controlled foreign corporations. **Report all amounts in U.S. dollars unless otherwise specified.**

IMPORTANT: Applicable to dividends from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend, do not complete Schedule F-3 (see instructions).

Part I—Tax Deemed Paid by Third-Tier Foreign Corporations (In general, include the column 10 results in Schedule F-2, Part II, Section A, column 6(b). However, see instructions for Schedule F-1, Part I, column 6(b), for an exception.)

1a. Name of Fourth-Tier Foreign Corporation and Its Related Third-Tier Foreign Corporation		1b. EIN (if any) of the Fourth-Tier Foreign Corporation	1c. Reference ID Number (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code—see instructions)	4. Post-1986 Undistributed Earnings (in functional currency—attach schedule)	5. Opening Balance in Post-1986 Foreign Income Taxes
6. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated		7. Post-1986 Foreign Income Taxes (add columns 5, 6(a), and 6(b))	8. Dividends Paid (in functional currency)		9. Divide Column 8(a) by Column 4	10. Tax Deemed Paid (multiply column 7 by column 9)	
(a) Taxes Paid	(b) Taxes Deemed Paid (from Part II, column 10)		(a) of Fourth-Tier CFC	(b) of Third-Tier CFC			

Schedule F-3 Tax Deemed Paid by Certain Third-, Fourth-, and Fifth-Tier Foreign Corporations Under Section 902(b)—Pre-2018 Taxable Years of Foreign Corporations *(continued)*

IMPORTANT: Applicable to dividends from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend, do not complete Schedule F-3 (see instructions).

Part II—Tax Deemed Paid by Fourth-Tier Foreign Corporations (In general, include the column 10 results in column 6(b) of Part I. However, see instructions for Schedule F-1, Part I, column 6(b), for an exception.)

1a. Name of Fifth-Tier Foreign Corporation and Its Related Fourth-Tier Foreign Corporation		1b. EIN (if any) of the Fifth-Tier Foreign Corporation	1c. Reference ID Number (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code—see instructions)	4. Post-1986 Undistributed Earnings (in functional currency—attach schedule)	5. Opening Balance in Post-1986 Foreign Income Taxes
6. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated		7. Post-1986 Foreign Income Taxes (add columns 5, 6(a), and 6(b))	8. Dividends Paid (in functional currency)		9. Divide Column 8(a) by Column 4	10. Tax Deemed Paid (multiply column 7 by column 9)	
(a) Taxes Paid	(b) Taxes Deemed Paid (from Part III, column 10)		(a) of Fifth-Tier CFC	(b) of Fourth-Tier CFC			

Part III—Tax Deemed Paid by Fifth-Tier Foreign Corporations (In general, include the column 10 results in column 6(b) of Part II, above. However, see instructions for Schedule F-1, Part I, column 6(b), for an exception.)

1a. Name of Sixth-Tier Foreign Corporation and Its Related Fifth-Tier Foreign Corporation		1b. EIN (if any) of the Sixth-Tier Foreign Corporation	1c. Reference ID Number (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code—see instructions)	4. Post-1986 Undistributed Earnings (in functional currency—attach schedule)	5. Opening Balance in Post-1986 Foreign Income Taxes
6. Foreign Taxes Paid for Tax Year Indicated	7. Post-1986 Foreign Income Taxes (add columns 5 and 6)	8. Dividends Paid (in functional currency)		9. Divide Column 8(a) by Column 4	10. Tax Deemed Paid (multiply column 7 by column 9)		
		(a) of Sixth-Tier CFC	(b) of Fifth-Tier CFC				

Schedule G Reductions of Taxes Paid, Accrued, or Deemed Paid

Part I—Reduction Amounts

A	Reduction of Taxes Under Section 901(e)—Attach separate schedule	
B	Reduction of Foreign Oil and Gas Taxes—Enter amount from Schedule I, Part II, line 4	
C	Reduction of Taxes Due to International Boycott Provisions—Enter appropriate portion of Schedule C (Form 5713), line 2b. Important: Enter only “specifically attributable taxes” here	
D	Reduction of Taxes for Section 6038(c) Penalty—Attach separate schedule	
E	Taxes suspended under section 909	
F	Other Reductions of Taxes 1. Enter code—see instructions ► _____ 2. If more than one code is entered on line F1 or if code OTH is entered on line F1, attach schedule (see instructions).	
Total (add lines A through F). Enter here and on Schedule B, Part II, line 3		►

Part II—Other Information

G	Check this box if, during the tax year, the corporation paid or accrued any foreign tax that was disqualified for credit under section 901(m)	►	<input type="checkbox"/>
H	Check this box if, during the tax year, the corporation paid or accrued any foreign tax that was disqualified for credit under section 901(j), (k), or (l)	►	<input type="checkbox"/>

Schedule H Apportionment of Certain Deductions (Complete only once for all categories of income.)

Part I—Research and Experimental Deductions

	(a) Sales Method				(b) Gross Income Method—Check method used: <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2				(c) Total R&E Deductions (enter the sum of all amounts entered in all applicable "R&E Deductions" columns)
	Product Line #1 (SIC Code:)		Product Line #2 (SIC Code:)		Product Line #1 (SIC Code:)		Product Line #2 (SIC Code:)		
	(i) Gross Sales	(ii) R&E Deductions	(iii) Gross Sales	(iv) R&E Deductions	(v) Gross Income	(vi) R&E Deductions	(vii) Gross Income	(viii) R&E Deductions	
1 Totals (see instructions)									
2 Total to be apportioned									
3 Apportionment among statutory groupings (see instructions):									
a Enter Code									
(1) Section 245A dividend									0.00
(2) Other									0.00
(3) Total line a									0.00
b Enter Code									
(1) Section 245A dividend									0.00
(2) Other									0.00
(3) Total line b									0.00
c Enter Code									
(1) Section 245A dividend									0.00
(2) Other									0.00
(3) Total line c									0.00
d Enter Code									
(1) Section 245A dividend									0.00
(2) Other									0.00
(3) Total line d									0.00
e Enter Code									
(1) Section 245A dividend									0.00
(2) Other									0.00
(3) Total line e									0.00
f Enter Code									
(1) Section 245A dividend									0.00
(2) Other									0.00
(3) Total line f									0.00
4 Total foreign (add lines 3a(3), 3b(3), 3c(3), 3d(3), 3e(3), and 3f(3))									0.00

Important: See Computer-Generated Schedule H in instructions.

