

PUBLIC DISCLOSURE COPY

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

TODD YUBA

- 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 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** 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.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

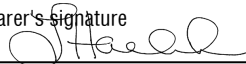
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization SANTA BARBARA FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1111 CHAPALA STREET, SUITE 200 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	D Employer identification number 95-1866094 E Telephone number 805-963-1873 G Gross receipts \$ 159,795,439. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ WWW.SBFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		
L Year of formation: 1928		M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: 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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	36
	6	Total number of volunteers (estimate if necessary)	6	60
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	79,919.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	23,257,441.	32,306,178.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	522,973.	521,808.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,077,630.	10,631,369.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-189,138.	-204,651.
			29,668,906.	43,254,704.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	3,450,553.	3,946,269.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,413,038.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,120,650.	4,106,526.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,873,354.	32,916,746.
	19	Revenue less expenses. Subtract line 18 from line 12	-9,204,448.	10,337,958.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	392,665,597.	420,966,327.
	22	Net assets or fund balances. Subtract line 21 from line 20	28,901,481.	29,865,208.
			363,764,116.	391,101,119.

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 TODD YUBA, VP FINANCE AND ADMINISTRATION Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name LAUREN A. HAVERLOCK	Preparer's signature 	Date 11/08/21	Check if self-employed <input type="checkbox"/>	PTIN P00545829
	Firm's name ▶ MOSS ADAMS LLP Firm's address ▶ 21700 OXNARD ST. STE 300 LOS ANGELES, CA 91367	Firm's EIN ▶ 91-0189318 Phone no. 818-577-1900			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [X] Yes [] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 23,491,512. including grants of \$ 20,033,214.) (Revenue \$ 521,808.) SBF SERVES THE ENTIRE COUNTY OF SANTA BARBARA, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS. IN 2020, 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 2020, 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 \$ 1,564,756. including grants of \$ 1,334,400.) (Revenue \$ 0.) SBF PROVIDED FUNDING OF OVER \$1 MILLION IN 2020 TO THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA FOR STUDENT AID. THROUGH THIS COLLABORATION, OVER 300 STUDENTS OF SANTA BARBARA COUNTY RECEIVED SCHOLARSHIP AWARDS.

4c (Code:) (Expenses \$ 4,099,904. including grants of \$ 3,496,337.) (Revenue \$ 0.) THE SANTA BARBARA FOUNDATION, UNITED WAY OF SANTA BARBARA COUNTY AND HUTTON PARKER FOUNDATION BEGAN A COUNTYWIDE COLLABORATIVE OF FUNDERS TO PROVIDE ASSISTANCE TO INDIVIDUALS AND FAMILIES AS WELL AS ORGANIZATIONS ACTIVELY ENGAGED IN ASSISTANCE EFFORTS FOR MEMBERS OF THE COMMUNITY AFFECTED BY THE COVID-19 PANDEMIC. FUNDING TO ORGANIZATIONS FOCUSED ON: * MEETING EMERGENCY NEEDS * ADAPTING THEIR SERVICES IN RESPONSE TO THE PANDEMIC * SUPPORTING THE OPERATIONAL NEEDS OF THE ORGANIZATIONS

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

4e Total program service expenses 29,156,172.

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>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 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	1a 77	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c 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 rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and other IRS filings (10-16).

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 (16); 1b Enter the number of voting members included on line 1a, above, who are independent (16); 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: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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
TODD YUBA - 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 GALLO, ED.D CEO EMERITUS (THRU 7/19/20)	40.00 3.00			X				369,111.	0.	59,329.
(2) JACQUELINE CARRERA PRESIDENT & CEO	40.00 3.00			X				324,918.	0.	62,432.
(3) JANET MOCKER CFO	40.00 1.00			X				166,837.	0.	37,223.
(4) CHERI SAVAGE DIRECTOR OF INVESTMENTS	40.00					X		132,574.	0.	28,805.
(5) RUBAYI ESTES VICE PRESIDENT, PROGRAMS	40.00					X		127,151.	0.	24,601.
(6) PEDRO PAZ DIRECTOR OF GRANTMAKING	40.00					X		100,457.	0.	25,409.
(7) TOM SHEIL CONTROLLER	40.00					X		104,354.	0.	20,016.
(8) PAMELA GANN CHAIR	4.00	X		X				0.	0.	0.
(9) STEPHEN HICKS VICE CHAIR	3.00	X		X				0.	0.	0.
(10) SUSAN RICHARDS TREASURER	3.00	X		X				0.	0.	0.
(11) NIKI SANDOVAL SECRETARY	3.00	X		X				0.	0.	0.
(12) DIANE ADAM TRUSTEE	2.00	X						0.	0.	0.
(13) PHIL ALVARADO TRUSTEE	2.00	X						0.	0.	0.
(14) RANDALL DAY TRUSTEE	2.00	X						0.	0.	0.
(15) DONNA FRANCE TRUSTEE	2.00	X						0.	0.	0.
(16) ANGEL ISCOVICH TRUSTEE	2.00	X						0.	0.	0.
(17) DANNA MCGREW TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER MURRAY TRUSTEE	2.00	X						0.	0.	0.
(19) ROBERT NAKASONE TRUSTEE	2.00	X						0.	0.	0.
(20) ERNESTO PAREDES TRUSTEE	2.00	X						0.	0.	0.
(21) CATHY PEPE TRUSTEE	2.00	X						0.	0.	0.
(22) GINGER SALAZAR TRUSTEE	2.00	X						0.	0.	0.
(23) MICHAEL YOUNG TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal							1,325,402.	0.	257,815.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,325,402.	0.	257,815.	

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
MEKETA INVESTMENT GROUP, INC 80 UNIVERSITY AVENUE, WESTWOOD, MA 02090	FINANCIAL MANAGEMENT SERVICES	304,588.
YOUNG CONSTRUCTION 9 ASHLEY AVENUE, SANTA BARBARA, CA 93103	CONSTRUCTION SERVICES	289,718.
THE 360 GROUP, 201 MISSION STREET, 12TH FLOOR, SAN FRANCISCO, CA 94105	EMPLOYMENT RECRUITING SERVICES	141,302.
CENTERED NETWORKS, INC., 1527 STOCKTON STREET, 2ND FLOOR, SAN FRANCISCO, CA 94133	VIRTUAL DESKTOP SERVICES	114,966.

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 **4**

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	250,000.			
	e	Government grants (contributions)	1e	324,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	31,732,178.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 14,688,619.			
	h	Total. Add lines 1a-1f		32,306,178.			
	Program Service Revenue	2 a	FOUNDATION SUPPORT FEES	Business Code			
			561000	521,808.	521,808.		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		521,808.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,456,070.		35,205.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	388,817.			
			(ii) Personal				
	b	Less: rental expenses ...	6b	629,739.			
	c	Rental income or (loss)	6c	-240,922.			
	d	Net rental income or (loss)		-240,922.		44,714.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	124,086,295.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	115,910,996.			
	c	Gain or (loss)	7c	8,175,299.			
d	Net gain or (loss)		8,175,299.		8,175,299.		
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				
			561000	36,271.		36,271.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		36,271.				
12	Total revenue. See instructions		43,254,704.	521,808.	79,919.	10,346,799.	

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	24,174,451.	24,174,451.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	604,500.	604,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	85,000.	85,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,019,850.	254,940.	428,391.	336,519.
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	2,234,412.	796,340.	925,667.	512,405.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	177,889.	65,027.	70,380.	42,482.
9 Other employee benefits	299,901.	106,718.	120,668.	72,515.
10 Payroll taxes	214,217.	70,692.	87,829.	55,696.
11 Fees for services (nonemployees):				
a Management	319,292.	70,627.	226,089.	22,576.
b Legal	12,970.	3,891.	3,891.	5,188.
c Accounting	103,558.		103,558.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	545,765.	545,765.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	994,567.	994,567.		
12 Advertising and promotion	176,965.	126,947.	2,404.	47,614.
13 Office expenses	103,243.	37,186.	41,842.	24,215.
14 Information technology	227,315.	85,459.	93,089.	48,767.
15 Royalties				
16 Occupancy	268,863.	116,724.	86,374.	65,765.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	57,110.	24,321.	21,691.	11,098.
20 Interest	3,257.	3,257.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	227,325.	75,618.	87,491.	64,216.
23 Insurance	83,320.	61,313.	17,515.	4,492.
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 PRESENT VALUE DISCOUNT	370,586.	370,586.		
b COMMUNITY RELATIONS	319,313.	229,010.	4,299.	86,004.
c DIRECT PROGRAM ACTIVITY	156,780.	156,780.		
d DUES AND SUBSCRIPTIONS	127,639.	87,795.	26,358.	13,486.
e All other expenses	8,658.	8,658.		
25 Total functional expenses. Add lines 1 through 24e	32,916,746.	29,156,172.	2,347,536.	1,413,038.
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	94,016.	1	64,508.
	2 Savings and temporary cash investments	33,984,452.	2	40,670,728.
	3 Pledges and grants receivable, net	45,176,463.	3	45,523,168.
	4 Accounts receivable, net	931,191.	4	627,857.
	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	5,950,389.	7	5,901,538.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	116,650.	9	144,345.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,266,543.		
	b Less: accumulated depreciation	10b 4,446,686.	10c	13,819,857.
	11 Investments - publicly traded securities	94,154,197.	11	113,679,061.
	12 Investments - other securities. See Part IV, line 11	117,162,187.	12	117,915,856.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	80,794,142.	15	82,619,409.
16 Total assets. Add lines 1 through 15 (must equal line 33)	392,665,597.	16	420,966,327.	
Liabilities	17 Accounts payable and accrued expenses	537,573.	17	328,339.
	18 Grants payable	38,141.	18	205,250.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,667,110.	23	2,992,144.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	602,500.
	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	24,658,657.	25	25,736,975.
	26 Total liabilities. Add lines 17 through 25	28,901,481.	26	29,865,208.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	230,790,268.	27	244,699,005.
	28 Net assets with donor restrictions	132,973,848.	28	146,402,114.
	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	363,764,116.	32	391,101,119.
33 Total liabilities and net assets/fund balances	392,665,597.	33	420,966,327.	

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	43,254,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,916,746.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,337,958.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	363,764,116.
5	Net unrealized gains (losses) on investments	5	13,349,345.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,649,699.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	391,101,118.

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
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19925683.	167681429	17917025.	23257441.	32306178.	261087756
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	19925683.	167681429	17917025.	23257441.	32306178.	261087756
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)						110050815
6 Public support. Subtract line 5 from line 4.						151036941

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	19925683.	167681429	17917025.	23257441.	32306178.	261087756
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5095929.	4752506.	3575430.	3910903.	2809682.	20144450.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				1,275.		1,275.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				20,444.	36,271.	56,715.
11 Total support. Add lines 7 through 10						281290196
12 Gross receipts from related activities, etc. (see instructions)					12	2,643,141.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	53.69 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	50.34 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
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>		
2		

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>		
1		

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?		
1		
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>		
2		
3 By reason of the relationship described in line 2, above, 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>		
3		

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No
2a		
b Did the activities described in line 2a, above, 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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>3,128,284.</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>3,093,972.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>2,056,500.</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>2,000,000.</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>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>800,000.</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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>997,448.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>788,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>774,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>734,683.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>732,547.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>723,000.</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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 701,500.	Person <input checked="" 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.)
_____	<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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK _____ _____ _____	\$ <u>3,128,284.</u>	<u>12/31/20</u>
2	STOCK _____ _____ _____	\$ <u>3,093,972.</u>	<u>12/31/20</u>
3	STOCK _____ _____ _____	\$ <u>2,056,500.</u>	<u>12/31/20</u>
7	STOCK _____ _____ _____	\$ <u>997,448.</u>	<u>12/31/20</u>
10	STOCK _____ _____ _____	\$ <u>734,683.</u>	<u>12/31/20</u>
	_____ _____ _____	\$ _____	

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

2020

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	229	186
2 Aggregate value of contributions to (during year)	21,811,170.	10,495,008.
3 Aggregate value of grants from (during year)	13,862,387.	11,001,564.
4 Aggregate value at end of year	99,649,393.	291,451,726.

