

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 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 |
| Form 990-T (corporation) | 07 | | |

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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** 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-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-TE and Form 8879-TE for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|-------------------|--|--|--|------------|--|---------------------------------------|--|---|--|--|---|---|--|--|---|--|--------------------------------------|---|--|--|--|--|---|
| A For the 2021 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SANTA BARBARA FOUNDATION</td> <td>D Employer identification number 95-1866094</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 805-963-1873</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 125,698,363.</td> </tr> <tr> <td>1111 CHAPALA STREET, SUITE 200</td> <td></td> <td>H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101</td> <td>H(b) Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JACQUELINE CARRERA SAME AS C ABOVE</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.SBFOUNDATION.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td>L Year of formation: 1928 M State of legal domicile: CA</td> </tr> </table> | C Name of organization SANTA BARBARA FOUNDATION | | D Employer identification number 95-1866094 | Doing business as | | E Telephone number 805-963-1873 | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 125,698,363. | 1111 CHAPALA STREET, SUITE 200 | | H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No | City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101 | | H(b) Are all subordinates included? Yes No | F Name and address of principal officer: JACQUELINE CARRERA SAME AS C ABOVE | | If "No," attach a list. See instructions | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | | H(c) Group exemption number ▶ | 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 |
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| Doing business as | | E Telephone number 805-963-1873 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 125,698,363. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1111 CHAPALA STREET, SUITE 200 | | H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101 | | H(b) Are all subordinates included? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F Name and address of principal officer: JACQUELINE CARRERA SAME AS C ABOVE | | If "No," attach a list. See instructions | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | | H(c) Group exemption number ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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

| | |
|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 3 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 2021 (Part V, line 2a) 5 37 |
| | 6 Total number of volunteers (estimate if necessary) 6 60 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 193,622. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 129,116. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) Prior Year 32,306,178. Current Year 41,277,734. |
| | 9 Program service revenue (Part VIII, line 2g) 521,808. 595,405. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,631,369. 11,907,616. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -204,651. -190,321. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 43,254,704. 53,590,434. |
| | Expenses |
| 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) 3,946,269. 3,805,739. | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,110,990. | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,106,526. 3,376,305. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 32,916,746. 43,641,618. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 10,337,958. 9,948,816. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) Beginning of Current Year 420,966,327. End of Year 456,585,072. |
| | 21 Total liabilities (Part X, line 26) 29,865,208. 34,166,981. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 391,101,119. 422,418,091. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|--------------------------------|-------------------------|--|--------------------------|
| Sign Here | Signature of officer | | Date | | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name LAUREN A. HAVERLOCK | Preparer's signature | Date 11/14/22 | Check if self-employed <input type="checkbox"/> | PTIN P00545829 |
| | Firm's name ▶ MOSS ADAMS LLP | Firm's EIN ▶ 91-0189318 | | | |
| | Firm's address ▶ 21700 OXNARD ST. STE 300 WOODLAND HILLS, CA 91367 | 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 \$ 26,181,544. including grants of \$ 23,738,016.) (Revenue \$ 528,933.) SBF SERVES THE ENTIRE COUNTY OF SANTA BARBARA, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS. IN 2021, SBF AWARDED OVER 2,000 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 2021, 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 \$ 1,450,477. including grants of \$ 1,315,000.) (Revenue \$) SBF PROVIDED FUNDING OF OVER \$1 MILLION IN 2021 TO LOCAL NONPROFIT ORGANIZATIONS PROVIDING SERVICES IN THE AREAS OF BEHAVIORAL HEALTH, HEALTH CARE, FOOD, AND SHELTER & SAFETY THROUGH ITS COMMUNITY GRANTS PROGRAMS.

4c (Code:) (Expenses \$ 12,581,710. including grants of \$ 11,406,559.) (Revenue \$ 66,472.) SBF SERVED AS FISCAL SPONSOR FOR THE FOOTHILLS FOREVER FUND FOR THE PRESERVATION OF THE SAN MARCOS FOOTHILLS OPEN SPACE. THIS ARRANGEMENT ALLOWED THE CAMPAIGN ORGANIZERS TO FOCUS ON FUNDRAISING WHILE SBF HANDLED THE ADMINISTRATIVE ASPECTS OF RECEIVING AND PROCESSING DONATIONS OF OVER \$11 MILLION THAT WAS THEN GRANTED TO CHANNEL ISLANDS RESTORATION TO HELP PROTECT AND STEWARD THE LAND IN PERPETUITY.

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

4e Total program service expenses 40,213,731.

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> ? See instructions | 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 Rev. Proc. 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> See instructions | | 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 the 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 line 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 on 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 117 | |
| b Enter the number of Forms W-2G included on 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 checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) JACQUELINE CARRERA PRESIDENT & CEO | 40.00 3.00 | | | X | | | | 326,158. | 0. | 119,328. |
| (2) TODD YUBA VP, FINANCE & ADMIN (AS OF 4/1/21) | 40.00 1.00 | | | X | | | | 174,454. | 0. | 19,772. |
| (3) JANET MOCKER CFO (THRU 3/31/21); SR DIR OF FIN | 40.00 | | | X | | | | 154,546. | 0. | 36,826. |
| (4) RUBAYI ESTES VICE PRESIDENT, PROGRAMS | 40.00 | | | | | X | | 154,389. | 0. | 26,514. |
| (5) JESSICA SANCHEZ DIRECTOR OF DONOR RELATIONS | 40.00 | | | | | X | | 116,350. | 0. | 28,684. |
| (6) PEDRO PAZ DIRECTOR, POLICY AND EXTERNAL AFFAIR | 40.00 | | | | | X | | 103,027. | 0. | 25,909. |
| (7) GARY CLARK DIR OF COLLAB FOR SOCIAL IMPACT | 40.00 | | | | | X | | 101,939. | 0. | 19,928. |
| (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) ANGEL ISCOVICH TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) DANNA MCGREW TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) ROBERT NAKASONE TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) ERNESTO PAREDES 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) CATHY PEPE TRUSTEE (THRU 9/8/21) | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) RANDALL DAY TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) JAMES ROGERS TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) MATT ROWE TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) GINGER SALAZAR TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) DONNA FRANCE TRUSTEE (THRU 2/10/21) | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) TRACY STOFFER TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) MICHAEL D. YOUNG TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,130,863. | 0. | 276,961. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,130,863. | 0. | 276,961. |

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 | 313,725. |
| LAW OFFICE OF MARC CHYTILO, APC P.O BOX 92233, SANTA BARBARA, CA 93190 | LEGAL SERVICES - SAN MARCOS FOOTHILLS | 141,357. |
| CENTERED NETWORKS, INC., 1527 STOCKTON STREET, 2ND FLOOR, SAN FRANCISCO, CA 94133 | HOSTED INFRASTRUCTURE ENVIRONMENT | 139,407. |

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 **3**

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 | 100,000. | | | | |
| | e Government grants (contributions) | 1e | 1,106,797. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 40,070,937. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 13,677,754. | | | | |
| | h Total. Add lines 1a-1f | | | 41,277,734. | | | |
| Program Service Revenue | 2 a FOUNDATION SUPPORT FEES | Business Code | | | | | |
| | | 561000 | 595,405. | 595,405. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 595,405. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 4,204,721. | | 148,066. | 4056655. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 379,355. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | 601,060. | | | | |
| | c Rental income or (loss) | 6c | -221,705. | | | | |
| | d Net rental income or (loss) | | | -221,705. | 45,556. | -267,261. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 79,209,764. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 71,506,869. | | | | |
| c Gain or (loss) | 7c | 7,702,895. | | | | | |
| d Net gain or (loss) | | | 7,702,895. | | 7702895. | | |
| 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 | 31,384. | | | 31,384. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 31,384. | | | | |
| 12 Total revenue. See instructions | | | 53,590,434. | 595,405. | 193,622. | 11523673. | |

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 | 35,790,097. | 35,790,097. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 574,477. | 574,477. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 95,000. | 95,000. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 831,084. | 152,926. | 480,684. | 197,474. |
| 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 | 2,252,324. | 924,673. | 928,384. | 399,267. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 198,437. | 69,453. | 91,281. | 37,703. |
| 9 Other employee benefits | 300,459. | 105,161. | 138,211. | 57,087. |
| 10 Payroll taxes | 223,435. | 78,202. | 102,780. | 42,453. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 241,135. | 193,444. | 25,908. | 21,783. |
| b Legal | 20,957. | 6,287. | 6,287. | 8,383. |
| c Accounting | 98,984. | | 98,984. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 427,762. | 427,762. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 887,235. | 887,235. | | |
| 12 Advertising and promotion | 156,361. | 99,993. | 3,530. | 52,838. |
| 13 Office expenses | 91,166. | 40,377. | 38,325. | 12,464. |
| 14 Information technology | 290,131. | 110,689. | 131,551. | 47,891. |
| 15 Royalties | | | | |
| 16 Occupancy | 291,137. | 138,402. | 89,181. | 63,554. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 55,893. | 20,122. | 26,269. | 9,502. |
| 20 Interest | 6,800. | 6,800. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 226,644. | 77,059. | 92,924. | 56,661. |
| 23 Insurance | 44,796. | 15,848. | 24,055. | 4,893. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a COMMUNITY RELATIONS | 250,874. | 159,718. | 4,450. | 86,706. |
| b PROJECTS-MISCELLANEOUS | 119,906. | 119,906. | | |
| c PROJECTS-FEEDTHEVALLEY. | 84,030. | 84,030. | | |
| d DUES AND SUBSCRIPTIONS | 82,494. | 36,070. | 34,093. | 12,331. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 43,641,618. | 40,213,731. | 2,316,897. | 1,110,990. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) | | (B) |
|--|--|------------------------|--------------|--------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 64,508. | 1 | 31,790. |
| | 2 Savings and temporary cash investments | 40,670,728. | 2 | 40,825,467. |
| | 3 Pledges and grants receivable, net | 46,340,597. | 3 | 41,402,282. |
| | 4 Accounts receivable, net | 627,857. | 4 | 965,450. |
| | 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 | 5,084,109. | 7 | 3,039,577. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 144,345. | 9 | 114,812. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 18,266,543. | | |
| | b Less: accumulated depreciation | 10b 4,972,455. | | |
| | 11 Investments - publicly traded securities | 13,819,857. | 10c | 13,294,088. |
| | 12 Investments - other securities. See Part IV, line 11 | 113,679,061. | 11 | 135,763,890. |
| | 13 Investments - program-related. See Part IV, line 11 | 117,915,856. | 12 | 137,429,067. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 82,619,409. | 15 | 83,718,649. | |
| | 420,966,327. | 16 | 456,585,072. | |
| Liabilities | 17 Accounts payable and accrued expenses | 328,339. | 17 | 282,205. |
| | 18 Grants payable | 205,250. | 18 | 272,000. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to 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 | 2,992,144. | 23 | 2,912,211. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 602,500. | 24 | 0. |
| | 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 | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 25,736,975. | 26 | 30,700,565. |
| | 29,865,208. | 26 | 34,166,981. | |
| 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 | 244,699,005. | 27 | 266,875,090. |
| | 28 Net assets with donor restrictions | 146,402,114. | 28 | 155,543,001. |
| | 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 | 391,101,119. | 32 | 422,418,091. |
| 33 Total liabilities and net assets/fund balances | 420,966,327. | 33 | 456,585,072. | |