Schedule H Apportionment of Certain Deductions *(Complete only once for all categories of income.) (continued)*

Part II—Interest Deductions, All Other Deductions, and Total Deductions

	(a) Average Value of Assets— Check method used: <input type="checkbox"/> Tax book value <input type="checkbox"/> Alternative tax book value		(b) Interest Deductions		(c) All Other Deductions (see instructions)	(d) Totals (add the corresponding amounts from column (c), Part I; columns (b)(iii) and (b)(iv), Part II; and column (c), Part II)
	(i) Nonfinancial Corporations	(ii) Financial Corporations	(iii) Nonfinancial Corporations	(iv) Financial Corporations		
1a Totals (see instructions)						
b Amounts specifically allocable under Temporary Regulations section 1.861-10T(e)						Additional note: Be sure to also enter the totals from lines 3a(2), 3b(2), 3c(2), 3d(2), 3e(2), and 3f(2) below in column 15 of the corresponding Schedule A.
c Other specific allocations under Temporary Regulations section 1.861-10T						
d Assets excluded from apportionment formula						
2 Total to be apportioned (subtract the sum of lines 1b, 1c, and 1d from line 1a)	0.00	0.00	0.00	0.00		
3 Apportionment among statutory groupings (see instructions):						
a Enter Code _____						
(1) Section 245A dividend			0.00	0.00		0.00
(2) Other			0.00	0.00		0.00
(3) Total line a	0.00	0.00	0.00	0.00		0.00
b Enter Code _____						
(1) Section 245A dividend			0.00	0.00		0.00
(2) Other			0.00	0.00		0.00
(3) Total line b	0.00	0.00	0.00	0.00		0.00
c Enter Code _____						
(1) Section 245A dividend			0.00	0.00		0.00
(2) Other			0.00	0.00		0.00
(3) Total line c	0.00	0.00	0.00	0.00		0.00
d Enter Code _____						
(1) Section 245A dividend			0.00	0.00		0.00
(2) Other			0.00	0.00		0.00
(3) Total line d	0.00	0.00	0.00	0.00		0.00
e Enter Code _____						
(1) Section 245A dividend			0.00	0.00		0.00
(2) Other			0.00	0.00		0.00
(3) Total line e	0.00	0.00	0.00	0.00		0.00
f Enter Code _____						
(1) Section 245A dividend			0.00	0.00		0.00
(2) Other			0.00	0.00		0.00
(3) Total line f	0.00	0.00	0.00	0.00		0.00
4 Total foreign (add lines 3a(3), 3b(3), 3c(3), 3d(3), 3e(3), and 3f(3)) ▶	0.00	0.00	0.00	0.00		0.00

Section 904(b)(4) Adjustments

5 Expenses Allocated and Apportioned to Foreign Source Section 245A Dividend. Enter the sum of lines 3a(1), 3b(1), 3c(1), 3d(1), 3e(1), and 3f(1). Include the column (d) result as a negative amount on Schedule B, Part II, line 8b	
6 Enter expenses allocated and apportioned to U.S. source section 245A dividend. Include the column (d) result as a negative amount on Schedule B, Part II, line 8b	

Important: See Computer-Generated Schedule H in instructions.

SPECIALTY EQUIPMENT MARKET ASSOCIATION
Form 1118 - Passive Category Income
EIN 95-2544340
FYE June 30, 2019

Schedule A, part 7 - Other Income

Type	EIN	Country	Gross Amount	Total Deduction	Taxes Paid	Taxes Accrued
Flowthrough from Schedule K-1	45-3359493	OC	2,657	5,187	226	
Flowthrough from Schedule K-1	82-4088317	OC	195	2,483		
Flowthrough from Schedule K-1	13-3701947	OC	4			
Flowthrough from Schedule K-1	26-2531463	OC	1,813	3,996	1,089	4
Flowthrough from Schedule K-1	26-3990313	OC	12,451	6,779	157	(15)
Flowthrough from Schedule K-1	65-1265800	OC		4		
Flowthrough from Schedule K-1	20-8395095	OC	348	1,458		2
Flowthrough from Schedule K-1	71-1012623	OC	2,214	2,217	3	3
Flowthrough from Schedule K-1	26-1902666	OC	6,720	1,560	2,400	7
Flowthrough from Schedule K-1	20-4552399	OC	651	739	177	
			27,053	24,423	4,052	1

Capital Gains and Losses
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

2019

Name **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				8.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	8.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-4,998.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	-4,998.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. SANTA BARBARA FOUNDATION	Taxpayer identification number (TIN) 95-1866094
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JANET MOCKER

- The books are in the care of ▶ **1111 CHAPALA STREET, SUITE 200 - SANTA BARBARA, CA 93101**
Telephone No. ▶ **805-963-1873** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. SANTA BARBARA FOUNDATION	Taxpayer identification number (TIN) 95-1866094
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JANET MOCKER

- The books are in the care of ▶ **1111 CHAPALA STREET, SUITE 200 - SANTA BARBARA, CA 93101**
Telephone No. ▶ **805-963-1873** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 17,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 17,000.

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