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 ▶ \$ _____

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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	54,112,048.	45,624,058.	48,728,257.	46,045,609.	46,415,142.
b Contributions	7,082,517.	115,940.	761,500.	326,104.	80.
c Net investment earnings, gains, and losses	6,633,210.	10,450,082.	-1,269,725.	5,252,838.	1,636,901.
d Grants or scholarships	2,206,827.				
e Other expenditures for facilities and programs		2,078,032.	2,595,974.	2,896,294.	2,006,514.
f Administrative expenses	590,753.				
g End of year balance	65,030,195.	54,112,048.	45,624,058.	48,728,257.	46,045,609.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 99.0000 %
 - c Term endowment 1.0000 %
- 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		3,265,379.		3,265,379.
b Buildings		12,528,987.	3,648,532.	8,880,455.
c Leasehold improvements		1,770,046.	350,608.	1,419,438.
d Equipment		702,131.	447,546.	254,585.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **13,819,857.**

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	3,146,000.	END-OF-YEAR MARKET VALUE
(B) REAL ASSETS	11,303,543.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	4,013,310.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	13,542,232.	END-OF-YEAR MARKET VALUE
(E) INFRASTRUCTURE	4,039,369.	END-OF-YEAR MARKET VALUE
(F) GLOBAL EQUITIES	32,398,044.	END-OF-YEAR MARKET VALUE
(G) GLOBAL FIXED INCOME	49,473,358.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	117,915,856.	

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	64,780,590.
(3) VALUE OF INCOME INTEREST IN TRUSTS	17,656,337.
(4) DEPOSITS	17,364.
(5) OTHER ASSETS	165,118.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	82,619,409.

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	1,373,766.
(4) OBLIGATIONS TO DONOR DESIGNATED	
(5) FUNDS	24,333,196.
(6) 1111 CHAPALA - OTHER LIABILITIES	30,013.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	25,736,975.

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 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, 2020, SBF AND ITS SUPPORTING ORGANIZATIONS AND AFFILIATES HAVE NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART V, LINE 4:

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

**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

2020

Open to Public
Inspection

Name of the organization: **SANTA BARBARA FOUNDATION**
Employer identification number: **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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		85,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		7,385,096.
3 a Subtotal	0	0			7,470,096.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			7,470,096.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	ARTS, CULTURE, AND HUMANITIES	55,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ARTS, CULTURE, AND HUMANITIES	30,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

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.

PART I, LINE 2:

INTERNATIONAL ORGANIZATIONS MUST BE PREDETERMINED TO BE EQUIVALENT TO DOMESTIC 501(C)(3) ORGANIZATIONS OR FOLLOW THE EXPENDITURE RESPONSIBILITY PROCESS FOR THE COMMUNITY FOUNDATION TO CONSIDER THEM ELIGIBLE TO RECEIVE GRANTS. GRANTEES OF ADVISED GRANTS HAVE TO AGREE NOT TO PAY ANY PORTION OF GOODS OR SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES.

**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

2020

**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
2ND STORY ASSOCIATES 808 LAGUNA ST SANTA BARBARA, CA 93101	26-0417729	501(C)(3)	12,000.	0.			HOUSING AND SHELTER
4-H CLUBS & AFFILIATED 4-H ORGANIZATIONS - 2801 SECOND STREET - DAVIS, CA 95618-7774	23-7327765	501(C)(3)	10,000.	0.			HUMAN SERVICES
AFRICAN COMMUNITY EXCHANGE PO BOX 444 MIDLOTHIAN, VA 23113	20-4962182	501(C)(3)	15,000.	0.			GENERAL SUPPORT
AFRICAN WOMEN RISING 801 COLD SPRINGS RD SANTA BARBARA, CA 93108	26-0140533	501(C)(3)	24,000.	0.			HUMAN SERVICES
AHA! ATTITUDE. HARMONY. ACHIEVEMENT. - 1209 DE LA VINA STREET, SUITE A - SANTA BARBARA, CA 93101	20-4418873	501(C)(3)	47,750.	0.			BEHAVIORAL HEALTH
ALL SAINTS BY THE SEA EPISCOPAL CHURCH - 83 EUCALYPTUS LN - SANTA BARBARA, CA 93108	13-5562208	501(C)(3)	140,718.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 391.

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

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Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALLAN HANCOCK COLLEGE FOUNDATION 936 S COLLEGE DR SANTA MARIA, CA 93456-5170	95-3143396	501(C)(3)	22,000.	0.			EDUCATION
ALTERNATIVES TO VIOLENCE PROJECT SANTA BARBARA - 725A MAS AMIGOS - SANTA BARBARA, CA 93105	81-5079846	501(C)(3)	15,000.	0.			EDUCATION
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 1528 CHAPALA STREET, SUITE 204 - SANTA BARBARA, CA 93101	13-3039601	501(C)(3)	48,900.	0.			HUMAN SERVICES
AMALGAMATED CHARITABLE FOUNDATION 1825 K ST NW WASHINGTON, DC 20006	82-1517696	501(C)(3)	43,490.	0.			PUBLIC AND SOCIETAL BENEFIT
AMERICAN DANCE AND MUSIC, INC. PO BOX 90708 SANTA BARBARA, CA 93190-0708	20-5657230	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
AMERICAN HEART ASSOCIATION OF SANTA BARBARA COUNTY - 212 W FIGUEROA ST - SANTA BARBARA, CA 93101	13-5613797	501(C)(3)	9,075.	0.			HEALTH CARE
AMERICAN NATIONAL RED CROSS 2707 STATE ST SANTA BARBARA, CA 93105	95-1643302	501(C)(3)	122,075.	0.			HUMAN SERVICES
ANGELS FOSTER CARE OF SANTA BARBARA - 3905 STATE ST #7-115 - SANTA BARBARA, CA 93105	16-1749619	501(C)(3)	26,200.	0.			HUMAN SERVICES
ANIMAL GRANTMAKERS INC 1706 LOWER ELWHA RD PORT ANGELES, WA 98363	26-0688246	501(C)(3)	20,000.	0.			ENVIRONMENT AND ANIMALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ANIMAL SHELTER ASSISTANCE PROGRAM OF SANTA BARBARA - P.O. BOX 357 - GOLETA, CA 93116-0357	77-0283500	501(C)(3)	20,200.	0.			ENVIRONMENT AND ANIMALS
ANTI-DEFAMATION LEAGUE 1528 CHAPALA STREET, SUITE 301 SANTA BARBARA, CA 93101	13-1818723	501(C)(3)	101,100.	0.			PUBLIC AND SOCIETAL BENEFIT
APPLES TO ZUCCHINI COOKING SCHOOL PO BOX 30912 SANTA BARBARA, CA 93130	84-4191622	501(C)(3)	82,647.	0.			HUMAN SERVICES
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD 6TH FL LOS ANGELES, CA 90010	95-1642382	501(C)(3)	51,100.	0.			GENERAL SUPPORT
ARTHRITIS FOUNDATION, INC. 2261 LAS POSITAS RD SANTA BARBARA, CA 93105	95-1885447	501(C)(3)	9,000.	0.			HEALTH CARE
ARTS CORPS 4408 DELRIDGE WAY SW, #110 SEATTLE, WA 98106	91-2044679	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
ARTS MENTORSHIP PROGRAM, INC. 531 E. COTA STREET SANTA BARBARA, CA 93103-3101	45-1567553	501(C)(3)	13,000.	0.			ARTS, CULTURE, AND HUMANITIES
ARTSPACE INC 751 PASEO NUEVO SANTA BARBARA, CA 93101	77-0233621	501(C)(3)	12,500.	0.			ARTS, CULTURE, AND HUMANITIES
BASIC ASSISTANCE TO STUDENTS IN THE COMMUNITY - PO BOX 1914 - BORREGO SPRINGS, CA 92004-1914	33-0631683	501(C)(3)	25,000.	0.			PUBLIC AND SOCIETAL BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BISHOP GARCIA DIEGO HIGH SCHOOL 4000 LA COLINA RD SANTA BARBARA, CA 93110	95-2056632	501(C)(3)	10,000.	0.			EDUCATION
BLUE SKY SUSTAINABLE LIVING CENTER 1000 PERKINS ROAD NEW CUYAMA, CA 93254	46-1239650	501(C)(3)	20,900.	0.			ENVIRONMENT AND ANIMALS
BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA, CA 93190	20-0905385	501(C)(3)	30,000.	0.			ARTS, CULTURE, AND HUMANITIES
BOY SCOUTS OF AMERICA COUNCIL 4000 MODOC RD SANTA BARBARA, CA 93110	95-1696725	501(C)(3)	14,913.	0.			PUBLIC AND SOCIETAL BENEFIT
BOYS & GIRLS CLUB OF MID CENTRAL COAST - 901 N. RAILROAD AVENUE - SANTA MARIA, CA 93456-0760	95-2468116	501(C)(3)	90,000.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF SANTA BARBARA, INC. - 632 E. CANON PERDIDO STREET - SANTA BARBARA, CA 93103	95-1641425	501(C)(3)	21,171.	0.			HUMAN SERVICES
BOYS AND GIRLS CLUB OF VENTURA INC 6020 NICOLLE ST STE D VENTURA, CA 93003	95-2248919	501(C)(3)	7,500.	0.			HUMAN SERVICES
BRAILLE INSTITUTE OF AMERICA, INC. PO BOX 5411 SANTA BARBARA, CA 93150	95-1641426	501(C)(3)	11,750.	0.			HUMAN SERVICES
BRAZIL FOUNDATION 345 SEVENTH AVE, STE 1401 NEW YORK, NY 10001	13-4131482	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BRAZILIAN CULTURAL ARTS CENTER OF SANTA BARBARA - 5370 HOLLISTER AVE, STE 2 - GOLETA, CA 93117	46-3935158	501(C)(3)	8,000.	0.			PUBLIC AND SOCIETAL BENEFIT
BREAST CANCER RESOURCE CENTER OF SANTA BARBARA - 55 HITCHCOCK WAY STE 101 - SANTA BARBARA, CA 93105	91-1790842	501(C)(3)	10,000.	0.			HEALTH CARE
BRIDGE HOUSE 5345 ARAPAHOE AVE UNIT 5 BOULDER, CO 80303	84-1440292	501(C)(3)	15,000.	0.			HUMAN SERVICES
BRING ON THE MUSIC INC. 4652 HOLLYWOOD BLVD LOS ANGELES, CA 90027	27-0030546	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BURLINGTON HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION - 200 S 6TH ST - BURLINGTON, KS 66839	48-1152997	501(C)(3)	15,000.	0.			EDUCATION
BURNON, INC. 1006 E MAIN ST VENTURA, CA 93001	77-0495901	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
C.A.R.E.4PAWS PO BOX 60524 SANTA BARBARA, CA 93160	27-0207473	501(C)(3)	25,300.	0.			ENVIRONMENT AND ANIMALS
CALIFORNIA ASSOCIATION OF NONPROFITS - PO BOX 1610 - CAPITOLA, CA 95010	77-0045382	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
CALIFORNIA LUTHERAN UNIVERSITY 60 W OLSEN RD # 4400 THOUSAND OAKS, CA 91360	95-2962604	501(C)(3)	5,550.	0.			EDUCATION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 RESTAURANT ASSOCIATION FOUNDATION - 621 CAPITOL MALL, SUITE 2000 - SACRAMENTO, CA 95814	95-3676330	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO ST STE 110 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)	51,000.	0.			EDUCATION
CALIFORNIA WILDLIFE CENTER PO BOX 2022 MALIBU, CA 90265	95-4580790	501(C)(3)	10,000.	0.			HEALTH CARE
CAMERATA PACIFICA PO BOX 30116 SANTA BARBARA, CA 93130	33-0104649	501(C)(3)	27,000.	0.			ARTS, CULTURE, AND HUMANITIES
CANCER FOUNDATION OF SANTA BARBARA 601 WEST JUNIPERO STREET SANTA BARBARA, CA 93105	95-2158727	501(C)(3)	316,800.	0.			HEALTH CARE
CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 446 SANTA ROSA, CA 95402-0446	94-2494324	501(C)(3)	21,000.	0.			ENVIRONMENT AND ANIMALS
CARPINTERIA ARTS CENTER 855 LINDEN AVE CARPINTERIA, CA 93013	77-0578720	501(C)(3)	16,600.	0.			ARTS, CULTURE, AND HUMANITIES
CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST CARPINTERIA, CA 93013	81-1407122	501(C)(3)	74,200.	0.			CHILD CARE