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 | 53,590,434. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 43,641,618. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 9,948,816. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 391,101,119. |
| 5 | Net unrealized gains (losses) on investments | 5 | 18,449,748. |
| 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 | 2,918,408. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 422,418,091. |

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|-----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 167681429 | 17917025 | 23257441 | 32306178 | 41277734 | 282439807 |
| 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 | 167681429 | 17917025 | 23257441 | 32306178 | 41277734 | 282439807 |
| 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) | | | | | | 110649150 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 171790657 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 167681429 | 17917025 | 23257441 | 32306178 | 41277734 | 282439807 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 4752506 | 3575430 | 3910903 | 2809682 | 4436010 | 19484531 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | 1,275 | | 129,010 | 130,285 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | 20,444 | 36,271 | 31,384 | 88,099 |
| 11 Total support. Add lines 7 through 10 | | | | | | 302142722 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,835,390 |
| 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 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 56.86 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 53.69 | % |
| 16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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
19b 33 1/3% support tests - 2020. 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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 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> | | |
| 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> | | |
| 1 | | |
| 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? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described on 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> | | |
| 1 | | |
| 2 | | |
| 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> | | | |
| b Did the activities described on 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> | | | |
| 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> | | | |
| 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> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 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 2021 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-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

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)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>1,011,421.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>1,017,951.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>1,042,719.</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>1,057,437.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>1,502,785.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ <u>1,700,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>5,050,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ <u>5,803,282.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ <u>1,437,928.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 3 | STOCK _____ _____ _____ | \$ <u>1,017,951.</u> | <u>12/31/21</u> |
| 5 | STOCK _____ _____ _____ | \$ <u>1,057,437.</u> | <u>12/31/21</u> |
| 6 | STOCK _____ _____ _____ | \$ <u>1,502,785.</u> | <u>12/31/21</u> |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

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

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

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

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

2021

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 | 241 | 191 |
| 2 Aggregate value of contributions to (during year) | 20,658,129. | 20,519,605. |
| 3 Aggregate value of grants from (during year) | 16,193,135. | 20,335,067. |
| 4 Aggregate value at end of year | 110,742,591. | 316,336,799. |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2021

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 | 65,030,195. | 54,112,048. | 45,624,058. | 48,728,257. | 46,045,609. |
| b Contributions | 1,200. | 7,082,517. | 115,940. | 761,500. | 326,104. |
| c Net investment earnings, gains, and losses | 8,642,504. | 6,633,210. | 10,450,082. | -1,269,725. | 5,252,838. |
| d Grants or scholarships | 2,378,331. | 2,206,827. | | | |
| e Other expenditures for facilities and programs | | | 2,078,032. | 2,595,974. | 2,896,294. |
| f Administrative expenses | 735,600. | 590,753. | | | |
| g End of year balance | 70,559,968. | 65,030,195. | 54,112,048. | 45,624,058. | 48,728,257. |

- 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 | | 3,265,378. | | 3,265,378. |
| b Buildings | | 12,528,987. | 3,538,022. | 8,990,965. |
| c Leasehold improvements | | 1,770,046. | 888,328. | 881,718. |
| d Equipment | | 702,132. | 546,105. | 156,027. |
| e Other | | | | 0. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 13,294,088. |

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 | 3,036,446. | END-OF-YEAR MARKET VALUE |
| (B) REAL ASSETS | 14,493,072. | END-OF-YEAR MARKET VALUE |
| (C) HEDGE FUNDS | 10,630,872. | END-OF-YEAR MARKET VALUE |
| (D) PRIVATE EQUITY | 22,841,126. | END-OF-YEAR MARKET VALUE |
| (E) INFRASTRUCTURE | 5,109,802. | END-OF-YEAR MARKET VALUE |
| (F) GLOBAL EQUITIES | 31,422,146. | END-OF-YEAR MARKET VALUE |
| (G) GLOBAL FIXED INCOME | 49,895,603. | END-OF-YEAR MARKET VALUE |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 137,429,067. | |

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 | 62,610,553. |
| (3) VALUE OF INCOME INTEREST IN TRUSTS | 20,926,184. |
| (4) DEPOSITS | 17,364. |
| (5) OTHER ASSETS | 164,548. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 83,718,649. |

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 | 1,355,303. |
| (4) OBLIGATIONS TO DONOR DESIGNATED | |
| (5) FUNDS | 29,345,262. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 30,700,565. |

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, 2021, 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

2021

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) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | GRANTMAKING | | 85,000. |
| EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTMAKING | | 10,000. |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 8,449,906. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 8,544,906. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 8,544,906. |

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) - ALBANIA, ANDORRA, | ARTS, CULTURE, AND HUMANITIES | 20,000. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | ARTS, CULTURE, AND HUMANITIES | 20,000. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | ARTS, CULTURE, AND HUMANITIES | 10,000. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | ARTS, CULTURE, AND HUMANITIES | 10,000. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | ARTS, CULTURE, AND HUMANITIES | 25,000. | CHECK | 0. | | |
| | | EAST ASIA AND PACIFIC | PUBLIC AND SOCIETAL BENEFIT | 10,000. | 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 **6**

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

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

2021

**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 noncash 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 STREET SANTA BARBARA, CA 93101 | 26-0417729 | 501(C)(3) | 22,500. | 0. | | | HOUSING, SHELTER |
| 4444 HOLLISTER, LLC DBA CREEKSIDE 4444 HOLLISTER AVE SANTA BARBARA, CA 93110 | 81-1669192 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| A COMPAS INC PO BOX 30594 SANTA BARBARA, CA 93130-0594 | 20-2176039 | 501(C)(3) | 12,500. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| A GREENER WORLD PO BOX 115 TERREBONNE, OR 97760 | 81-2116665 | 501(C)(3) | 375,000. | 0. | | | AGRICULTURE, FOOD, NUTRITION |
| ABILITIES FOR KIDS, INC. PO BOX 1501 SANTA MARIA, CA 93456 | 82-4885233 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| ADVENTURES IN CARING FOUNDATION 1528 CHAPALA ST STE 202 SANTA BARBARA, CA 93101 | 77-0073794 | 501(C)(3) | 7,700. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 365.**

3 Enter total number of other organizations listed in the line 1 table **▶ 55.**

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

Schedule I (Form 990) 2021

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| AFRICA NETWORK FOR ANIMAL WELFARE 1031 33RD ST STE 174 DENVER, CO 80205 | 42-1722891 | 501(C)(3) | 200,000. | 0. | | | ANIMAL RELATED |
| AFRICAN WOMEN RISING 801 COLD SPRINGS RD SANTA BARBARA, CA 93108 | 26-0140533 | 501(C)(3) | 11,000. | 0. | | | HUMAN SERVICES |
| AHA! ATTITUDE. HARMONY. ACHIEVEMENT. - 1209 DE LA VINA STREET, SUITE A - SANTA BARBARA, CA 93101 | 20-4418873 | 501(C)(3) | 29,000. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |
| ALEXANDER HOUSE FOUNDATION PO BOX 23642 SANTA BARBARA, CA 93121 | 95-1190502 | 501(C)(3) | 5,500. | 0. | | | HUMAN SERVICES |
| ALISON'S BAKERY 7060 HOLLISTER AVE. STE. 105 GOLETA, CA 93117 | 82-5508035 | | 10,000. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| ALL SAINTS BY THE SEA EPISCOPAL CHURCH - 83 EUCALYPTUS LN - SANTA BARBARA, CA 93108 | 13-5562208 | 501(C)(3) | 15,200. | 0. | | | GENERAL SUPPORT |
| ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION - 800 S COLLEGE DR - SANTA MARIA, CA 93454 | 95-1803920 | 501(C)(3) | 7,500. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| ALLAN HANCOCK COLLEGE FOUNDATION PO BOX 5170 SANTA MARIA, CA 93456 | 95-3143396 | 501(C)(3) | 41,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD ST FL 18 - NEW YORK, NY 10004-2454 | 13-6213516 | 501(C)(3) | 6,150. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY |

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| AMERICAN DANCE AND MUSIC, INC. PO BOX 90708 SANTA BARBARA, CA 93190-0708 | 20-5657230 | 501(C)(3) | 7,500. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| AMERICAN FEDERATION FOR CHILDREN 1020 - 1020 19TH ST NW, STE 675 - WASHINGTON, DC 20036 | 52-2111508 | 501(C)(3) | 203,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| AMERICAN HEART ASSOCIATION OF SANTA BARBARA COUNTY - 212 W FIGUEROA ST - SANTA BARBARA, CA 93101 | 13-5613797 | 501(C)(3) | 9,005. | 0. | | | DISEASE, DISORDERS, MEDICAL DISCIPLINES |
| AMERICAN NATIONAL RED CROSS 2707 STATE ST SANTA BARBARA, CA 93105 | 95-1643302 | 501(C)(3) | 16,005. | 0. | | | INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY |
| ANIMAL LEGAL DEFENSE FUND 525 EAST COTATI AVE COTATI, CA 94931 | 94-2681680 | 501(C)(3) | 375,000. | 0. | | | ANIMAL RELATED |
| ANIMAL SHELTER ASSISTANCE PROGRAM OF SANTA BARBARA - PO BOX 357 - GOLETA, CA 93116-0357 | 77-0283500 | 501(C)(3) | 6,900. | 0. | | | ANIMAL RELATED |
| ANTI-DEFAMATION LEAGUE 1528 CHAPALA ST STE 301 SANTA BARBARA, CA 93101 | 13-1818723 | 501(C)(3) | 125,000. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY |
| APERITIVO 7 WEST HALEY ST UNIT A SANTA BARBARA, CA 93101 | 84-5007333 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| APPLES TO ZUCCHINI COOKING SCHOOL PO BOX 30912 SANTA BARBARA, CA 93130 | 84-4191622 | 501(C)(3) | 30,510. | 0. | | | YOUTH DEVELOPMENT |

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ARTHRITIS FOUNDATION 2261 LAS POSITAS RD SANTA BARBARA, CA 93105 | 58-1341679 | 501(C)(3) | 8,000. | 0. | | | DISEASE, DISORDERS, MEDICAL DISCIPLINES |
| ARTS MENTORSHIP PROGRAM, INC. 531 E. COTA STREET SANTA BARBARA, CA 93103-3101 | 45-1567553 | 501(C)(3) | 12,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| ARTS OUTREACH PO BOX 755 LOS OLIVOS, CA 93441-0755 | 77-0119825 | 501(C)(3) | 18,500. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| ARTSPACE INC 751 PASEO NUEVO SANTA BARBARA, CA 93101 | 77-0233621 | 501(C)(3) | 23,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| ASIAN AMERICANS ADVANCING JUSTICE 1620 L ST NW SUITE 1050 WASHINGTON, DC 20036 | 13-3619000 | 501(C)(3) | 20,000. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY |
| ASIE RESTAURANT 511 STATE ST SANTA BARBARA, CA 93101 | 84-2379276 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| BIBI JI 734 STATE ST SANTA BARBARA, CA 93101 | 82-3353197 | | 7,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| BOB'S WELL BREAD BAKERY, LLC 550 BELL ST LOS ALAMOS, CA 93440 | 46-2114293 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| BOSTON FOOD FOREST COALITION 23 EGGLESTON ST JAMAICA PLAIN, MA 02130 | 46-5327936 | 501(C)(3) | 20,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA, CA 93190 | 20-0905385 | 501(C)(3) | 11,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| BOYS & GIRLS CLUB OF MID CENTRAL COAST - 901 N. RAILROAD AVENUE - SANTA MARIA, CA 93458 | 95-2468116 | 501(C)(3) | 12,250. | 0. | | | YOUTH DEVELOPMENT |
| BOYS & GIRLS CLUB OF SANTA BARBARA, INC. - 632 E. CANON PERDIDO STREET - SANTA BARBARA, CA 93103 | 95-1641425 | 501(C)(3) | 11,000. | 0. | | | YOUTH DEVELOPMENT |
| BOYS AND GIRLS CLUB OF VENTURA INC 6020 NICOLLE ST STE D VENTURA, CA 93003 | 95-2248919 | 501(C)(3) | 15,000. | 0. | | | YOUTH DEVELOPMENT |
| BRAILLE INSTITUTE OF AMERICA, INC. 2031 DE LA VINA ST SANTA BARBARA, CA 93105 | 95-1641426 | 501(C)(3) | 23,000. | 0. | | | HUMAN SERVICES |
| BRASIL ARTS CAFE 1230 STATE ST STE C SANTA BARBARA, CA 93101 | 46-0545290 | | 32,500. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| BRASS BEAR BREWING & BISTRO 28 ANACAPA ST UNIT E SANTA BARBARA, CA 93101 | 47-3327759 | | 8,500. | 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) | 35,000. | 0. | | | DISEASE, DISORDERS, MEDICAL DISCIPLINES |
| BRING ON THE MUSIC INC. 4652 HOLLYWOOD BLVD LOS ANGELES, CA 90027 | 27-0030546 | 501(C)(3) | 7,500. | 0. | | | EDUCATIONAL INSTITUTIONS |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| BURLINGTON HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION - 200 S 6TH ST - BURLINGTON, KS 66839 | 48-1152997 | 501(C)(3) | 15,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| C.A.R.E.4PAWS PO BOX 60524 SANTA BARBARA, CA 93160 | 27-0207473 | 501(C)(3) | 31,550. | 0. | | | ANIMAL RELATED |
| CALIFORNIA ASSOCIATION OF RESOURCE CONSERVATION DISTRICTS - 801 K ST FLOOR 18 - SACRAMENTO, CA 95814 | 94-1553749 | 501(C)(3) | 25,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| CALIFORNIA AVOCADO FESTIVAL INC. PO BOX 146 CARPINTERIA, CA 93014 | 77-0159754 | 501(C)(3) | 15,000. | 0. | | | YOUTH DEVELOPMENT |
| CALIFORNIA LUTHERAN UNIVERSITY 60 W OLSEN RD THOUSAND OAKS, CA 91360 | 95-2962604 | 501(C)(3) | 10,300. | 0. | | | EDUCATIONAL INSTITUTIONS |
| CALIFORNIA PASTA 811 STATE ST STE B SANTA BARBARA, CA 93101 | 20-0058690 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| CALIFORNIA RANGELAND TRUST 1225 H ST SACRAMENTO, CA 95814 | 31-1631453 | 501(C)(3) | 7,500. | 0. | | | AGRICULTURE, FOOD, NUTRITION |
| CALIFORNIA SCOTTISH RITE FOUNDATION - 16 E CARRILLO ST - SANTA BARBARA, CA 93101 | 94-6078728 | 501(C)(3) | 12,500. | 0. | | | EDUCATIONAL INSTITUTIONS |
| CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY STREET, SUITE 520 SAN FRANCISCO, CA 94105 | 94-1707583 | 501(C)(3) | 5,500. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012 | 77-0433230 | 501(C)(3) | 50,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| CAMERATA PACIFICA PO BOX 30116 SANTA BARBARA, CA 93130 | 33-0104649 | 501(C)(3) | 23,500. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| CANCER FOUNDATION OF SANTA BARBARA 601 W JUNIPERO STREET SANTA BARBARA, CA 93105 | 95-2158727 | 501(C)(3) | 329,800. | 0. | | | DISEASE, DISORDERS, MEDICAL DISCIPLINES |
| CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST CARPINTERIA, CA 93013 | 81-1407122 | 501(C)(3) | 40,250. | 0. | | | EDUCATIONAL INSTITUTIONS |
| CARPINTERIA COMMUNITY CHURCH 1111 VALLECITO RD CARPINTERIA, CA 93013-2456 | 95-1690971 | 501(C)(3) | 5,250. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |
| CARPINTERIA ROTARY CHARITABLE FOUNDATION - PO BOX 536 - CARPINTERIA, CA 93014 | 77-0578568 | 501(C)(3) | 5,120. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| CARPINTERIA SKATE FOUNDATION INC PO BOX 1090 CARPINTERIA, CA 93014 | 27-0394632 | 501(C)(3) | 207,700. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |
| CASA DEI BAMBINI 624 E CAMINO COLEGIO SANTA MARIA, CA 93454 | 83-2631073 | | 7,500. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES - 1722 S LEWIS ROAD - CAMARILLO, CA 93012 | 77-0195022 | 501(C)(3) | 32,200. | 0. | | | HUMAN SERVICES |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| CASA SERENA, INC. 1515 BATH ST SANTA BARBARA, CA 93101 | 95-2862385 | 501(C)(3) | 36,200. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |
| CATE SCHOOL 1960 CATE MESA RD CARPINTERIA, CA 93013 | 95-1644630 | 501(C)(3) | 50,600. | 0. | | | EDUCATIONAL INSTITUTIONS |
| CATHOLIC CHARITIES OF SANTA BARBARA COUNTY - 609 E HALEY ST - SANTA BARBARA, CA 93101 | 95-1690973 | 501(C)(3) | 37,190. | 0. | | | HUMAN SERVICES |
| CATHOLIC EDUCATION FOUNDATION 3424 WILSHIRE BLVD 3RD FL LOS ANGELES, CA 90010 | 75-6725640 | 501(C)(3) | 25,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| CECCO RISTORANTE 475 1ST ST STE 9 SOLVANG, CA 93463 | 27-4331832 | | 6,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| CENTER FOR FOOD SAFETY 303 SACRAMENTO ST 2ND FLOOR SAN FRANCISCO, CA 94111 | 52-2165893 | 501(C)(3) | 100,000. | 0. | | | AGRICULTURE, FOOD, NUTRITION |
| CENTER FOR INTERNATIONAL ENVIRONMENTAL LAW - 1101 15TH ST NW STE 1100 - WASHINGTON, DC 20005 | 52-1633220 | 501(C)(3) | 50,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| CENTER FOR SUCCESSFUL AGING 228 E ANAPAMU, STE 208 SANTA BARBARA, CA 93101 | 80-0422344 | 501(C)(3) | 21,500. | 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. | | | AGRICULTURE, FOOD, NUTRITION |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| CGMB BLOCK PARTY, LLC DBA LITTLE KITCHEN RESTAURANT - 17 W ORTEGA ST - SANTA BARBARA, CA 93101 | 47-4045187 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| CHANNEL ISLANDS RESTORATION PO BOX 40228 SANTA BARBARA, CA 93140 | 61-1463876 | 501(C)(3) | 11,433,099. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| CHANNEL ISLANDS YMCA OFFICE 301 W. FIGUEROA STREET SANTA BARBARA, CA 93101 | 95-1643379 | 501(C)(3) | 69,500. | 0. | | | HUMAN SERVICES |
| CHILD ABUSE LISTENING MEDIATION, INC. (CALM) - 1236 CHAPALA STREET - SANTA BARBARA, CA 93101-3116 | 23-7097910 | 501(C)(3) | 182,075. | 0. | | | HUMAN SERVICES |
| CHILDREN AND FAMILY RESOURCE SERVICES - PO BOX 6307 - SANTA BARBARA, CA 93160-6307 | 82-4121880 | 501(C)(3) | 37,640. | 0. | | | HUMAN SERVICES |
| CHILDREN'S MUSEUM OF SANTA BARBARA 125 STATE ST SANTA BARBARA, CA 93107 | 77-0252722 | 501(C)(3) | 64,988. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| CHILDREN'S RESOURCE NETWORK OF THE CENTRAL COAST - PO BOX 454 - PISMO BEACH, CA 93448-0454 | 27-1473791 | 501(C)(3) | 10,000. | 0. | | | HUMAN SERVICES |
| CHILDREN'S TUMOR FOUNDATION 132 EAST 43RD ST STE 418 NEW YORK, NY 10017 | 13-2298956 | 501(C)(3) | 10,000. | 0. | | | MEDICAL RESEARCH |
| CHINA PAVILION 1202 CHAPALA ST SANTA BARBARA, CA 93101 | 90-0196765 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| CODY'S CAFE 4898 HOLLISTER AVE SANTA BARBARA, CA 93111 | 77-0404147 | 501(C)(3) | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| COMMERCIAL FISHERMEN OF SANTA BARBARA - 6 HARBOR WAY #155 - SANTA BARBARA, CA 93109 | 95-2916932 | 501(C)(3) | 10,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| COMMUNIFY 5638 HOLLISTER AVE STE 230 GOLETA, CA 93117 | 95-2491790 | 501(C)(3) | 13,005. | 0. | | | HUMAN SERVICES |
| COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA - 2060 ALAMEDA PADRE SERRA STE 201 - SANTA BARBARA, CA 93103-1713 | 95-1816010 | 501(C)(3) | 81,433. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| COMMUNITY COUNSELING AND EDUCATION CENTER - 923 OLIVE ST STE 1 - SANTA BARBARA, CA 93101-1447 | 77-0071282 | 501(C)(3) | 10,500. | 0. | | | HUMAN SERVICES |
| COMMUNITY ENVIRONMENTAL COUNCIL, INC. - 1219 STATE ST (FRONT) - SANTA BARBARA, CA 93101-3144 | 94-1728064 | 501(C)(3) | 86,250. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC. - 150 TEJAS PL - NIPOMO, CA 93444 | 95-3253302 | 501(C)(3) | 45,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| COMMUNITY PARTNERS 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012 | 95-4302067 | 501(C)(3) | 27,000. | 0. | | | COMMUNITY IMPROVEMENT, CAPACITY BUILDING |
| CONCERNED RESOURCE & ENVIRONMENTAL WORKERS - PO BOX 1532 - OJAI, CA 93024 | 77-0374392 | 501(C)(3) | 10,500. | 0. | | | YOUTH DEVELOPMENT |