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CARPINTERIA COMMUNITY THEATRE INC. 4916 CARPINTERIA AVE CARPINTERIA, CA 93013	95-3565433	501(C)(3)	50,000.	0.			ARTS, CULTURE, AND HUMANITIES
CARPINTERIA EDUCATION FOUNDATION, INC. - PO BOX 9 - CARPINTERIA, CA 93014	77-0354256	501(C)(3)	57,000.	0.			EDUCATION
CARPINTERIA SKATE FOUNDATION INC PO BOX 65 CARPINTERIA, CA 93013	27-0394632	501(C)(3)	30,000.	0.			HUMAN SERVICES
CARRILLO COUNSELING SERVICES INC. 324 EAST CARRILLO STREET, SUITE C SANTA BARBARA, CA 93101	77-0556795	501(C)(3)	88,000.	0.			HUMAN SERVICES
CASA DEL HERRERO FOUNDATION P.O. BOX 5612 SANTA BARBARA, CA 93150-5612	77-0340301	501(C)(3)	12,850.	0.			PUBLIC AND SOCIETAL BENEFIT
CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES - 1722 S LEWIS ROAD - CAMARILLO, CA 93012	77-0195022	501(C)(3)	35,500.	0.			BEHAVIORAL HEALTH
CASA SERENA, INC. 1515 BATH ST SANTA BARBARA, CA 93101	95-2862385	501(C)(3)	37,000.	0.			BEHAVIORAL HEALTH
CATE SCHOOL 1960 CATE MESA RD CARPINTERIA, CA 93013	95-1644630	501(C)(3)	101,350.	0.			EDUCATION
CATHOLIC CHARITIES OF SANTA BARBARA COUNTY - 609 E HALEY ST - SANTA BARBARA, CA 93101	95-1690973	501(C)(3)	60,500.	0.			HUMAN SERVICES

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CATHOLIC EDUCATION FOUNDATION 3424 WILSHIRE BLVD 3RD FL LOS ANGELES, CA 90010	75-6725640	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CENTER FOR SUCCESSFUL AGING 228 E ANAPAMU, STE 208 SANTA BARBARA, CA 93101	80-0422344	501(C)(3)	24,750.	0.			HUMAN SERVICES
CENTER FOR URBAN AGRICULTURE AT FAIRVIEW GARDENS - 598 N FAIRVIEW AVE - GOLETA, CA 93117	93-1213893	501(C)(3)	25,000.	0.			FOOD SYSTEMS
CHANNEL ISLANDS RESTORATION 928 CARPINTERIA ST STE 3 SANTA BARBARA, CA 93103	61-1463876	501(C)(3)	38,000.	0.			ENVIRONMENT AND ANIMALS
CHANNEL ISLANDS YMCA OFFICE 301 W. FIGUEROA ST SANTA BARBARA, CA 93101	95-1643379	501(C)(3)	94,370.	0.			HUMAN SERVICES
CHILD ABUSE LISTENING MEDIATION, INC. (CALM) - 1236 CHAPALA ST - SANTA BARBARA, CA 93103	23-7097910	501(C)(3)	195,850.	0.			HUMAN SERVICES
CHILDREN AND FAMILY RESOURCE SERVICES - 3970 LA COLINA ROAD, SUITE 6 - SANTA BARBARA, CA 93110	82-4121880	501(C)(3)	82,500.	0.			HUMAN SERVICES
CHILDREN'S MONTESSORI SCHOOL OF LOMPOC - P.O. BOX 3510 - LOMPOC, CA 93438	77-0185213	501(C)(3)	7,500.	0.			PUBLIC AND SOCIETAL BENEFIT
CHILDREN'S MUSEUM OF SANTA BARBARA 125 STATE ST SANTA BARBARA, CA 93107	77-0252722	501(C)(3)	35,000.	0.			ARTS, CULTURE, AND HUMANITIES

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CHRISTIAN CENTER OF PARK CITY 1283 DEER VALLEY DR PARK CITY, UT 84060	87-0643778	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CITY OF CARPINTERIA 5775 CARPINTERIA AVE CARPINTERIA, CA 93013-2603	95-2414438	CITY OF CARPINTE	30,000.	0.			PUBLIC AND SOCIETAL BENEFIT
CLIFF DRIVE CARE CENTER 1435 CLIFF DRIVE SANTA BARBARA, CA 93109	95-2281908	501(C)(3)	10,000.	0.			EDUCATION
COALITION FOR SUSTAINABLE TRANSPORTATION - PO BOX 2495 - SANTA BARBARA, CA 93120	30-0022937	501(C)(3)	5,500.	0.			HUMAN SERVICES
COLLATERAL REPAIR PROJECT PO BOX 23146 BROOKLYN, NY 11202	20-4928141	501(C)(3)	35,000.	0.			GENERAL SUPPORT
COMMERCIAL FISHERMEN OF SANTA BARBARA - 6 HARBOR WAY #155 - SANTA BARBARA, CA 93109	95-2916932	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY - 5638 HOLLISTER AVE STE 230 - GOLETA, CA 93117	95-2491790	501(C)(3)	53,475.	0.			FOOD SYSTEMS
COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA - 2060 ALAMEDA PADRE SERRA, SUITE 201 - SANTA BARBARA, CA 93103-1713	95-1816010	501(C)(3)	135,700.	0.			ARTS, CULTURE, AND HUMANITIES
COMMUNITY COUNSELING CENTER 923 OLIVE ST STE 1 SANTA BARBARA, CA 93101	77-0071282	501(C)(3)	29,800.	0.			HUMAN SERVICES

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COMMUNITY ENVIRONMENTAL COUNCIL, INC. - 26 W ANAPAMU ST 2ND FLOOR - SANTA BARBARA, CA 93101	94-1728064	501(C)(3)	108,900.	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)	20,000.	0.			BEHAVIORAL HEALTH
COMMUNITY PARTNERS IN CARING 120 E JONES ST STE 123 SANTA MARIA, CA 93454	77-0477176	501(C)(3)	21,000.	0.			HUMAN SERVICES
CONGREGATION B'NAI B'RITH CORPORATION - 1000 SAN ANTONIO CREEK RD - SANTA BARBARA, CA 93111-1310	95-6006585	501(C)(3)	139,400.	0.			GENERAL SUPPORT
CORPORATE ACCOUNTABILITY 10 MILK STREET STE 610 BOSTON, MA 02108	41-1322686	501(C)(3)	66,000.	0.			PUBLIC AND SOCIETAL BENEFIT
COTTAGE REHABILITATION HOSPITAL FOUNDATION - 2415 DE LA VINA ST - SANTA BARBARA, CA 93105-3819	26-0433816	501(C)(3)	125,000.	0.			HEALTH CARE
COUNCIL ON ALCOHOLISM & DRUG ABUSE P.O. BOX 28 SANTA BARBARA, CA 93102-0028	95-1878858	501(C)(3)	64,700.	0.			BEHAVIORAL HEALTH
COUNTY OF SANTA BARBARA ARTS FUND PO BOX 333 SANTA BARBARA, CA 93102	77-0015381	501(C)(3)	10,500.	0.			ARTS, CULTURE, AND HUMANITIES
COURT APPOINTED SPECIAL ADVOCATES OF SANTA BARBARA COUNTY - 2125 S BROADWAY, SUITE 106 - SANTA MARIA, CA 93454	33-0662734	501(C)(3)	26,000.	0.			PUBLIC AND SOCIETAL BENEFIT

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CRANE SCHOOL 1795 SAN LEANDRO LN SANTA BARBARA, CA 93108	95-1643315	501(C)(3)	269,005.	0.			EDUCATION
CUYAMA VALLEY FAMILY RESOURCE CENTER - PO BOX 5 - NEW CUYAMA, CA 93254	45-1221069	501(C)(3)	64,046.	0.			HUMAN SERVICES
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	50,000.	0.			HEALTH CARE
DELOITTE FOUNDATION 695 E MAIN ST PO BOX 10098 STAMFORD, CT 06901-2150	13-6400341	501(C)(3)	30,000.	0.			PUBLIC AND SOCIETAL BENEFIT
DEVEREUX FOUNDATION P.O. BOX 6784 SANTA BARBARA, CA 93160-6784	23-1390618	501(C)(3)	7,500.	0.			HEALTH CARE
DIGNITY & POWER NOW 3655 SOUTH GRAND AVE, STE 240 LOS ANGELES, CA 90007	46-3064675	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	286,100.	0.			PUBLIC AND SOCIETAL BENEFIT
DISABLED AMERICAN VETERANS P.O. BOX 14301 CINCINNATI, OH 45250	31-0263158	501(C)(3)	15,100.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	19,950.	0.			GENERAL SUPPORT

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DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE - PO BOX 3751 - SANTA BARBARA, CA 93103	33-1210731	501(C)(3)	52,200.	0.			HEALTH CARE
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY - P.O. BOX 1536 - SANTA BARBARA, CA 93102	95-3495141	501(C)(3)	202,934.	0.			HUMAN SERVICES
DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION - PO BOX 313 - GOLETA, CA 93116-0313	26-1115393	501(C)(3)	22,000.	0.			EDUCATION
DRAMADOGS PO BOX 2335 SANTA BARBARA, CA 93120	31-1745084	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
DREAM FOUNDATION 1528 CHAPALA ST STE 304 SANTA BARBARA, CA 93101	77-0405779	501(C)(3)	12,500.	0.			HUMAN SERVICES
DUNN SCHOOL PO BOX 98 LOS OLIVOS, CA 93441	95-1909237	501(C)(3)	25,000.	0.			EDUCATION
EASY LIFT TRANSPORTATION, INC. 53 CASS PLACE, SUITE D GOLETA, CA 93117	95-3642272	501(C)(3)	50,557.	0.			HUMAN SERVICES
ELINGS PARK FOUNDATION 1298 LAS POSITAS RD SANTA BARBARA, CA 93105	95-3500475	501(C)(3)	21,800.	0.			GENERAL SUPPORT
ENDOWMENT FOR YOUTH COMMITTEE 606 ALAMO PINTADO RD STE 3274 SOLVANG, CA 93463	77-0202584	501(C)(3)	29,884.	0.			EDUCATION

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ENSEMBLE THEATRE COMPANY PO BOX 2307 SANTA BARBARA, CA 93120-2307	95-3408200	501(C)(3)	103,600.	0.			ARTS, CULTURE, AND HUMANITIES
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST SANTA BARBARA, CA 93101-7404	77-0061994	501(C)(3)	43,900.	0.			HUMAN SERVICES
EQUALITECH 5662 CALLE REAL #241 GOLETA, CA 93117	81-3312119	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
EVERYBODY DANCE NOW PO BOX 23057 SANTA BARBARA, CA 93121-3057	45-2107249	501(C)(3)	35,000.	0.			ARTS, CULTURE, AND HUMANITIES
EXPLORING SOLUTIONS PAST THE MAYA FOREST ALLIANCE - PO BOX 3962 - SANTA BARBARA, CA 93130	77-0577587	501(C)(3)	20,400.	0.			PUBLIC AND SOCIETAL BENEFIT
FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 W GUTIERREZ ST - SANTA BARBARA, CA 93101	95-1644031	501(C)(3)	452,171.	0.			HUMAN SERVICES
FAMILY THERAPY INSTITUTE 111 E ARRELLAGA ST SANTA BARBARA, CA 93101	95-3531862	501(C)(3)	6,000.	0.			HUMAN SERVICES
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090-6749	36-3673599	501(C)(3)	6,200.	0.			FOOD SYSTEMS
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - PO BOX 770001 - CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	9,297.	0.			PUBLIC AND SOCIETAL BENEFIT

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FIELD INSTITUTE OF TAOS PO BOX 486 ARROYO SECO, NM 87514	85-0442587	501(C)(3)	30,000.	0.			HUMAN SERVICES
FIGHTING BACK SANTA MARIA VALLEY PO BOX 184 SANTA MARIA, CA 93456-0184	65-1234981	501(C)(3)	20,000.	0.			BEHAVIORAL HEALTH
FLINTRIDGE PREPARATORY SCHOOL 4543 CROWN AVE LA CAADA FLINTRIDGE, CA 91011	95-1643324	501(C)(3)	34,207.	0.			EDUCATION
FOOD FROM THE HEART PO BOX 3908 SANTA BARBARA, CA 93130	56-2334859	501(C)(3)	16,000.	0.			HUMAN SERVICES
FOOD TANK 1915 BANK ST BALTIMORE, MD 21231	46-0970124	501(C)(3)	15,000.	0.			FOOD SYSTEMS
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	722,288.	0.			FOOD SYSTEMS
FOUNDATION FOR SANTA BARBARA HIGH SCHOOL - PO BOX 158 - SANTA BARBARA, CA 93102	26-0312564	501(C)(3)	10,000.	0.			EDUCATION
FREEDOM 4 YOUTH P.O. BOX 2096 SANTA BARBARA, CA 93120	27-4437945	501(C)(3)	15,000.	0.			EDUCATION
FRIENDS OF THE SANTA BARBARA PUBLIC LIBRARY - PO BOX 1019 - SANTA BARBARA, CA 93102	23-7380305	501(C)(3)	5,500.	0.			EDUCATION

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FRIENDS OF UNFPA, INC. 605 3RD AVE 4TH FL NEW YORK, NY 10158	13-3996346	501(C)(3)	16,000.	0.			GENERAL SUPPORT
FRIENDSHIP ADULT DAY CARE CENTER INC. - 89 EUCALYPTUS LN - SANTA BARBARA, CA 93108	95-3398938	501(C)(3)	37,700.	0.			HUMAN SERVICES
FUND FOR SANTA BARBARA, INC. 26 W ANAPAMU ST SUITE 100 SANTA BARBARA, CA 93101	77-0070742	501(C)(3)	105,100.	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)	45,000.	0.			HUMAN SERVICES
GANNA WALSKA LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 93108-1059	23-7082550	501(C)(3)	89,772.	0.			ENVIRONMENT AND ANIMALS
GATEWAY EDUCATIONAL SERVICES P.O. BOX 6333 SANTA BARBARA, CA 93106	90-0594912	501(C)(3)	22,500.	0.			EDUCATION
GAVIOTA COAST CONSERVANCY PO BOX 1099 GOLETA, CA 93116	77-0455133	501(C)(3)	9,400.	0.			ENVIRONMENT AND ANIMALS
GIRLS INCORPORATED OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA, CA 93013	23-7430292	501(C)(3)	59,467.	0.			HUMAN SERVICES
GIRLS INCORPORATED OF GREATER SANTA BARBARA - PO BOX 236 - SANTA BARBARA, CA 93102	95-6006417	501(C)(3)	80,600.	0.			CHILD CARE

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GIRLS ROCK SB 1 NORTH CALLE CESAR CHAVEZ , STE 10 SANTA BARBARA, CA 93103	46-0687975	501(C)(3)	46,000.	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
GOLETA EDUCATION FOUNDATION P.O. BOX 1177 GOLETA, CA 93117	77-0223008	501(C)(3)	15,000.	0.			EDUCATION
GOOD SAMARITAN SHELTER, INC. 245 EAST INGER DRIVE 103-B SANTA MARIA, CA 93454	77-0133375	501(C)(3)	80,300.	0.			HOUSING AND SHELTER
GUADALUPE KIDS COME FIRST FOUNDATION - PO BOX 696 - GUADALUPE, CA 93434	46-3658555	501(C)(3)	7,000.	0.			HUMAN SERVICES
GUITARS FOR VETS 6501 3RD AVE KENOSHA, WA 53143-5111	51-0662347	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
HABITAT FOR HUMANITY OF SOUTHERN SANTA BARBARA COUNTY - PO BOX 176 - GOLETA, CA 93116-0176	77-0518264	501(C)(3)	20,130.	0.			HOUSING AND SHELTER
HEAL THE OCEAN PO BOX 90106 SANTA BARBARA, CA 93190	77-0565183	501(C)(3)	11,850.	0.			ENVIRONMENT AND ANIMALS
HEARTS THERAPEUTIC EQUESTRIAN CENTER - P.O. BOX 30662 - SANTA BARBARA, CA 93130	77-0460907	501(C)(3)	35,600.	0.			HUMAN SERVICES

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HELP OF OJAI 111 W. SANTA ANA STREET OJAI, CA 93023	95-2872549	501(C)(3)	5,500.	0.			HUMAN SERVICES
HILLSIDE HOUSE 1235 VERONICA SPRINGS RD SANTA BARBARA, CA 93105	95-1816019	501(C)(3)	31,069.	0.			HUMAN SERVICES
HOLDERMAN ENDOWMENT FOR LA PATERA SCHOOL - 555 N LA PATERA LN - GOLETA, CA 93117	95-6205039	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HOPE COMMUNITY CHURCH 560 N LA CUMBRE RD SANTA BARBARA, CA 93110	95-3065173	501(C)(3)	31,320.	0.			CHILD CARE
HOPE REFUGE, INC PO BOX 80325 GOLETA, CA 93118	46-3143626	501(C)(3)	50,000.	0.			HUMAN SERVICES
HORSE PLUS HUMANE SOCIETY PO BOX 485 HOHENWALD, TN 38462	20-1156396	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
HOSPICE OF SANTA BARBARA INC. 2050 ALAMEDA PADRE SERRA STE 100 SANTA BARBARA, CA 93103	23-7448586	501(C)(3)	158,180.	0.			HUMAN SERVICES
HOUSING TRUST FUND OF SANTA BARBARA COUNTY, INC. - PO BOX 60909 - SANTA BARBARA, CA 93160-0909	43-2007672	501(C)(3)	30,000.	0.			PUBLIC AND SOCIETAL BENEFIT
HUMAN RIGHTS WATCH, INC. 350 5TH AVE FL 34 NEW YORK, NY 10118-3299	13-2875808	501(C)(3)	23,200.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HUMANE SOCIETY OF TAOS PO BOX 622 TAOS, NM 87571	85-0342062	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS
IDF LIFE FOR A CHILD USA INC. 2304 TRECOTT DR TALLAHASSEE, FL 32308	47-4901579	501(C)(3)	10,000.	0.			HEALTH CARE
INSTITUTE FOR COLLECTIVE TRAUMA AND GROWTH - PO BOX 3498 - SANTA BARBARA, CA 93130-3498	45-5369447	501(C)(3)	15,000.	0.			GENERAL SUPPORT
INTERFAITH INITIATIVE OF SANTA BARBARA COUNTY - 1000 SAN ANTONIO CREEK RD - SANTA BARBARA, CA 93111	47-0920616	501(C)(3)	24,350.	0.			PUBLIC AND SOCIETAL BENEFIT
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
INTERNATIONAL RESCUE COMMITTEE. INC. - 122 E 42ND ST - NEW YORK, NY 10168	13-5660870	501(C)(3)	6,500.	0.			GENERAL SUPPORT
ISLA VISTA YOUTH PROJECTS, INC. 6842 PHELPS RD GOLETA, CA 93117	95-3007419	501(C)(3)	97,260.	0.			HUMAN SERVICES
JAZZ FOUNDATION OF AMERICA 247 WEST 37TH STREET, SUITE 201 NEW YORK, NY 10018	13-3631523	501(C)(3)	20,000.	0.			ARTS, CULTURE, AND HUMANITIES
JEWISH FEDERATION OF GREATER SANTA BARBARA - 524 CHAPALA ST - SANTA BARBARA, CA 93101-3412	23-7354759	501(C)(3)	29,300.	0.			PUBLIC AND SOCIETAL BENEFIT

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JODI HOUSE, INC. 625 CHAPALA ST SANTA BARBARA, CA 93101	95-3836137	501(C)(3)	15,000.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF SANTA BARBARA, INC. - 229 E VICTORIA ST - SANTA BARBARA, CA 93101	95-6001744	501(C)(3)	17,500.	0.			PUBLIC AND SOCIETAL BENEFIT
KIDS EDUCATIONAL ENGAGEMENT PROJECT - 485 CHANDLER POND DR - LAWRENCVILLE, GA 30043	82-1262396	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LAGUNA BLANCA SCHOOL 4125 PALOMA DRIVE SANTA BARBARA, CA 93110	95-1641448	501(C)(3)	15,500.	0.			EDUCATION
LEADER DOGS FOR THE BLIND 1039 S ROCHESTER RD ROCHESTER HILLS, MI 48307	38-1366931	501(C)(3)	6,000.	0.			HUMAN SERVICES
LEADING FROM WITHIN P.O. BOX 806 SANTA BARBARA, CA 93102	68-0365504	501(C)(3)	186,085.	0.			EDUCATION
LEGAL AID FOUNDATION OF SANTA BARBARA COUNTY - 301 E CANON PERDIDO ST - SANTA BARBARA, CA 93101	95-2112634	501(C)(3)	35,000.	0.			HUMAN SERVICES
LIGHT AND LIFE GOLETA PO BOX 1004 GOLETA, CA 93116	37-1556505	501(C)(3)	12,300.	0.			GENERAL SUPPORT
LOBERO THEATRE FOUNDATION 33 E CANON PERDIDO ST SANTA BARBARA, CA 93101-2246	95-1831068	501(C)(3)	130,750.	0.			ARTS, CULTURE, AND HUMANITIES

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LOIS AND WALTER CAPPS PROJECT 226 E. CANON PERDIDO STREET D SANTA BARBARA, CA 93101	02-0538138	501(C)(3)	10,000.	0.			EDUCATION
LOMPOC HOSPITAL DISTRICT FOUNDATION - PO BOX 883 - LOMPOC, CA 93438	77-0262454	501(C)(3)	11,500.	0.			HEALTH CARE
LOMPOC SCHOOL DISTRICT COMMUNITY EDUCATION FOUNDATION - PO BOX 8000 - LOMPOC, CA 93438-8000	77-0443885	501(C)(3)	26,800.	0.			CHILD CARE
LOMPOC VALLEY COMMUNITY HEALTHCARE ORGANIZATION, INC. - PO BOX 368 - LOMPOC, CA 93438-0368	77-0494140	501(C)(3)	95,000.	0.			HEALTH CARE
LOS ANGELES CHAMBER ORCHESTRA SOCIETY INC - 350 S. FIGUEROA STREET, SUITE 183 - LOS ANGELES, CA 90071	23-7010825	501(C)(3)	7,500.	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.			EDUCATION
LOS PADRES FOREST WATCH, INC. PO BOX 831 SANTA BARBARA, CA 93102	20-1531390	501(C)(3)	7,400.	0.			ENVIRONMENT AND ANIMALS
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DR STE 2800 LOS ANGELES, CA 90045-2659	95-1643334	501(C)(3)	5,250.	0.			EDUCATION
MAKE-A-WISH FOUNDATION OF THE TRI-COUNTIES - 26 WEST ANAPAMU STREET SUITE 102 - SANTA BARBARA, CA 93101	77-0098671	501(C)(3)	10,500.	0.			HEALTH CARE

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MARIAN REGIONAL MEDICAL CENTER FOUNDATION - 1400 E CHURCH ST - SANTA MARIA, CA 93454	95-3818027	501(C)(3)	123,884.	0.			HEALTH CARE
MARYMOUNT ACADEMY INCORPORATED 2130 MISSION RIDGE RD SANTA BARBARA, CA 93103	23-7154063	501(C)(3)	21,000.	0.			EDUCATION
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 SOUTH GREAT RD - LINCOLN, MA 01773	04-2104702	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS
MASSACHUSETTS GENERAL HOSPITAL EAST BUILDING 149, 13TH ST, CNY-360 CHARLESTOWN, MA 02129	04-1564655	501(C)(3)	10,000.	0.			HEALTH CARE
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	10,000.	0.			HEALTH CARE
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVE, STE 3 - PETOSKEY, MI 49770-2272	38-2445611	501(C)(3)	7,500.	0.			HEALTH CARE
MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY - 617 GARDEN ST - SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	55,300.	0.			BEHAVIORAL HEALTH
MINDFUL HEART PROGRAMS 2946 LA COMBADURA ROAD SANTA BARBARA, CA 93105	82-2949097	501(C)(3)	5,500.	0.			HUMAN SERVICES
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 06032	06-0646786	501(C)(3)	10,000.	0.			EDUCATION

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MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT - 135 MAGNOLIA AVE - OXNARD, CA 93030	30-0045901	501(C)(3)	15,000.	0.			PUBLIC AND SOCIETAL BENEFIT
MONTECITO COVENANT CHURCH 671 COLD SPRING RD SANTA BARBARA, CA 93108	95-2685463	501(C)(3)	75,000.	0.			GENERAL SUPPORT
MONTECITO RETIREMENT ASSOCIATION 300 HOT SPRINGS RD SANTA BARBARA, CA 93108	23-7425754	501(C)(3)	13,327.	0.			HUMAN SERVICES
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD SANTA BARBARA, CA 93108-2899	95-1525814	501(C)(3)	456,075.	0.			ARTS, CULTURE, AND HUMANITIES
MUSICARES FOUNDATION INC 3030 OLYMPIC BLVD SANTA MONICA, CA 90404	95-4470909	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
NATIONAL BLOOD FOUNDATION RESEARCH & EDUCATION TRUST FUND - 8101 GLENBROOK RD - BETHESDA, MD 20814-2749	52-2059102	501(C)(3)	10,175.	0.			HEALTH CARE
NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION - 100 W HARRISON ST, N TOWER STE 500 - SEATTLE, WA 98119	91-1255818	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON RD - SANTA PAULA, CA 93060	77-0412509	501(C)(3)	30,500.	0.			HEALTH CARE
NATIONAL FEDERATION OF THE BLIND INC. - 200 E WELLS ST - BALTIMORE, MD 21230	02-0259978	501(C)(3)	75,640.	0.			HEALTH CARE