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| CONGREGATION B'NAI B'RITH CORPORATION - 1000 SAN ANTONIO CREEK RD - SANTA BARBARA, CA 93111-1310 | 95-6006585 | 501(C)(3) | 213,100. | 0. | | | HUMAN SERVICES |
| COPENHAGEN SAUSAGE GARDEN LLC 1660 COPENHAGEN DR SOLVANG, CA 93463 | 47-3268992 | | 32,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| CORAZON COCINA, INC 33 W VICTORIA ST #122 SANTA BARBARA, CA 93101 | 84-1901024 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| CORNELL UNIVERSITY PO BOX 25842 LEHIGH VALLEY, PA 18003-9692 | 15-0532082 | 501(C)(3) | 51,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| CORNERSTONE HOUSE OF SANTA BARBARA, INC. - 1451 CAMINO TRILLADO - CARPINTERIA, CA 93013 | 77-0170011 | 501(C)(3) | 7,432. | 0. | | | HUMAN SERVICES |
| CORPORATE ACCOUNTABILITY 10 MILK STREET STE 610 BOSTON, MA 02108 | 41-1322686 | 501(C)(3) | 66,000. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY |
| COTTAGE REHABILITATION HOSPITAL FOUNDATION - 2415 DE LA VINA ST - SANTA BARBARA, CA 93105-3819 | 26-0433816 | 501(C)(3) | 10,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| COUNCIL ON ALCOHOLISM & DRUG ABUSE PO BOX 28 SANTA BARBARA, CA 93102 | 95-1878858 | 501(C)(3) | 50,690. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |
| COUNTY OF SANTA BARBARA ARTS FUND PO BOX 333 SANTA BARBARA, CA 93102 | 77-0015381 | 501(C)(3) | 15,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| COURT APPOINTED SPECIAL ADVOCATES OF SANTA BARBARA COUNTY - 2125 S BROADWAY, SUITE 106 - SANTA MARIA, CA 93454 | 33-0662734 | 501(C)(3) | 16,628. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY |
| COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE HOLLYWOOD, CA 90027 | 13-3391210 | 501(C)(3) | 15,000. | 0. | | | HUMAN SERVICES |
| CRANE SCHOOL 1795 SAN LEANDRO LN SANTA BARBARA, CA 93108-2639 | 95-1643315 | 501(C)(3) | 196,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| CUYAMA VALLEY FAMILY RESOURCE CENTER - PO BOX 5 - NEW CUYAMA, CA 93254-0005 | 45-1221069 | 501(C)(3) | 25,000. | 0. | | | HUMAN SERVICES |
| D.R. RADON BOAT BUILDING, INC. 67 DEPOT RD. GOLETA, CA 93117 | 95-3729684 | | 10,000. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| DAKOTA RURAL ACTION 910 4TH STREET STE. A BROOKINGS, SD 57006 | 46-0398656 | 501(C)(3) | 120,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284-9168 | 04-2263040 | 501(C)(3) | 291,068. | 0. | | | MEDICAL RESEARCH |
| DARGAN'S IRISH PUB & RESTAURANT 18 E ORTEGA ST SANTA BARBARA, CA 93101 | 77-0460792 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| DEETOURS OF SANTA BARBARA 203 HITCHCOCK WAY SANTA BARBARA, CA 93105 | 27-2257492 | | 7,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| DELOITTE FOUNDATION 695 E MAIN ST PO BOX 10098 STAMFORD, CT 06901-2150 | 13-6400341 | 501(C)(3) | 25,000. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117 | 95-1831116 | 501(C)(3) | 69,250. | 0. | | | INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY |
| DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE - 19 E MICHELTORENA ST - SANTA BARBARA, CA 93101-2503 | 33-1210731 | 501(C)(3) | 34,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY - PO BOX 1536 - SANTA BARBARA, CA 93102-1536 | 95-3495141 | 501(C)(3) | 140,094. | 0. | | | HUMAN SERVICES |
| DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION - PO BOX 313 - GOLETA, CA 93116-0313 | 26-1115393 | 501(C)(3) | 20,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| DREAM FOUNDATION 1528 CHAPALA ST STE 304 SANTA BARBARA, CA 93101-8821 | 77-0405779 | 501(C)(3) | 9,600. | 0. | | | HUMAN SERVICES |
| DUNN SCHOOL PO BOX 98 LOS OLIVOS, CA 93441 | 95-1909237 | 501(C)(3) | 125,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| EARL WARREN SHOWGROUNDS FOUNDATION 980 TORNOE RD SANTA BARBARA, CA 93105 | 77-0381299 | 501(C)(3) | 10,000. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |
| EASY LIFT TRANSPORTATION, INC. 53 CASS PL STE D GOLETA, CA 93117 | 95-3642272 | 501(C)(3) | 32,650. | 0. | | | HUMAN SERVICES |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ELEMENTS HEATING & AIR 450 DOGWOOD DRIVE BUELLTON, CA 93427 | 82-4043219 | | 10,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| ELEVEN 14 CRAFT HOUSE & KITCHEN 1114 STATE ST STE 20 SANTA BARBARA, CA 93101 | 82-2843372 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| ELINGS PARK FOUNDATION 1298 LAS POSITAS RD SANTA BARBARA, CA 93105-4105 | 95-3500475 | 501(C)(3) | 7,300. | 0. | | | HUMAN SERVICES |
| ELLA & LOUIE 254 ROBLES WAY BUELLTON, CA 93427 | 84-2248720 | | 10,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| ELOISE LLC, DBA BOSSIE'S KITCHEN 901 N MILPAS ST SANTA BARBARA, CA 93103 | 83-2207977 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| ENDOWMENT FOR YOUTH COMMITTEE 606 ALAMO PINTADO RD STE 3274 SOLVANG, CA 93463-2284 | 77-0202584 | 501(C)(3) | 25,826. | 0. | | | YOUTH DEVELOPMENT |
| ENSEMBLE THEATRE COMPANY PO BOX 2307 SANTA BARBARA, CA 93120 | 95-3408200 | 501(C)(3) | 81,400. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| ENTERTAINMENT INDUSTRY FOUNDATION 10880 WILSHIRE BLVD STE 1400 LOS ANGELES, CA 90024-4119 | 95-1644609 | 501(C)(3) | 50,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST SANTA BARBARA, CA 93101-7404 | 77-0061994 | 501(C)(3) | 25,450. | 0. | | | CRIME, LEGAL RELATED |