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NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVENUE 3RD FLOOR - NEW YORK, NY 10017	13-5661935	501(C)(3)	5,250.	0.			HEALTH CARE
NATURE CONSERVANCY, INC. 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
NATURETRACK FOUNDATION PO BOX 953 LOS OLIVOS, CA 93441	45-3040646	501(C)(3)	19,000.	0.			EDUCATION
NEBULA DANCE LAB PO BOX 30245 SANTA BARBARA, CA 93130	27-3489380	501(C)(3)	9,000.	0.			ARTS, CULTURE, AND HUMANITIES
NORTH COUNTY RAPE CRISIS & CHILD PROTECTION CENTER - PO BOX 148 - LOMPOC, CA 93438-0148	95-2994637	501(C)(3)	22,928.	0.			GENERAL SUPPORT
NORTHERN SANTA BARBARA COUNTY UNITED WAY - PO BOX 947 - SANTA MARIA, CA 93456-0947	95-6006513	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
NOTES FOR NOTES INCORPORATED P.O. BOX 90632 SANTA BARBARA, CA 93190	20-4875556	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
OAK KNOLLS HAVEN 6120 STONERIDGE MALL ROAD, SUITE 10 PLEASANTON, CA 94558	95-3497055	501(C)(3)	8,330.	0.			HUMAN SERVICES
OCEANHILLS COVENANT CHURCH 821 STATE ST, STE B SANTA BARBARA, CA 93101	77-0489999	501(C)(3)	14,400.	0.			GENERAL SUPPORT

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OJAI FESTIVALS LTD. PO BOX 185 OJAI, CA 93024	95-2122508	501(C)(3)	28,300.	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 VALLEY FAMILY SHELTER PO BOX 945 OJAI, CA 93023	77-3072478	501(C)(3)	15,000.	0.			HUMAN SERVICES
OJAI VALLEY SCHOOL 723 EL PASEO RD OJAI, CA 93023	95-1661099	501(C)(3)	80,317.	0.			EDUCATION
ONE CALL FOR ALL PO BOX 10487 BAINBRIDGE ISLAND, WA 98110	91-0782393	501(C)(3)	7,500.	0.			PUBLIC AND SOCIETAL BENEFIT
ORCUTT AREA SENIORS IN SERVICE, INC. - PO BOX 2637 - SANTA MARIA, CA 93457	77-0058257	501(C)(3)	32,000.	0.			HUMAN SERVICES
ORCUTT CHILDREN'S ART FOUNDATION, INC. - 500 DYER ST - ORCUTT, CA 93455	03-0463467	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST PORTLAND, OR 97205-2126	23-7315673	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION - PO BOX 29017 - PORTLAND, OR 97296	23-7083114	501(C)(3)	20,000.	0.			EDUCATION

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OREGON LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 321 SW 4TH AVENUE, STE 600 - PORTLAND, OR 97204	93-1177957	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
OREGON PROGRESSIVE ALLIANCE INC. 209 SW OAK ST STE 500 PORTLAND, OR 97204-2740	54-2177095	501(C)(3)	6,000.	0.			PUBLIC AND SOCIETAL BENEFIT
ORGANIC SOUP KITCHEN 315 MEIGS ROAD, SUITE A # 369 SANTA BARBARA, CA 93109	27-1081432	501(C)(3)	92,350.	0.			FOOD SYSTEMS
OUR LADY OF GRACE 5071 EDEN AVE MINNEAPOLIS, MN 55436	53-0196617	501(C)(3)	78,450.	0.			GENERAL SUPPORT
OUR LADY OF MOUNT CARMEL SCHOOL 530 HOT SPRINGS RD SANTA BARBARA, CA 93108	95-1921624	501(C)(3)	6,575.	0.			GENERAL SUPPORT
PARALYZED VETERANS OF AMERICA 801 18TH ST NW WASHINGTON, DC 20006-3517	13-1946868	501(C)(3)	15,000.	0.			HEALTH CARE
PARK COUNTY COMMUNITY FOUNDATION 202 E CALLENDER ST LIVINGSTON, MT 59047	20-5581763	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
PARTNERS IN HOUSING SOLUTIONS 425 E COTA SANTA BARBARA, CA 93101	83-1183210	501(C)(3)	52,900.	0.			HOUSING AND SHELTER
PBS SOCAL 3080 BRISTOL STREET SUITE #100 COSTA MESA, CA 92626	95-3220724	501(C)(3)	7,800.	0.			ARTS, CULTURE, AND HUMANITIES

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PCPA FOUNDATION 800 S COLLEGE DR SANTA MARIA, CA 93454-6399	77-0399484	501(C)(3)	17,500.	0.			PUBLIC AND SOCIETAL BENEFIT
PEOPLE ASSISTING THE HOMELESS PO BOX 24116 SANTA BARBARA, CA 93121	95-3950196	501(C)(3)	57,050.	0.			HUMAN SERVICES
PEOPLES' SELF-HELP HOUSING CORPORATION - 26 E VICTORIA ST - SANTA BARBARA, CA 93101	95-2750154	501(C)(3)	126,450.	0.			HOUSING AND SHELTER
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVENUE N.W. STE. 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	15,000.	0.			FOOD SYSTEMS
PILGRIM TERRACE COOPERATIVE HOMES 649 PILGRIM TERRACE DRIVE SANTA BARBARA, CA 93101	95-3465019	501(C)(3)	10,000.	0.			HOUSING AND SHELTER
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	145,600.	0.			HEALTH CARE
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST - NEW YORK, NY 10038	13-1644147	501(C)(3)	9,500.	0.			HEALTH CARE
PRINCETON PROSPECT FOUNDATION TERRACE CLUB, 62 WASHINGTON RD PRINCETON, NJ 08540	22-6075964	501(C)(3)	25,000.	0.			EDUCATION
PROJECT MUSIC HEALS US, INC. 1019 GORDON AVE RENO, NV 89509	81-4264727	501(C)(3)	20,000.	0.			ARTS, CULTURE, AND HUMANITIES

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PROVIDENCE SCHOOL 3225 CALLE PINON RD SANTA BARBARA, CA 93105	95-2105233	501(C)(3)	32,425.	0.			EDUCATION
PUBLIC SQUARE, INC. 3463 STATE ST #229 SANTA BARBARA, CA 93106	82-1616055	501(C)(3)	16,000.	0.			ARTS, CULTURE, AND HUMANITIES
QUAIL SPRINGS PERMACULTURE 35070 HIGHWAY 33 MARICOPA, CA 93252	38-3692928	501(C)(3)	30,500.	0.			ENVIRONMENT AND ANIMALS
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - CHEADLE HALL, 1210 MESA RD - SANTA BARBARA, CA 93106-2013	95-6006145	501(C)(3)	234,706.	0.			EDUCATION
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE ST, STE 9000 - ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	100,000.	0.			EDUCATION
REINS OF H.O.P.E. P.O. BOX 1156 OJAI, CA 93024	37-1518849	501(C)(3)	7,500.	0.			HUMAN SERVICES
RESCUE MISSION ALLIANCE P.O. BOX 6467 SANTA MARIA, CA 93456-6467	23-7278002	501(C)(3)	30,000.	0.			HUMAN SERVICES
RIOS PROMISE INC. 187 3RD ST SOLVANG, CA 93463-2819	47-2092483	501(C)(3)	25,000.	0.			HUMAN SERVICES
RONA BARRETT FOUNDATION PO BOX 1559 SANTA YNEZ, CA 93460	77-0555412	501(C)(3)	7,000.	0.			PUBLIC AND SOCIETAL BENEFIT

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ROUTE ONE FARMERS MARKET 168 INVERNESS AVENUE LOMPOC, CA 93436	84-4018801	501(C)(3)	15,000.	0.			FOOD SYSTEMS
SAINT MARK UNITED METHODIST CHURCH 3942 LA COLINA RD SANTA BARBARA, CA 93110	95-2487538	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SANCTUARY CENTERS OF SANTA BARBARA, INC. - PO BOX 551 - SANTA BARBARA, CA 93102	95-3066786	501(C)(3)	45,500.	0.			BEHAVIORAL HEALTH
SANSUM CLINIC PO BOX 1200 SANTA BARBARA, CA 93102-1200	95-6419205	501(C)(3)	83,100.	0.			HEALTH CARE
SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH ST SANTA BARBARA, CA 93105	95-1684086	501(C)(3)	119,400.	0.			HEALTH CARE
SANTA BARBARA ARTS COLLABORATIVE INC. - PO BOX 1414 - SANTA BARBARA, CA 93102	27-3262168	501(C)(3)	22,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA AUDUBON SOCIETY, INC. - PO BOX 6737 - SANTA BARBARA, CA 93160	23-7051362	501(C)(3)	11,150.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA, CA 93190	77-0395986	501(C)(3)	21,500.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA BOTANIC GARDEN, INC. 1212 MISSION CANYON RD SANTA BARBARA, CA 93105-2126	95-1644628	501(C)(3)	104,606.	0.			ENVIRONMENT AND ANIMALS

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SANTA BARBARA BOWL FOUNDATION 1122 N MILPAS ST SANTA BARBARA, CA 93103-2336	95-3618955	501(C)(3)	91,000.	0.			HUMAN SERVICES
SANTA BARBARA BUCKET BRIGADE P.O. BOX 50640 SANTA BARBARA, CA 93150	83-1156413	501(C)(3)	9,750.	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)	373,750.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA CHANNELKEEPER 714 BOND AVE SANTA BARBARA, CA 93103-3131	91-2151460	501(C)(3)	49,750.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA CITY FIREFIGHTERS CHARITABLE FUND INC - PO BOX 60638 - SANTA BARBARA, CA 93160	76-0797274	501(C)(3)	7,500.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA COALITION FOR RESPONSIBLE CANNABIS - PO BOX 278 - SANTA BARBARA, CA 93102	38-4118638	501(C)(3)	200,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA COMMUNITY YOUTH PERFORMING ARTS CENTER - PO BOX 21046 - SANTA BARBARA, CA 93121	77-0543169	501(C)(3)	50,250.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102	95-3802238	501(C)(3)	237,425.	0.			HEALTH CARE
SANTA BARBARA COUNTY EDUCATION OFFICE - 4400 CATHEDRAL OAKS RD - SANTA BARBARA, CA 93160	95-6000940	501(C)(3)	25,000.	0.			CHILD CARE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA COUNTY PARK FOUNDATION - P.O. BOX 91760 - SANTA BARBARA, CA 93190	77-0449689	501(C)(3)	35,000.	0.			HUMAN SERVICES
SANTA BARBARA DANCE INSTITUTE 1330 STATE ST STE 207 SANTA BARBARA, CA 93101	26-4255635	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA DONS BASEBALL P.O. BOX 3233 SANTA BARBARA, CA 93130	82-0563575	501(C)(3)	7,500.	0.			HUMAN SERVICES
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 201 SANTA BARBARA, CA 93101	77-0071544	501(C)(3)	111,765.	0.			EDUCATION
SANTA BARBARA EQUINE ASSISTANCE & EVACUATION TEAM, INC. - PO BOX 60535 - SANTA BARBARA, CA 93160	31-1654184	501(C)(3)	325,000.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA FAMILY CARE CENTER 705 E MAIN ST STE 101 SANTA MARIA, CA 93454	95-2684041	501(C)(3)	25,000.	0.			HUMAN SERVICES
SANTA BARBARA FESTIVAL BALLET 127 WEST CANON PERDIDO SANTA BARBARA, CA 93101	23-7429689	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA HILLEL 781 EMBARDADERO DEL MAR ISLA VISTA, CA 93117	91-2054237	501(C)(3)	43,336.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA HISTORICAL MUSEUM 136 E DE LA GUERRA ST SANTA BARBARA, CA 93101	95-6005796	501(C)(3)	28,812.	0.			ARTS, CULTURE, AND HUMANITIES

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SANTA BARBARA HUMANE SOCIETY 5399 OVERPASS RD SANTA BARBARA, CA 93111	95-1643377	501(C)(3)	92,009.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA ST STE 203 - SANTA BARBARA, CA 93101	77-0073674	501(C)(3)	17,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY STE 190 SANTA BARBARA, CA 93109-2344	77-0392953	501(C)(3)	11,350.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MEALS ON WHEELS PO BOX 6099 SANTA BARBARA, CA 93160	51-0139577	501(C)(3)	22,100.	0.			FOOD SYSTEMS
SANTA BARBARA MIDDLE SCHOOL 1321 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103	95-3134383	501(C)(3)	72,500.	0.			EDUCATION
SANTA BARBARA MOUNTAIN BIKE TRAIL VOLUNTEERS INC - P.O. BOX 4003 - SANTA BARBARA, CA 93140	77-0342830	501(C)(3)	10,000.	0.			HUMAN SERVICES
SANTA BARBARA MUSEUM OF ART 1130 STATE ST SANTA BARBARA, CA 93101	95-1664122	501(C)(3)	292,048.	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)	1,102,588.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST SANTA BARBARA, CA 93101	77-0496382	501(C)(3)	641,047.	0.			HEALTH CARE

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SANTA BARBARA NEW HOUSE 2434 BATH ST SANTA BARBARA, CA 93105	95-2887119	501(C)(3)	31,147.	0.			BEHAVIORAL HEALTH
SANTA BARBARA OPERA ASSOCIATION 1330 STATE ST STE 209 SANTA BARBARA, CA 93101	77-0347413	501(C)(3)	116,387.	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)	35,500.	0.			EDUCATION
SANTA BARBARA POLICE ACTIVITIES LEAGUE - P.O. BOX 91121 - SANTA BARBARA, CA 93190	77-0523426	501(C)(3)	27,750.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA POLICE FOUNDATION PO BOX 91929 SANTA BARBARA, CA 93190-1929	27-2138540	501(C)(3)	20,000.	0.			HUMAN SERVICES
SANTA BARBARA PUBLIC LIBRARY FOUNDATION - 40 E ANAPAMU ST - SANTA BARBARA, CA 93101	46-0750188	501(C)(3)	149,965.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 93103-3254	95-6134271	501(C)(3)	69,484.	0.			HOUSING AND SHELTER
SANTA BARBARA RESPONSE NETWORK 115 W CANON PERDIDO SANTA BARBARA, CA 93101	30-0703710	501(C)(3)	17,000.	0.			BEHAVIORAL HEALTH
SANTA BARBARA SCHOOL OF SQUASH INC. - 1530 CHAPALA ST STE F - SANTA BARBARA, CA 93101	20-4496216	501(C)(3)	6,250.	0.			HUMAN SERVICES

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SANTA BARBARA SOUTH COAST CHAMBER OF COMMERCE - 5662 CALLE REAL #204 - GOLETA, CA 93117	95-2275198	501(C)(6)	25,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION - 1330 STATE ST STE 102 - SANTA BARBARA, CA 93101	95-2104089	501(C)(3)	118,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA WILDLIFE CARE NETWORK, INC. - PO BOX 6594 - SANTA BARBARA, CA 93160	77-0201505	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA ZOOLOGICAL FOUNDATION - 500 NINOS DR - SANTA BARBARA, CA 93103	95-2268554	501(C)(3)	115,607.	0.			ENVIRONMENT AND ANIMALS
SANTA CRUZ ISLAND FOUNDATION 5045 WULLBRANDT WAY CARPINTERIA, CA 93013	95-4073657	501(C)(3)	7,000.	0.			GENERAL SUPPORT
SANTA MARIA PHILHARMONIC SOCIETY PO BOX 375 SANTA MARIA, CA 93456-0375	77-0288378	501(C)(3)	9,000.	0.			GENERAL SUPPORT
SANTA MARIA VALLEY HUMANE SOCIETY P.O. BOX 1700 SANTA MARIA, CA 93456	77-0002949	501(C)(3)	23,491.	0.			ENVIRONMENT AND ANIMALS
SANTA MARIA VALLEY YMCA 3400 SKYWAY DR SANTA MARIA, CA 93455-2504	95-2158363	501(C)(3)	32,340.	0.			CHILD CARE
SANTA YNEZ VALLEY COTTAGE HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102	95-3308522	501(C)(3)	35,000.	0.			HEALTH CARE

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SANTA YNEZ VALLEY FRUIT AND VEGETABLE RESCUE - PO BOX 1651 - SANTA YNEZ, CA 93460	45-1797788	501(C)(3)	49,700.	0.			FOOD SYSTEMS
SANTA YNEZ VALLEY HISTORICAL SOCIETY - 3596 SAGUNTO ST - SANTA YNEZ, CA 93460-9110	95-6121776	501(C)(3)	15,200.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA YNEZ VALLEY HUMANE SOCIETY, INC. - PO BOX 335 - BUELLTON, CA 93427	95-3389449	501(C)(3)	7,500.	0.			ENVIRONMENT AND ANIMALS
SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE - PO BOX 1478 - SOLVANG, CA 93464	77-0338060	501(C)(3)	50,000.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY SENIOR ADVISORY COUNCIL - 1745 MISSION DRIVE - SOLVANG, CA 93463	77-0236226	501(C)(3)	25,900.	0.			GENERAL SUPPORT
SANTA YNEZ VALLEY SENIOR CITIZENS FOUNDATION - PO BOX 1946 - BUELLTON, CA 93427	95-3169593	501(C)(3)	50,000.	0.			FOOD SYSTEMS
SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM - P.O. BOX 256 - SOLVANG, CA 93464	77-0564282	501(C)(3)	5,600.	0.			HEALTH CARE
SARAH HOUSE SANTA BARBARA PO BOX 20031 SANTA BARBARA, CA 93120	77-0224415	501(C)(3)	30,500.	0.			HEALTH CARE
SCHOLARSHIP FOUNDATION OF SANTA BARBARA - PO BOX 3620 - SANTA BARBARA, CA 93130-3620	23-7087774	501(C)(3)	1,334,400.	0.			EDUCATION

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SEATTLE MUSICIANS ACCESS TO SUSTAINABLE HEALTHCARE (SMASH) - 6515 5TH AVE NW - SEATTLE, WA 98117	81-1717061	501(C)(3)	30,000.	0.			HEALTH CARE
SECURE BEGINNINGS PO BOX 285 OJAI, CA 93024	77-0544181	501(C)(3)	15,500.	0.			HUMAN SERVICES
SHE-CAN P.O. BOX 876 MILL VALLEY, CA 94942	27-4524093	501(C)(3)	8,000.	0.			EDUCATION
SHEPHERD MOUNTAIN HORSE RESCUE INC 12106 SHEPHERD LN MOUNTAINBURG, AR 72946	47-5440806	501(C)(3)	53,000.	0.			ENVIRONMENT AND ANIMALS
SILVER LAKE FOUNDATION PO BOX 1522 MAMMOTH LAKES, CA 93546	46-1667221	501(C)(3)	20,000.	0.			HUMAN SERVICES
SKECHERS FOUNDATION 228 MANHATTAN BEACH BLVD MANHATTAN BEACH, CA 90266	27-3158320	501(C)(3)	10,000.	0.			HUMAN SERVICES
SLO NOOR FOUNDATION 1428 PHILLIPS LN STE B4 SAN LUIS OBISPO, CA 93401-2570	27-1412176	501(C)(3)	25,000.	0.			HEALTH CARE
SOLVANG HERITAGE ASSOCIATES 1624 ELVERHOY WAY SOLVANG, CA 93463	77-0248806	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
SOLVANG THEATERFEST PO BOX 917 SOLVANG, CA 93464	95-3612715	501(C)(3)	315,200.	0.			ARTS, CULTURE, AND HUMANITIES

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SOUTH COAST COMMUNITY MEDIA ACCESS CENTER - 329 S SALINAS ST - SANTA BARBARA, CA 93103	71-0910704	501(C)(3)	19,000.	0.			ARTS, CULTURE, AND HUMANITIES
SPIRIT OF THE WILD HORSE PO BOX 100 COSTILLA, NM 87524	39-2067927	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS
ST. CECILIA SOCIETY PO BOX 92213 SANTA BARBARA, CA 93150	95-6047722	501(C)(3)	27,552.	0.			HEALTH CARE
ST. JAMES EPISCOPAL CHURCH 208 CAMINO DE SANTIAGO TAOS, NM 87571	85-0122245	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ST. JOSEPH HIGH SCHOOL 4120 S BRADLEY RD SANTA MARIA, CA 93455	95-2315939	501(C)(3)	7,500.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	15,100.	0.			HEALTH CARE
ST. MARK'S-IN-THE-VALLEY EPISCOPAL CHURCH - PO BOX 39 - LOS OLIVOS, CA 93441	31-1629166	501(C)(3)	18,800.	0.			PUBLIC AND SOCIETAL BENEFIT
ST. MARY OF THE ASSUMPTION 424 EAST CYPRESS ST SANTA MARIA, CA 93454	95-3248111	501(C)(3)	27,360.	0.			CHILD CARE
ST. VINCENT DE PAUL SOCIETY 210 N AVE 21 LOS ANGELES, CA 90031	95-1644622	501(C)(3)	6,345.	0.			HUMAN SERVICES

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ST. VINCENT'S 4200 CALLE REAL SANTA BARBARA, CA 93110-1454	95-1643367	501(C)(3)	100,500.	0.			CHILD CARE
STANDING TOGETHER TO END SEXUAL ASSAULT - 433 E CAON PERDIDO ST - SANTA BARBARA, CA 93101	95-2929455	501(C)(3)	10,000.	0.			BEHAVIORAL HEALTH
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	46,400.	0.			EDUCATION
STATE STREET BALLET 2285 LAS POSITAS RD SANTA BARBARA, CA 93105	86-0717486	501(C)(3)	66,000.	0.			ARTS, CULTURE, AND HUMANITIES
STORYTELLER CHILDREN'S CENTER, INC. - 2115 STATE ST - SANTA BARBARA, CA 93105-3555	77-0283072	501(C)(3)	90,508.	0.			EDUCATION
SUSTAINABLE CHANGE ALLIANCE FOUNDATION - P.O. BOX 41625 - SANTA BARBARA, CA 93103	83-1937937	501(C)(3)	25,000.	0.			HUMAN SERVICES
TAOS CENTER FOR THE ARTS 133 PASEO DEL PUEBLO NORTE TAOS, NM 87571	85-0113452	501(C)(3)	12,000.	0.			GENERAL SUPPORT
TAOS HEALTH SYSTEMS INC HOLY CROSS HOSPITAL - 1397 WEIMER RD - TAOS, NM 87571	85-0289839	501(C)(3)	30,000.	0.			HEALTH CARE
TEDDY BEAR CANCER FOUNDATION 3892 STATE ST STE 220 SANTA BARBARA, CA 93105	14-1872081	501(C)(3)	20,550.	0.			HEALTH CARE

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TENNIS PATRONS ASSOCIATION OF SANTA BARBARA, INC. - PO BOX 3886 - SANTA BARBARA, CA 93130	23-7203732	501(C)(3)	31,545.	0.			HUMAN SERVICES
TETON REGIONAL LAND TRUST PO BOX 247 DRIGGS, ID 83422	94-3146525	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS
THACHER SCHOOL, INC. 5025 THACHER RD OJAI, CA 93023	95-1642398	501(C)(3)	125,000.	0.			EDUCATION
THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DR - SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	67,550.	0.			EDUCATION
THE LAND CONSERVANCY OF SAN LUIS OBISPO - PO BOX 12206 - SAN LUIS OBISPO, CA 93406	77-0039294	501(C)(3)	500,000.	0.			ENVIRONMENT AND ANIMALS
THE LAND TRUST FOR SANTA BARBARA COUNTY - PO BOX 91830 - SANTA BARBARA, CA 93190	95-3797404	501(C)(3)	304,700.	0.			ENVIRONMENT AND ANIMALS
THE LOS ALAMOS FOUNDATION P.O. BOX 477 LOS ALAMOS, CA 93440	26-1950432	501(C)(3)	12,100.	0.			PUBLIC AND SOCIETAL BENEFIT
THE NATURE CONSERVANCY OF CALIFORNIA - 201 MISSION ST FL 4 - SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	14,700.	0.			ENVIRONMENT AND ANIMALS
THE OJAI VALLEY LAND CONSERVANCY PO BOX 1092 OJAI, CA 93024	77-0169682	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS