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ESAU'S COFFEE SHOP, INC 507 LINDEN AVE CARPINTERIA, CA 93013 | 04-3729739 | | 25,000. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| EVERYBODY DANCE NOW PO BOX 23057 SANTA BARBARA, CA 93121-3057 | 45-2107249 | 501(C)(3) | 12,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| EXPLORE ECOLOGY 302 E COTA ST SANTA BARBARA, CA 93101 | 20-4944165 | 501(C)(3) | 11,750. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| EXPLORING SOLUTIONS PAST THE MAYA FOREST ALLIANCE - PO BOX 3962 - SANTA BARBARA, CA 93130 | 77-0577587 | 501(C)(3) | 15,500. | 0. | | | SCIENCE AND TECHNOLOGY RESEARCH INSTITUTES |
| FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 W GUTIERREZ ST - SANTA BARBARA, CA 93101 | 95-1644031 | 501(C)(3) | 145,375. | 0. | | | HUMAN SERVICES |
| FARM SANCTUARY INC PO BOX 150 WATKINS GLEN, NY 14891 | 51-0292919 | 501(C)(3) | 10,000. | 0. | | | ANIMAL RELATED |
| FIDELITY INVESTMENTS CHARITABLE GIFT FUND - PO BOX 770001 - CINCINNATI, OH 45277-0053 | 11-0303001 | 501(C)(3) | 282,753. | 0. | | | COMMUNITY IMPROVEMENT, CAPACITY BUILDING |
| FIGHTING BACK SANTA MARIA VALLEY PO BOX 184 SANTA MARIA, CA 93456-0184 | 65-1234981 | 501(C)(3) | 20,000. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |
| FOOD CHAIN WORKERS ALLIANCE 3055 WILSHIRE BLVD STE 300 LOS ANGELES, CA 90010-1147 | 90-0728464 | 501(C)(3) | 25,000. | 0. | | | EMPLOYMENT, JOB RELATED |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| FOOD FROM THE HEART PO BOX 3908 SANTA BARBARA, CA 93130 | 56-2334859 | 501(C)(3) | 28,000. | 0. | | | HUMAN SERVICES |
| FOODBANK OF SANTA BARBARA COUNTY 1525 STATE ST. SUITE 100 SANTA BARBARA, CA 93101 | 77-0169214 | 501(C)(3) | 278,101. | 0. | | | AGRICULTURE, FOOD, NUTRITION |
| FREEDOM 4 YOUTH PO BOX 2096 SANTA BARBARA, CA 93120-2096 | 27-4437945 | 501(C)(3) | 11,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FL WASHINGTON, DC 20005 | 23-7420660 | 501(C)(3) | 100,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| FRIENDS OF THE UNIVERSITY OF GUELPH - 1814 DEERPATH CT - NAPERVILLE, IL 60565-2833 | 51-0189191 | 501(C)(3) | 50,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| FRIENDS OF UNFPA, INC. 605 3RD AVE 4TH FL NEW YORK, NY 10158 | 13-3996346 | 501(C)(3) | 18,500. | 0. | | | INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY |
| FRIENDS OF VADA AT SANTA BARBARA HIGH SCHOOL - PO BOX 4426 - SANTA BARBARA, CA 93140 | 73-1646663 | 501(C)(3) | 85,500. | 0. | | | EDUCATIONAL INSTITUTIONS |
| FRIENDSHIP CENTER ADULT DAY SERVICES - 89 EUCALYPTUS LN - SANTA BARBARA, CA 93108 | 95-3398938 | 501(C)(3) | 26,050. | 0. | | | HUMAN SERVICES |
| FULL OF LIFE FLATBREAD PO BOX 677 LOS ALAMOS, CA 93440 | 83-0373518 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |

Schedule I (Form 990)

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| FUND FOR SANTA BARBARA, INC. PO BOX 90710 SANTA BARBARA, CA 93101 | 77-0070742 | 501(C)(3) | 110,000. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| FUTURE LEADERS OF AMERICA 126 E. HALEY ST. STE A12 SANTA BARBARA, CA 93101-2389 | 77-0071036 | 501(C)(3) | 20,000. | 0. | | | YOUTH DEVELOPMENT |
| GANNA WALSKA LOTUSLAND 695 ASHLEY ROAD SANTA BARBARA, CA 93108-1059 | 23-7082550 | 501(C)(3) | 134,101. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| GATEWAY EDUCATIONAL SERVICES 4850 HOLLISTER AVENUE, SUITE C GOLETA, CA 93106 | 90-0594912 | 501(C)(3) | 24,300. | 0. | | | EDUCATIONAL INSTITUTIONS |
| GIRLS INCORPORATED OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA, CA 93013 | 23-7430292 | 501(C)(3) | 62,322. | 0. | | | YOUTH DEVELOPMENT |
| GIRLS INCORPORATED OF GREATER SANTA BARBARA - PO BOX 236 - SANTA BARBARA, CA 93102-0236 | 95-6006417 | 501(C)(3) | 41,550. | 0. | | | HUMAN SERVICES |
| GIRLS ROCK SB 1 NORTH CALLE CESAR CHAVEZ STREET, SUITE 102 - SANTA BARBARA, CA 93108 | 46-0687975 | 501(C)(3) | 58,910. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| GIVAT HAVIVA EDUCATIONAL FOUNDATION - 601 WEST 26TH STREET SUITE 325-25 - NEW YORK, NY 10001 | 13-2584337 | 501(C)(3) | 5,500. | 0. | | | INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY |
| GIVEWELL 1714 FRANKLIN ST 100335 OAKLAND, CA 94612-3409 | 20-8625442 | 501(C)(3) | 10,500. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |

Schedule I (Form 990)

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| GLAUCOMA RESEARCH FOUNDATION 251 POST ST STE 600 SAN FRANCISCO, CA 94108 | 94-2495035 | 501(C)(3) | 10,000. | 0. | | | MEDICAL RESEARCH |
| GOLETA SIGNS PO BOX 14 GOLETA, CA 93116 | 56-7655048 | | 10,000. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| GOLETA VALLEY HISTORICAL SOCIETY 304 N LOS CARNEROS RD GOLETA, CA 93117-1502 | 95-6149517 | 501(C)(3) | 12,850. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| GOOD SAMARITAN SHELTER, INC. 245 E. INGER DRIVE, SUITE 103 B SANTA MARIA, CA 93454 | 77-0133375 | 501(C)(3) | 140,000. | 0. | | | HOUSING, SHELTER |
| GREATER SANTA BARBARA ICE SKATING ASSOCIATION - 6985 SANTA FELICIA DR - GOLETA, CA 93117-2397 | 45-0508885 | 501(C)(3) | 20,000. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |
| GRIP TRAINING INSTITUTE PO BOX 1957 FREMONT, CA 94538 | 90-1126510 | 501(C)(3) | 10,000. | 0. | | | CRIME, LEGAL RELATED |
| GUADALUPE-NIPOMO DUNES CENTER 1065 GUADALUPE ST GUADALUPE, CA 93434-1321 | 77-0502739 | 501(C)(3) | 18,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| GWENDOLYN STRONG FOUNDATION 27 W ANAPAMU ST STE 177 SANTA BARBARA, CA 93101 | 26-4734446 | 501(C)(3) | 71,000. | 0. | | | DISEASE, DISORDERS, MEDICAL DISCIPLINES |
| HABITAT FOR HUMANITY OF SOUTHERN SANTA BARBARA COUNTY - PO BOX 176 - GOLETA, CA 93116-0176 | 77-0518264 | 501(C)(3) | 22,000. | 0. | | | HOUSING, SHELTER |

Schedule I (Form 990)