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THE PACIFIC PRIDE FOUNDATION, INC. 608 ANACAPA ST. SUITE A SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	65,700.	0.			PUBLIC AND SOCIETAL BENEFIT
THE SALVATION ARMY PO BOX 93002 LONG BEACH, CA 90809	94-1156347	501(C)(3)	47,900.	0.			GENERAL SUPPORT
THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD STE 200 SAN DIEGO, CA 92106	95-2942582	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
THE TURNER FOUNDATION PO BOX 186 SANTA BARBARA, CA 93012	95-6111806	501(C)(3)	10,000.	0.			HOUSING AND SHELTER
THE UC DAVIS FOUNDATION 202 CONSTEAU PLACE, SUITE 185 DAVIS, CA 95618	94-6081352	501(C)(3)	100,000.	0.			EDUCATION
THE UCLA FOUNDATION BOX 951476 LOS ANGELES, CA 90095-1475	95-2250801	501(C)(3)	40,200.	0.			EDUCATION
THERAPY DOGS OF SANTA BARBARA PO BOX 3534 SANTA BARBARA, CA 93130	47-0879588	501(C)(3)	26,000.	0.			ENVIRONMENT AND ANIMALS
TRANSITION HOUSE 425 E COTA ST SANTA BARBARA, CA 93101-1662	77-0099755	501(C)(3)	126,300.	0.			CHILD CARE
TRANSITIONS-MENTAL HEALTH ASSOCIATION - 784 HIGH STREET - SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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TRINITY EPISCOPAL CHURCH, SANTA BARBARA - 1500 STATE ST - SANTA BARBARA, CA 93101	95-1750018	501(C)(3)	38,000.	0.			GENERAL SUPPORT
TROUT UNLIMITED INC. 1300 N 17TH ST STE 500 ARLINGTON, VA 22209	38-1612715	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE STE 700 BOSTON, MA 02215	04-2103547	501(C)(3)	5,100.	0.			GENERAL SUPPORT
UC SANTA BARBARA FOUNDATION 4219 CHEADLE HALL, 4TH FL SANTA BARBARA, CA 93106	23-7314834	501(C)(3)	545,700.	0.			EDUCATION
UFFIZI ORDER PO BOX 217 SANTA BARBARA, CA 93102	46-2832064	501(C)(3)	81,750.	0.			FOOD SYSTEMS
UNICEF USA 125 MAIDEN LN NEW YORK, NY 10038	13-1760110	501(C)(3)	5,200.	0.			GENERAL SUPPORT
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	95-1709293	501(C)(3)	15,000.	0.			HUMAN SERVICES
UNITARIAN SOCIETY OF SANTA BARBARA 1535 SANTA BARBARA ST SANTA BARBARA, CA 93101	95-1890767	501(C)(3)	36,240.	0.			HOUSING AND SHELTER
UNITED BOYS & GIRLS CLUBS OF GREATER SANTA BARBARA COUNTY - P.O. BOX 1485 - SANTA BARBARA, CA 93102	23-7087814	501(C)(3)	62,617.	0.			HUMAN SERVICES

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UNITED STATES WATER POLO INC 2124 MAIN ST STE 240 HUNTINGTON BEACH, CA 92648	84-1357609	501(C)(3)	10,500.	0.			HUMAN SERVICES
UNITED WAY OF SANTA BARBARA COUNTY, INC. - 320 E GUTIERREZ ST - SANTA BARBARA, CA 93101-1736	95-1641968	501(C)(3)	1,161,785.	0.			HUMAN SERVICES
UNITY SHOPPE, INC. 1209 STATE STREET SANTA BARBARA, CA 93101	77-0391064	501(C)(3)	72,500.	0.			HUMAN SERVICES
UNIVERSITY OF NEW MEXICO FOUNDATION INCORPORATED - KUNM MSC06 3520, 1 UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM	85-0275408	501(C)(3)	8,000.	0.			EDUCATION
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF WISCONSIN FOUNDATION BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	51,000.	0.			EDUCATION
URBAN ARTS PARTNERSHIP 39 WEST 19TH STREET 5TH FL NEW YORK, NY 10011	13-3554734	501(C)(3)	25,000.	0.			GENERAL SUPPORT
URBAN SADDLES 3745 DALTON AVE LOS ANGELES, CA 90018	83-4460359	501(C)(3)	10,000.	0.			HUMAN SERVICES
US HOLOCAUST MEMORIAL COUNCIL 1880 CENTURY PARK EAST, SUITE 820 LOS ANGELES, CA 90067	52-1309391	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
USA GREEN COMMUNITIES 515 S FIGUEROA ST, STE 1110 LOS ANGELES, CA 90071	27-3262283	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
VALLE VERDE AKA HUMANGOOD FOUNDATION - 900 CALLE DE LOS AMIGOS - SANTA BARBARA, CA 93105-4435	91-1931309	501(C)(3)	20,000.	0.			HUMAN SERVICES
VENTURA COUNTY COMMUNITY FOUNDATION - 4001 MISSION OAKS BLVD STE A - CAMARILLO, CA 93012	77-0165029	501(C)(3)	93,700.	0.			PUBLIC AND SOCIETAL BENEFIT
VENTURA LAND TRUST PO BOX 1284 VENTURA, CA 93002	01-0769456	501(C)(3)	150,000.	0.			ENVIRONMENT AND ANIMALS
VILLA MAJELLA OF SANTA BARBARA 5662 CALLE REAL, #228 GOLETA, CA 93111	95-3730718	501(C)(3)	45,000.	0.			HEALTH CARE
VILLAGE PROPERTIES TEACHERS FUND 1250 COAST VILLAGE RD MONTECITO, CA 93108	90-0245650	501(C)(3)	7,500.	0.			EDUCATION
VNA HEALTH 509 E MONTECITO ST STE 200 SANTA BARBARA, CA 93103	77-0342043	501(C)(3)	28,750.	0.			HEALTH CARE
VTC ENTERPRISES P.O. BOX 1187 2445 A STREET SANTA MARIA, CA 93455	95-2690539	501(C)(3)	25,000.	0.			WORKFORCE DEVELOPMENT
WALDORF SCHOOL OF SANTA BARBARA PO BOX 788 GOLETA, CA 93116	77-0035318	501(C)(3)	15,000.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WAYNE STATE UNIVERSITY 5700 CASS AVE., SUITE 1200 DETROIT, MI 48202	38-3555142	501(C)(3)	10,000.	0.			EDUCATION
WELLESLEY COLLEGE 106 CENTRAL ST WELLESLEY, MA 02481	04-2103637	501(C)(3)	10,000.	0.			EDUCATION
WESTMONT COLLEGE 955 LA PAZ RD SANTA BARBARA, CA 93108-1099	95-1684793	501(C)(3)	161,300.	0.			EDUCATION
WHITE BUFFALO LAND TRUST PO BOX 22 SUMMERLAND, CA 93067	82-4562776	501(C)(3)	38,700.	0.			ENVIRONMENT AND ANIMALS
WILD UP PO BOX 292075 LOS ANGELES, CA 90029	47-3266537	501(C)(3)	24,000.	0.			ARTS, CULTURE, AND HUMANITIES
WILDERNESS YOUTH PROJECT INCORPORATED - 5386 HOLLISTER AVENUE, SUITE D - SANTA BARBARA, CA 93111	77-0526117	501(C)(3)	45,000.	0.			HUMAN SERVICES
WILDLING MUSEUM 1511-B MISSION DR SOLVANG, CA 93463	77-0470520	501(C)(3)	90,500.	0.			ARTS, CULTURE, AND HUMANITIES
WOMEN'S ECONOMIC VENTURES 333 S SALINAS ST SANTA BARBARA, CA 93101	95-3674624	501(C)(3)	153,500.	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)	43,268.	0.			PUBLIC AND SOCIETAL BENEFIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WORLD DANCE FOR HUMANITY 906 N NOPAL ST SANTA BARBARA, CA 93103	46-2890372	501(C)(3)	29,000.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	10,150.	0.			ENVIRONMENT AND ANIMALS
WOUNDED WARRIOR PROJECT, INC. PO BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	16,100.	0.			HUMAN SERVICES
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521-2038	06-0646973	501(C)(3)	25,000.	0.			EDUCATION
YMCA OF GREATER SEATTLE 4515 36TH AVE SW SEATTLE, WA 98126	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)	41,500.	0.			GENERAL SUPPORT
YOUTH JUSTICE COALITION PO BOX 73688 LOS ANGELES, CA 90003	83-0466818	501(C)(3)	5,150.	0.			HUMAN SERVICES
ZACA CENTER PRESCHOOL 27 SIX FLAGS CIR BUELLTON, CA 93427-9509	81-4369509	501(C)(3)	10,250.	0.			EDUCATION

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
2020 BREITLING AWARD RECIPIENT	3	5,700.	0.		
COVID RENT RELIEF	1	1,800.	0.		
COVID SMALL BUSINESS RELIEF	95	597,000.	0.		

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

PART I, LINE 2:

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 NOT TO PAY ANY PORTION OF GOODS OR SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES.

Part IV Supplemental Information

SBF MAY ALSO PROVIDE GRANTS TO INDIVIDUALS IN SANTA BARBARA COUNTY.

GRANTEES MUST CERTIFY THAT ALL FUNDS WERE AWARDED IN ACCORDANCE TO GRANT PROGRAM ELIGIBILITY CRITERIA AND THAT GRANTEE EXPENDITURES ARE ELIGIBLE COSTS AS DESCRIBED IN THE ELIGIBILITY CRITERIA. THEY MUST ALSO PROVIDE A REPORT OF EXPENDITURES ALONG WITH SUPPORTING DOCUMENTATION, SUCH AS INVOICES, RECEIPTS OR PAYROLL REPORTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2020

Open to Public Inspection

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		X

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

Schedule J (Form 990) 2020

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 GALLO, ED.D CEO EMERITUS (THRU 7/19/20)	(i)	239,116.	0.	129,995.	23,895.	35,434.	428,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JACQUELINE CARRERA PRESIDENT & CEO	(i)	304,918.	0.	20,000.	28,500.	33,932.	387,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANET MOCKER CFO	(i)	166,837.	0.	0.	16,975.	20,248.	204,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHERI SAVAGE DIRECTOR OF INVESTMENTS	(i)	132,574.	0.	0.	13,216.	15,589.	161,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RUBAYI ESTES VICE PRESIDENT, PROGRAMS	(i)	127,151.	0.	0.	11,783.	12,818.	151,752.	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 & CEO TO RESIDE IN A RESIDENCE OWNED BY SBF AS A
CONDITION OF CONTINUED EMPLOYMENT.

DURING A TRANSITION PERIOD, RONALD GALLO, FORMER PRESIDENT & CEO, CONTINUED
TO LIVE IN THE RESIDENCE WHILE THE NEWLY APPOINTED PRESIDENT & CEO,
JACQUELINE CARRERA RECEIVED A HOUSING ALLOWANCE TREATED AS ADDITIONAL
TAXABLE COMPENSATION BECAUSE SHE WAS NOT YET LIVING ON THE BUSINESS
PREMISES. JACQUELINE CARRERA NOW RESIDES IN THE CEO RESIDENCE.

PART I, LINE 4A:

RONALD GALLO, FORMER PRESIDENT & CEO, ENTERED INTO A SEPARATION AGREEMENT
WITH THE BOARD OF TRUSTEES ON NOVEMBER 20, 2019. HE WAS TERMINATED ON JULY
19, 2020 UPON ACCEPTING OTHER EMPLOYMENT. HE RECEIVED SEPARATION PAY OF
\$129,995 PER THE TERMS OF THE AGREEMENT.

PART I, LINE 8:

THE 2020 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION,
BASED ON COMPARABLE DATA FROM VARIOUS SOURCES SUCH AS THE COUNCIL ON

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.

FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION REPORT, AND/OR OTHER
 APPLICABLE SURVEYS AND INFORMATION, INCLUDING INFORMATION OBTAINED FROM
 PROFESSIONAL CONSULTANTS. ON APRIL 28, 2020 THE CEO AND BOARD ENTERED INTO
 AN EMPLOYMENT AGREEMENT ACKNOWLEDGING THE TERMS OF EMPLOYMENT, INITIAL
 ANNUAL BASE SALARY, AND THAT THE COMPENSATION COMMITTEE OF THE BOARD SHALL
 REVIEW THE CEO'S ANNUAL BASE SALARY IN CONNECTION WITH THE ANNUAL
 EVALUATION OF HER PERFORMANCE AND SHALL MAKE A RECOMMENDATION TO THE FULL
 BOARD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	48	14,549,828.	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 ▶ (COVID-19 FACE)	X	3	135,575.	COST/SELLING PRICE
26 Other ▶ (ADVERTISEMENT)	X	3	3,201.	COST/SELLING PRICE
27 Other ▶ (ZOOM VIRTUAL)	X	1	15.	COST/SELLING PRICE
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 V, Donee Acknowledgement **29** **1**

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

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, 2020.

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

2020

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 2, NEW PROGRAM SERVICES:

THE SANTA BARBARA FOUNDATION, UNITED WAY OF SANTA BARBARA COUNTY AND
HUTTON PARKER FOUNDATION BEGAN A COUNTYWIDE COLLABORATIVE OF FUNDERS TO
PROVIDE ASSISTANCE TO INDIVIDUALS AND FAMILIES AS WELL AS ORGANIZATIONS
ACTIVELY ENGAGED IN ASSISTANCE EFFORTS FOR MEMBERS OF THE COMMUNITY
AFFECTED BY THE COVID-19 PANDEMIC. FUNDING TO ORGANIZATIONS FOCUSED ON:

- * MEETING EMERGENCY NEEDS
- * ADAPTING THEIR SERVICES IN RESPONSE TO THE PANDEMIC
- * SUPPORTING THE OPERATIONAL NEEDS OF THE ORGANIZATIONS

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
MEMBER OF THE BOARD.

Name of the organization SANTA BARBARA FOUNDATION	Employer identification number 95-1866094
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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 2020 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. ON APRIL 28, 2020 THE CEO AND BOARD ENTERED INTO AN EMPLOYMENT AGREEMENT ACKNOWLEDGING THE TERMS OF EMPLOYMENT, INITIAL ANNUAL BASE SALARY, AND THAT THE COMPENSATION COMMITTEE OF THE BOARD SHALL REVIEW THE CEO'S ANNUAL BASE SALARY IN CONNECTION WITH THE ANNUAL EVALUATION OF HER PERFORMANCE AND SHALL MAKE A RECOMMENDATION TO THE FULL BOARD.

THE COMPENSATION COMMITTEE PERFORMS THE FOLLOWING ACTIVITIES: (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 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 THE CEO TO RECOMMEND FOR EXECUTIVE COMMITTEE REVIEW AND BOARD APPROVAL THE

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

CEO'S ANNUAL PERFORMANCE GOALS; AND (F) DOCUMENTS THE FOREGOING.

ADDITIONALLY, STARTING WITH THE RECOMMENDATIONS OF THE CEO, THE COMPENSATION COMMITTEE ASSESSES, DETERMINES AND DOCUMENTS THE REASONABLENESS OF THE TOTAL COMPENSATION RANGES, AND THE TERMS OF ANY EMPLOYMENT AGREEMENTS, SEVERANCE AND/OR RETENTION AGREEMENTS, OF THE CFO V.P., FINANCE & ADMINISTRATION AND ALL EMPLOYEES WITH REPORTABLE COMPENSATION (W-2) 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.

THE REASONABLENESS OF THE 2020 CFO COMPENSATION WAS CONFIRMED BY THE COMPENSATION COMMITTEE AT ITS MEETING ON DECEMBER 2, 2019.

THE 2020 CEO EMERITUS COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION, FOLLOWING THE PROCESSES DESCRIBED ABOVE, AND DOCUMENTED IN A SEPARATION AGREEMENT DATED NOVEMBER 20, 2019.

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	3,565,702.
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PASSTHROUGH INCOME FROM UBI	-35,205.
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RETURNED GRANTS	119,202.
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Name of the organization SANTA BARBARA FOUNDATION	Employer identification number 95-1866094
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TOTAL TO FORM 990, PART XI, LINE 9	3,649,699.
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FORM 990, PART XII, LINE 2C

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

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	277,130.	9,260,778.	SANTA BARBARA FOUNDATION
300 EAST ISLAY STREET, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	0.	3,063,480.	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) 2020

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.	CASH PAID
(2) HIGHLAND SANTA BARBARA FOUNDATION	L	154,845.	CASH PAID
(3) ERIC AND KELLY SCHWARTZ CHARITABLE TRUST	L	115,824.	CASH PAID
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Area with multiple horizontal lines for supplemental information.

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

TODD YUBA

- 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 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** 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	\$	358.
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	\$	30,444.
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.

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

2020

For calendar year 2020 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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
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) <input type="checkbox"/> 529S		SANTA BARBARA FOUNDATION	95-1866094
		Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200 City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101	E Group exemption number (see instructions)
	C Book value of all assets at end of year	▶ 420,966,327.	F <input type="checkbox"/> Check box if an amended return.

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **2**

K 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. ▶

L The books are in care of ▶ **TODD YUBA** Telephone number ▶ **805-963-1873**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	721.
2 Reserved	2	
3 Add lines 1 and 2	3	721.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	721.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	721.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	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 statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a	30,444.	
b	2020 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
	<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other			
7	Total payments. Add lines 6a through 6g	7		30,444.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		30,444.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 30,444. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 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
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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.			
	VP FINANCE AND ADMINISTRATION			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title	
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	11/08/21	P00545829
	Firm's name	Firm's EIN		
	MOSS ADAMS LLP	91-0189318		
	Firm's address		Phone no.	
	21700 OXNARD ST. STE 300 LOS ANGELES, CA 91367		818-577-1900	

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

<u>DESCRIPTION/KIND OF PROPERTY</u>	<u>METHOD USED TO DETERMINE FMV</u>	<u>AMOUNT</u>
CONTRIBUTIONS FROM PASSTHROUGHS	N/A	121.
CHARITABLE CONTRIBUTIONS	N/A	23,414,864.
TOTAL TO FORM 990-T, PART I, LINE 4		<u>23,414,985.</u>

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

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

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2015

FOR TAX YEAR 2016

FOR TAX YEAR 2017

FOR TAX YEAR 2018

FOR TAX YEAR 2019

27,716,290

TOTAL CARRYOVER

27,716,290

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

23,414,985

TOTAL CONTRIBUTIONS AVAILABLE

51,131,275

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS CONTRIBUTIONS

51,131,275

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

51,131,275

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

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

Department of the Treasury
Internal Revenue Service

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

▶ 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).

ENTITY 2

OMB No. 1545-0047

2020

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

A Name of the organization SANTA BARBARA FOUNDATION	B Employer identification number 95-1866094
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 1 of 2

E Describe the unrelated trade or business ▶ **QUALIFYING INVESTMENT ACTIVITIES**

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 (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a	22,728.		22,728.
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5	10,771.		10,771.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7	126,949.	82,244.	44,705.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	160,448.	82,244.	78,204.

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				2,710.
7 Depreciation (attach Form 4562) (see instructions)	7	120,039.		
8 Less depreciation claimed in Part III and elsewhere on return	8a	120,039.	8b	0.
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement) SEE STATEMENT 4	14			7,819.
15 Total deductions. Add lines 1 through 14	15			10,529.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			67,675.
17 Deduction for net operating loss (see instructions) STATEMENT 5	17			67,675.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A **COMMERCIAL BUILDING** 1111 CHAPALA STREET, SANTA BARBARA, CA 93101

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	388,817.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) STMT 6	120,039.			
b Other deductions (attach statement) STMT 7	131,857.			
c Total deductions (add lines 3a and 3b, columns A through D)	251,896.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 8	83,040,504.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 9	9,311,743.			
6 Divide line 4 by line 5	32.65%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	126,949.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	126,949.			
9 Allocable deductions. Multiply line 3c by line 6	82,244.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	82,244.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
AETHER REAL ASSETS II, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-9,934.
CROW HOLDINGS REALTY PARTNERS VIII, L.P. - ORDINARY BUSINESS INCOME (LOSS)		70,604.
METROPOLITAN REAL ESTATE PARTNERS IV - ORDINARY BUSINESS INCOME (LOSS)		-360.
METROPOLITAN REAL ESTATE PARTNERS V - ORDINARY BUSINESS INCOME (LOSS)		20.
TCV X (A), L.P. - ORDINARY BUSINESS INCOME (LOSS)		-4,972.
NEWBURY EQUITY PARTNERS (AKA NEWBURY SECONDARY FUND LP) - ORDINARY BUSINESS		-137.
MERCER PIP LP - ORDINARY BUSINESS INCOME (LOSS)		-3,702.
MERCER PIP-II LP - ORDINARY BUSINESS INCOME (LOSS)		-388.
QUELLOS BLACKROCK REAL ASSETS II (PARALLEL), L.P. - ORDINARY BUSINESS INCOM		-13,811.
AETHER REAL ASSETS V LP - ORDINARY BUSINESS INCOME (LOSS)		-29,203.
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS)		15,454.
MERCER PIP (REAL ASSETS) - ORDINARY BUSINESS INCOME (LOSS)		-11,216.
AG SF (L) LP - ORDINARY BUSINESS INCOME (LOSS)		-42.
KOHLBERG TE INVESTORS IX, LP - ORDINARY BUSINESS INCOME (LOSS)		-3,612.
DBL PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS)		-76.
BIRCH HILL EQUITY PARTNERS (GLOBAL) VI, LP - ORDINARY BUSINESS INCOME (LOSS)		2,146.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		10,771.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		7,819.
TOTAL TO SCHEDULE A, PART II, LINE 14		7,819.

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 5

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
92,083.	67,675.	24,408.

FORM 990-T (A)

PART V - DEPRECIATION DEDUCTION

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		120,039.	
- SUBTOTAL -	1		120,039.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			120,039.

FORM 990-T (A)

PART V - OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		51,015.	
OPERATING EXPENSE		80,842.	
- SUBTOTAL -	1		131,857.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			131,857.

FORM 990-T (A)

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		3,040,504.	
- SUBTOTAL -	1		3,040,504.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			3,040,504.

FORM 990-T (A)

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		9,311,743.	
- SUBTOTAL -	1		9,311,743.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			9,311,743.

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

Department of the Treasury
Internal Revenue Service

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

▶ 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).

ENTITY 3

OMB No. 1545-0047

2020

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

A Name of the organization SANTA BARBARA FOUNDATION	B Employer identification number 95-1866094
C Unrelated business activity code (see instructions) ▶ 532000	D Sequence: 2 of 2

E 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 ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	3			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 10	4c			
6 Rent income (Part IV)	5	1,706.		1,706.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	1,706.		1,706.
	13			

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				116.
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement) SEE STATEMENT 11				869.
15 Total deductions. Add lines 1 through 14				985.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				721.
17 Deduction for net operating loss (see instructions)				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				721.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received or accrued from personal property, real and personal property, and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income from debt-financed property, deductions, average acquisition debt, and gross income reportable. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 10

DESCRIPTION	NET INCOME OR (LOSS)
SBR ASSOCIATES NO 1 - ORDINARY BUSINESS INCOME (LOSS)	1,706.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	1,706.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 11

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	869.
TOTAL TO SCHEDULE A, PART II, LINE 14	869.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0123

2020

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 - Assets Held One Year or Less

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				82.
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				
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	82.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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				27,636.
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				
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	27,636.

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	82.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	27,636.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	27,718.

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

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or
taxpayer identification no.

SANTA BARBARA FOUNDATION

95-1866094

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	PASSTHROUGH FROM PARTNERSHIP	VARIOUS	VARIOUS					2.
	PASSTHROUGH FROM PARTNERSHIP	VARIOUS	VARIOUS					8.
	PASSTHROUGH FROM PARTNERSHIP	VARIOUS	VARIOUS					72.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								82.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

SANTA BARBARA FOUNDATION

95-1866094

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[] (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment code, (g) Adjustment amount, (h) Gain or loss. Includes rows for PASSTHROUGH FROM PARTNERSHIP and a Totals row at the bottom showing a total gain of 27,636.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property) A DEBT 1

OMB No. 1545-0172

2020

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SANTA BARBARA FOUNDATION

COMMERCIAL BUILDING

95-1866094

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,040,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	120,039.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	120,039.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle details (a-f) and personal use availability (Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2020 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

SCHEDULE D

CAPITAL LOSS CARRYOVER

STATEMENT 12

<u>LOSS YEAR</u>	<u>ORIGINAL LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>
2015			
2016			
2017			
2018			
2019	4,990.		4,990.
CAPITAL LOSS CARRYOVER TO CURRENT TAXABLE YEAR			<u>4,990.</u>