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

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| HEAL THE OCEAN PO BOX 90106 SANTA BARBARA, CA 93190 | 77-0565183 | 501(C)(3) | 15,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| HEARTS THERAPEUTIC EQUESTRIAN CENTER - PO BOX 30662 - SANTA BARBARA, CA 93130 | 77-0460907 | 501(C)(3) | 35,400. | 0. | | | HUMAN SERVICES |
| HILLSIDE HOUSE 1235 VERONICA SPRINGS RD SANTA BARBARA, CA 93105-4522 | 95-1816019 | 501(C)(3) | 44,606. | 0. | | | HUMAN SERVICES |
| HOLDERMAN ENDOWMENT FOR LA PATERA SCHOOL - 555 N. LA PATERA LANE - GOLETA, CA 93117 | 95-6205039 | 501(C)(3) | 20,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012 | 95-4800735 | 501(C)(3) | 12,000. | 0. | | | YOUTH DEVELOPMENT |
| HOPE COMMUNITY CHURCH 560 NORTH LA CUMBRE RD. SANTA BARBARA, CA 93110 | 95-3065173 | 501(C)(3) | 44,628. | 0. | | | HUMAN SERVICES |
| HOSPICE OF SANTA BARBARA INC. 2050 ALAMEDA PADRE SERRA STE 100 SANTA BARBARA, CA 93103-1704 | 23-7448586 | 501(C)(3) | 88,900. | 0. | | | HUMAN SERVICES |
| HOUSING TRUST FUND OF SANTA BARBARA COUNTY, INC. - PO BOX 60909 - SANTA BARBARA, CA 93160-0909 | 43-2007672 | 501(C)(3) | 25,000. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| HUMAN RIGHTS WATCH, INC. 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118-3299 | 13-2875808 | 501(C)(3) | 8,000. | 0. | | | INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| IMMIGRANT HOPE SANTA BARBARA CA, INC. - 935 SAN ANDRES - SANTA BARBARA, CA 93101 | 46-3416009 | 501(C)(3) | 15,000. | 0. | | | HUMAN SERVICES |
| INSTITUTE FOR AGRICULTURE AND TRADE POLICY - 2105 FIRST AVE. S. - MINNEAPOLIS, MN 55404 | 36-3501938 | 501(C)(3) | 100,000. | 0. | | | AGRICULTURE, FOOD, NUTRITION |
| INTERFAITH INITIATIVE OF SANTA BARBARA COUNTY - 1000 SAN ANTONIO CREEK ROAD - SANTA BARBARA, CA 93111 | 47-0920616 | 501(C)(3) | 32,500. | 0. | | | COMMUNITY IMPROVEMENT, CAPACITY BUILDING |
| INTERNATIONAL RESCUE COMMITTEE. INC. - 122 E 42ND ST - NEW YORK, NY 56007-9847 | 13-5660870 | 501(C)(3) | 8,000. | 0. | | | INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY |
| ISLA VISTA YOUTH PROJECTS, INC. PO BOX 1332 GOLETA, CA 93117 | 95-3007419 | 501(C)(3) | 58,460. | 0. | | | HUMAN SERVICES |
| JEANNINE'S BAKING COMPANY OF SANTA BARBARA - 1253 COAST VILLAGE RD - SANTA BARBARA, CA 93108 | 77-0282362 | | 7,500. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| JESSIE HOPKINS HINCHEE FOUNDATION 825 N KELLOGG AVE SANTA BARBARA, CA 93111-1119 | 95-3489222 | 501(C)(3) | 7,500. | 0. | | | HUMAN SERVICES |
| JEWISH FEDERATION OF GREATER SANTA BARBARA - 524 CHAPALA ST - SANTA BARBARA, CA 93101-3412 | 23-7354759 | 501(C)(3) | 51,200. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| JUDICIAL WATCH INC. 425 THIRD ST SW STE 800 WASHINGTON, DC 20024 | 52-1885088 | 501(C)(3) | 5,850. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101 | 27-1540620 | 501(C)(3) | 10,500. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY |
| KIDS EDUCATIONAL ENGAGEMENT PROJECT - 485 CHANDLER POND DR - LAWRENCEVILLE, GA 30043 | 82-1262396 | 501(C)(3) | 12,000. | 0. | | | INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY |
| LA HACIENDA MEXICAN FOOD 298 PINE AVE. GOLETA, CA 93117 | 82-1287528 | | 10,000. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| LA PETITE CHOUETTE DBA SANTA BARBARA CENTRE FOR AERIAL DANCE - 823 LAGUNA ST - SANTA BARBARA, CA 93101 | 27-3295129 | | 10,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| LAGUNA BLANCA SCHOOL 4125 PALOMA DR SANTA BARBARA, CA 93110 | 95-1641448 | 501(C)(3) | 93,400. | 0. | | | EDUCATIONAL INSTITUTIONS |
| LAKE CASITAS ROWING ASSOCIATION PO BOX 74 OAK VIEW, CA 93022 | 26-0336670 | 501(C)(3) | 9,200. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |
| LEADING FROM WITHIN PO BOX 806 SANTA BARBARA, CA 93101 | 68-0365504 | 501(C)(3) | 137,524. | 0. | | | EDUCATIONAL INSTITUTIONS |
| LEGACY GLOBAL FOUNDATION, INC. 1423 S HIGLEY RD STE 127 MESA, AZ 85206 | 37-1440662 | 501(C)(3) | 76,000. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| LIGHT AND LIFE GOLETA PO BOX 1004 GOLETA, CA 93116 | 37-1556505 | 501(C)(3) | 12,300. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| LOBERO THEATRE FOUNDATION 33 E CANON PERDIDO ST SANTA BARBARA, CA 93101-2246 | 95-1831068 | 501(C)(3) | 282,500. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| LOMPOC VALLEY COMMUNITY HEALTHCARE ORGANIZATION, INC. - PO BOX 368 - LOMPOC, CA 93438-0368 | 77-0494140 | 501(C)(3) | 45,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| LOS ANGELES FIRE DEPARTMENT SCHOLARSHIP FUND - 1700 STADIUM WAY #101 - LOS ANGELES, CA 90012 | 20-5474305 | 501(C)(3) | 7,500. | 0. | | | EDUCATIONAL INSTITUTIONS |
| LOS OLIVOS CHAMBER OF COMMERCE PO BOX 280 LOS OLIVOS, CA 93441 | 30-0159975 | | 18,000. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| LOS PADRES FOREST ASSOCIATION 6750 NAVIGATOR WAY STE 150 GOLETA, CA 93117-3659 | 77-0011516 | 501(C)(3) | 25,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| LOUIE'S CALIFORNIA BISTRO 1404 DE LA VINA ST SANTA BARBARA, CA 93101 | 83-3362802 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| MAIN-BEGG FARMHOUSE 5001 HOLLISTER AVE SANTA BARBARA, CA 93111 | 83-3962786 | 501(C)(3) | 8,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| MAKE-A-WISH FOUNDATION OF THE TRI-COUNTIES - 23 W. ANAPAMU STREET SUITE 102 - SANTA BARBARA, CA 93101 | 77-0098671 | 501(C)(3) | 9,200. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| MARIAN REGIONAL MEDICAL CENTER FOUNDATION - 1400 EAST CHURCH ST - SANTA MARIA, CA 93454 | 95-3818027 | 501(C)(3) | 30,743. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |

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| MARINE CONSERVATION BIOLOGY INSTITUTE - 1914 N 34TH ST STE 400 - SEATTLE, WA 98103-9090 | 91-1725640 | 501(C)(3) | 15,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| MARYMOUNT ACADEMY INCORPORATED 2130 MISSION RIDGE RD SANTA BARBARA, CA 93103 | 23-7154063 | 501(C)(3) | 22,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 S GREAT RD - LINCOLN, MA 01773-4816 | 04-2104702 | 501(C)(3) | 8,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| MAYO CLINIC 13400 E SHEA BLVD SCOTTSDALE, AZ 85259 | 86-0800150 | 501(C)(3) | 10,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905 | 41-6011702 | 501(C)(3) | 50,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY - 617 GARDEN ST - SANTA BARBARA, CA 93101 | 95-1962659 | 501(C)(3) | 47,000. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |
| MILWAUKEE SYMPHONY ORCHESTRA FOUNDATION - 212 W WISCONSIN AVE - MILWAUKEE, WI 53203 | 39-1715515 | 501(C)(3) | 11,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| MINDFUL HEART PROGRAMS 2946 LA COMBADURA ROAD SANTA BARBARA, CA 93105 | 82-2949097 | 501(C)(3) | 8,000. | 0. | | | HUMAN SERVICES |
| MONTECITO CAFE INC., DBA JANE 1311 STATE ST SANTA BARBARA, CA 93101 | 77-0157030 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |

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| MONTECITO RETIREMENT ASSOCIATION 300 HOT SPRINGS RD SANTA BARBARA, CA 93108 | 23-7425754 | 501(C)(3) | 13,000. | 0. | | | HUMAN SERVICES |
| MONTECITO TRAILS FOUNDATION PO BOX 5481 SANTA BARBARA, CA 93150 | 95-6152328 | 501(C)(3) | 8,400. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |
| MUNICIPAL WINEMAKERS 406 E. HALEY ST. #1 SANTA BARBARA, CA 93101 | 26-0780975 | | 25,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD SANTA BARBARA, CA 93108-2899 | 95-1525814 | 501(C)(3) | 451,082. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| NASHVILLE JAZZ WORKSHOP PO BOX 281704 NASHVILLE, TN 37228-1704 | 62-1837858 | 501(C)(3) | 6,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| NATIONAL BLOOD FOUNDATION RESEARCH & EDUCATION TRUST FUND - 8101 GLENBROOK ROAD - BETHESDA, MD 20814-2749 | 52-2059102 | 501(C)(3) | 5,225. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON RD - SANTA PAULA, CA 93060 | 77-0412509 | 501(C)(3) | 11,500. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| NATIONAL FEDERATION OF THE BLIND INC. - 200 E WELLS ST - BALTIMORE, MD 21230 | 02-0259978 | 501(C)(3) | 77,510. | 0. | | | DISEASE, DISORDERS, MEDICAL DISCIPLINES |
| NATURE CONSERVANCY, INC. 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203 | 53-0242652 | 501(C)(3) | 31,691. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |

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| NATURETRACK FOUNDATION PO BOX 953 LOS OLIVOS, CA 93441 | 45-3040646 | 501(C)(3) | 7,500. | 0. | | | EDUCATIONAL INSTITUTIONS |
| NEBULA DANCE LAB PO BOX 30245 SANTA BARBARA, CA 93130 | 27-3489380 | 501(C)(3) | 9,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| NEW BEGINNINGS COUNSELING CENTER 324 EAST CARRILLO STREET, SUITE C SANTA BARBARA, CA 93101 | 77-0556795 | 501(C)(3) | 112,100. | 0. | | | HUMAN SERVICES |
| NOTES FOR NOTES INCORPORATED PO BOX 90632 SANTA BARBARA, CA 93190 | 20-4875556 | 501(C)(3) | 27,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| NOTRE DAME SCHOOL 33 E MICHELTORENA ST SANTA BARBARA, CA 93101 | 53-0196617 | 501(C)(3) | 41,250. | 0. | | | GENERAL SUPPORT |
| OAKS CHRISTIAN SCHOOL 31749 LA TIENDA DR WESTLAKE VILLAGE, CA 91362 | 95-4656912 | 501(C)(3) | 25,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| OCEANHILLS COVENANT CHURCH 821 STATE ST, STE B SANTA BARBARA, CA 93110-1310 | 77-0489999 | 501(C)(3) | 19,400. | 0. | | | GENERAL SUPPORT |
| ODELL FAMILY CHARITABLE FOUNDATION 121 GRAY AVE. #300 SANTA BARBARA, CA 93101 | 84-5175538 | 501(C)(3) | 72,251. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| OJAI FESTIVALS LTD. PO BOX 185 OJAI, CA 93024 | 95-2122508 | 501(C)(3) | 8,000. | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| OJAI PRESBYTERIAN CHURCH 304 FOOTHILL RD OJAI, CA 93023-2425 | 95-1831075 | 501(C)(3) | 5,500. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |
| OJAI VALLEY COMMUNITY HOSPITAL FOUNDATION - 1301 MARICOPA HWY - OJAI, CA 93023 | 20-1982135 | 501(C)(3) | 5,500. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| OJAI VALLEY SCHOOL 723 EL PASEO RD OJAI, CA 93023 | 95-1661099 | 501(C)(3) | 80,969. | 0. | | | EDUCATIONAL INSTITUTIONS |
| OLD SPANISH DAYS PO BOX 30460 SANTA BARBARA, CA 93130 | 95-1541669 | 501(C)(3) | 10,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| OMAHA COMMUNITY FOUNDATION 1120 S 101ST ST STE 320 OMAHA, NE 68124 | 47-0645958 | 501(C)(3) | 20,229. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| OPAL RESTAURANT AND BAR 1325 STATE ST SANTA BARBARA, CA 93101 | 01-0551892 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| ORCUTT AREA SENIORS IN SERVICE, INC. - PO BOX 2637 - SANTA MARIA, CA 93457-2637 | 77-0058257 | 501(C)(3) | 21,500. | 0. | | | HUMAN SERVICES |
| ORCUTT CHILDREN'S ART FOUNDATION, INC. - 500 DYER ST - ORCUTT, CA 93455 | 03-0463467 | 501(C)(3) | 22,500. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST PORTLAND, OR 97205-2126 | 23-7315673 | 501(C)(3) | 20,000. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |

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| OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION - PO BOX 29017 - PORTLAND, OR 97296 | 23-7083114 | 501(C)(3) | 60,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| OREGON LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 321 SW 4TH AVENUE SUITE 600 - PORTLAND, OR 97204 | 93-1177957 | 501(C)(3) | 15,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| OREGON PROGRESSIVE ALLIANCE INC. 209 SW OAK ST STE 500 PORTLAND, OR 97204-2740 | 54-2177095 | 501(C)(3) | 6,000. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY |
| ORGANIC SOUP KITCHEN 315 MEIGS RD STE A #369 SANTA BARBARA, CA 93109-1900 | 27-1081432 | 501(C)(3) | 41,000. | 0. | | | AGRICULTURE, FOOD, NUTRITION |
| OUR LADY OF GRACE 5071 EDEN AVE MINNEAPOLIS, MN 55436 | 53-0196617 | 501(C)(3) | 10,000. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |
| OUR LADY OF MOUNT CARMEL CATHOLIC CHURCH - 1300 E VALLEY RD - SANTA BARBARA, CA 93108-1203 | 53-0196617 | 501(C)(3) | 29,500. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |
| OUT OF THE BOX THEATRE COMPANY 5910 BERKELEY ROAD GOLETA, CA 93117 | 46-1023027 | 501(C)(3) | 15,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| PACIFIC ENVIRONMENT AND RESOURCES CENTER - 473 PINE ST THIRD FLOOR - SAN FRANCISCO, CA 94104 | 94-2628924 | 501(C)(3) | 30,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| PARKS AND RECREATION COMMUNITY FOUNDATION - PO BOX 91742 - SANTA BARBARA, CA 93190 | 77-0126823 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |

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| PARTNERS IN HEALTH A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705-9942 | 04-3567502 | 501(C)(3) | 101,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| PARTNERS IN HOUSING SOLUTIONS 701 ANACAPA STREET, SUITE C SANTA BARBARA, CA 93101 | 83-1183210 | 501(C)(3) | 35,000. | 0. | | | HOUSING, SHELTER |
| PBS SOCAL 3080 BRISTOL ST, STE 100 COSTA MESA, CA 92626 | 95-3220724 | 501(C)(3) | 11,650. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| PEASANTS FEAST 487 ATTERDAG RD SOLVANG, CA 93440 | 83-4667169 | 501(C)(3) | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| PEOPLE ASSISTING THE HOMELESS PO BOX 24116 SANTA BARBARA, CA 93121-4116 | 95-3950196 | 501(C)(3) | 46,300. | 0. | | | HOUSING, SHELTER |
| PEOPLE FOR LEISURE AND YOUTH, INC. 615 S MCCLELLAND ST SANTA MARIA, CA 93454 | 77-0469844 | 501(C)(3) | 32,901. | 0. | | | HUMAN SERVICES |
| PEOPLES' SELF-HELP HOUSING CORPORATION - 26 E VICTORIA ST - SANTA BARBARA, CA 93101 | 95-2750154 | 501(C)(3) | 30,100. | 0. | | | HOUSING, SHELTER |
| PERFORMANCES TO GROW ON PO BOX 212 OJAI, CA 93024 | 77-0400314 | 501(C)(3) | 15,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| PERFORMING ARTS SCHOLARSHIP FOUNDATION - PO BOX 5575 - MONTECITO, CA 93150 | 95-3757549 | 501(C)(3) | 5,750. | 0. | | | EDUCATIONAL INSTITUTIONS |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVENUE N.W. STE. 400 - WASHINGTON, DC 20016 | 52-1394893 | 501(C)(3) | 12,000. | 0. | | | ANIMAL RELATED |
| PILGRIM TERRACE COOPERATIVE HOMES 649 PILGRIM TERRACE DR SANTA BARBARA, CA 93101 | 95-3465019 | 501(C)(3) | 10,000. | 0. | | | HOUSING, SHELTER |
| PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101 | 95-2319356 | 501(C)(3) | 164,250. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST - NEW YORK, NY 10038 | 13-1644147 | 501(C)(3) | 31,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| PLANNED PARENTHOOD SOUTH TEXAS 2140 BABCOCK ROAD SUITE 201 SAN ANTONIO, TX 78229 | 74-1297211 | 501(C)(3) | 13,470. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| PLANNED PARENTHOOD SOUTHEAST INC. 241 PEACHTREE ST NE STE 40 ATLANTA, GA 30303 | 58-6045874 | 501(C)(3) | 13,470. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| PLENTY OF BELL LLC 508 BELL ST LOS ALAMOS, CA 93440 | 47-5514473 | | 15,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 124 MT AUBURN ST - CAMBRIDGE, MA 02138 | 04-2103580 | 501(C)(3) | 200,100. | 0. | | | EDUCATIONAL INSTITUTIONS |
| PROJECT UNDERSTANDING 2734 JOHNSON DR STE E VENTURA, CA 93003 | 95-3246871 | 501(C)(3) | 10,000. | 0. | | | YOUTH DEVELOPMENT |

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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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| PRONTOPIA 1117 STATE STREET SANTA BARBARA, CA 93101 | 82-3622651 | 501(C)(3) | 25,000. | 0. | | | EMPLOYMENT, JOB RELATED |
| PROVIDENCE SCHOOL 3225 CALLE PINON SANTA BARBARA, CA 93105-2759 | 95-2105233 | 501(C)(3) | 32,425. | 0. | | | EDUCATIONAL INSTITUTIONS |
| QUAIL SPRINGS 35070 HIGHWAY 33 MARICOPA, CA 93252 | 38-3692928 | 501(C)(3) | 5,300. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| QUEEN OF CLEAN SERVICE, INC. 5276 HOLLISTER AVE. STE 110 GOLETA, CA 93117 | 27-5355045 | | 8,500. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| RAINFOREST CONNECTION 440 COBIA DR STE 1902 KATY, TX 77494 | 46-2022575 | 501(C)(3) | 50,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| RECIPES ORGANIC BAKERY 604 SANTA BARBARA ST SANTA BARBARA, CA 93101 | 95-3665080 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 4219 CHEADLE HALL - SANTA BARBARA, CA 93106-2013 | 95-6006145 | 501(C)(3) | 230,840. | 0. | | | EDUCATIONAL INSTITUTIONS |
| RESOURCE MEDIA 925 4TH AVE., 11TH FLOOR SEATTLE, WA 98164 | 82-0564961 | 501(C)(3) | 235,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| RINCON BREWERY 5065 CARPINTERIA AVE CARPINTERIA, CA 93013 | 46-4051210 | | 25,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |

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| RIOS PROMISE INC. 187 3RD ST SOLVANG, CA 93463-2819 | 47-2092483 | 501(C)(3) | 20,000. | 0. | | | HUMAN SERVICES |
| SAINT MARK UNITED METHODIST CHURCH 3942 LA COLINA RD SANTA BARBARA, CA 93110 | 95-2487538 | 501(C)(3) | 14,000. | 0. | | | HUMAN SERVICES |
| SALVATION ARMY - SANTA BARBARA CORPS - 4849 HOLLISTER AVE - SANTA BARBARA, CA 93160 | 94-1156347 | 501(C)(3) | 37,700. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |
| SAMA SAMA KITCHEN 1208 STATE ST SANTA BARBARA, CA 93101 | 46-1597675 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| SAN MARCOS PARENT-CHILD WORKSHOP INC. - 400-A PUENTE DR - SANTA BARBARA, CA 93110 | 77-0138239 | 501(C)(3) | 5,705. | 0. | | | HUMAN SERVICES |
| SANCTUARY CENTERS OF SANTA BARBARA, INC. - PO BOX 551 - SANTA BARBARA, CA 93102 | 95-3066786 | 501(C)(3) | 21,500. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |
| SANSUM CLINIC 215 PESETAS LANE SANTA BARBARA, CA 93102-1200 | 95-6419205 | 501(C)(3) | 18,500. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH ST SANTA BARBARA, CA 93105-4321 | 95-1684086 | 501(C)(3) | 77,300. | 0. | | | MEDICAL RESEARCH |
| SANTA BARBARA AGRICULTURAL AND FARM EDUCATION FOUNDATION - PO BOX 644 - SUMMERLAND, CA 93067 | 85-3329449 | 501(C)(3) | 404,200. | 0. | | | AGRICULTURE, FOOD, NUTRITION |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| SANTA BARBARA BICYCLE COALITION 434 OLIVE ST SANTA BARBARA, CA 93103 | 77-0395986 | 501(C)(3) | 5,750. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| SANTA BARBARA BOTANIC GARDEN, INC. 1212 MISSION CANYON RD SANTA BARBARA, CA 93105-2126 | 95-1644628 | 501(C)(3) | 91,071. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| SANTA BARBARA BOWL FOUNDATION 1122 N MILPAS ST SANTA BARBARA, CA 93103-2336 | 95-3618955 | 501(C)(3) | 115,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA BUCKET BRIGADE PO BOX 50640 SANTA BARBARA, CA 93150 | 83-1156413 | 501(C)(3) | 52,600. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| SANTA BARBARA CENTER FOR THE PERFORMING ARTS, INC. - 1214 STATE STREET, 6TH FLOOR - SANTA BARBARA, CA 93101-2608 | 95-3847102 | 501(C)(3) | 2,098,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA CHANNELKEEPER 714 BOND AVENUE SANTA BARBARA, CA 93103-3131 | 91-2151460 | 501(C)(3) | 92,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| SANTA BARBARA COMMUNITY YOUTH PERFORMING ARTS CENTER - PO BOX 21046 - SANTA BARBARA, CA 93121-1046 | 77-0543169 | 501(C)(3) | 41,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA COTTAGE HOSPITAL FOUNDATION - PO BOX 689 400 W PUEBLO ST - SANTA BARBARA, CA 93102-0689 | 95-3802238 | 501(C)(3) | 207,725. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| SANTA BARBARA COUNTY CHILD CARE PLANNING COUNCIL - PO BOX 6307 - SANTA BARBARA, CA 93160-6307 | | | 15,000. | 0. | | | HUMAN SERVICES |

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| SANTA BARBARA COUNTY IMMIGRANT LEGAL DEFENSE CENTER - 601 E. MONTECITO ST - SANTA BARBARA, CA 93103 | 32-0549576 | 501(C)(6) | 37,500. | 0. | | | CRIME, LEGAL RELATED |
| SANTA BARBARA COUNTY TRAILS COUNCIL - PO BOX 22352 - SANTA BARBARA, CA 93121 | 95-2496099 | 501(C)(3) | 17,880. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |
| SANTA BARBARA DANCE INSTITUTE 1330 STATE STREET, SUITE 207 SANTA BARBARA, CA 93101 | 26-4255635 | 501(C)(3) | 25,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA EDUCATION FOUNDATION 1330 STATE ST STE 201 SANTA BARBARA, CA 93101-2681 | 77-0071544 | 501(C)(3) | 141,185. | 0. | | | EDUCATIONAL INSTITUTIONS |
| SANTA BARBARA FAMILY CARE CENTER 124 CARMEN LANE, SUITE C SANTA MARIA, CA 93458-7768 | 95-2684041 | 501(C)(3) | 53,000. | 0. | | | HUMAN SERVICES |
| SANTA BARBARA FESTIVAL BALLET 127 WEST CANON PERDIDO SANTA BARBARA, CA 93101 | 23-7429689 | 501(C)(3) | 8,500. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA HILLEL 781 EMBARCADERO DEL MAR ISLA VISTA, CA 93117 | 91-2054237 | 501(C)(3) | 10,650. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| SANTA BARBARA HISTORICAL MUSEUM 136 E DE LA GUERRA ST SANTA BARBARA, CA 93101 | 95-6005796 | 501(C)(3) | 28,909. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA HUMANE SOCIETY 5399 OVERPASS RD SANTA BARBARA, CA 93111 | 95-1643377 | 501(C)(3) | 80,855. | 0. | | | ANIMAL RELATED |

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| SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA ST STE 203 - SANTA BARBARA, CA 93101-8820 | 77-0073674 | 501(C)(3) | 7,600. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY STE 190 SANTA BARBARA, CA 93109-2344 | 77-0392953 | 501(C)(3) | 28,750. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA MEALS ON WHEELS PO BOX 6099 SANTA BARBARA, CA 93160 | 51-0139577 | 501(C)(3) | 8,500. | 0. | | | AGRICULTURE, FOOD, NUTRITION |
| SANTA BARBARA MIDDLE SCHOOL 1321 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103 | 95-3134383 | 501(C)(3) | 131,500. | 0. | | | EDUCATIONAL INSTITUTIONS |
| SANTA BARBARA MOUNTAIN BIKE TRAIL VOLUNTEERS INC - PO BOX 4003 - SANTA BARBARA, CA 93140 | 77-0342830 | 501(C)(3) | 27,000. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |
| SANTA BARBARA MUSEUM OF ART 1130 STATE ST SANTA BARBARA, CA 93101-2713 | 95-1664122 | 501(C)(3) | 349,818. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA MUSEUM OF NATURAL HISTORY - 2559 PUESTA DEL SOL - SANTA BARBARA, CA 93105 | 95-1643378 | 501(C)(3) | 684,867. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST # 1 SANTA BARBARA, CA 93101-1624 | 77-0496382 | 501(C)(3) | 183,250. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| SANTA BARBARA NEW HOUSE 2434 BATH ST SANTA BARBARA, CA 93105 | 95-2887119 | 501(C)(3) | 10,000. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |

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| SANTA BARBARA OPERA ASSOCIATION 1330 STATE ST STE 209 SANTA BARBARA, CA 93101-2681 | 77-0347413 | 501(C)(3) | 113,931. | 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) | 32,064. | 0. | | | EDUCATIONAL INSTITUTIONS |
| SANTA BARBARA POLICE ACTIVITIES LEAGUE - PO BOX 91121 - SANTA BARBARA, CA 93190-1121 | 77-0523426 | 501(C)(3) | 15,000. | 0. | | | COMMUNITY IMPROVEMENT, CAPACITY BUILDING |
| SANTA BARBARA PUBLIC LIBRARY PO BOX 1019 SANTA BARBARA, CA 93102 | 46-0750188 | 501(C)(3) | 135,159. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| SANTA BARBARA PUBLIC LIBRARY FOUNDATION - 40 E ANAPAMU ST - SANTA BARBARA, CA 93101 | 46-0750188 | 501(C)(3) | 119,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 93103-3254 | 95-6134271 | 501(C)(3) | 39,634. | 0. | | | HOUSING, SHELTER |
| SANTA BARBARA RESPONSE NETWORK 115 W CANON PERDIDO ST SANTA BARBARA, CA 93101-3210 | 30-0703710 | 501(C)(3) | 45,000. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |
| SANTA BARBARA SCHOOL OF SQUASH INC. - 1530 CHAPALA ST STE F - SANTA BARBARA, CA 93101 | 20-4496216 | 501(C)(3) | 14,000. | 0. | | | YOUTH DEVELOPMENT |
| SANTA BARBARA STRINGS PO BOX 61401 SANTA BARBARA, CA 93160 | 27-4834458 | 501(C)(3) | 9,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION - 1330 STATE ST STE 102 - SANTA BARBARA, CA 93101 | 95-2104089 | 501(C)(3) | 102,706. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA BARBARA WILDLIFE CARE NETWORK, INC. - PO BOX 6594 - SANTA BARBARA, CA 93160 | 77-0201505 | 501(C)(3) | 16,300. | 0. | | | ANIMAL RELATED |
| SANTA BARBARA ZOOLOGICAL FOUNDATION - 500 NINOS DR - SANTA BARBARA, CA 93103 | 95-2268554 | 501(C)(3) | 76,168. | 0. | | | ANIMAL RELATED |
| SANTA CRUZ ISLAND FOUNDATION 5045 WULLBRANDT WAY CARPINTERIA, CA 93013 | 95-4073657 | 501(C)(3) | 21,000. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| SANTA MARIA PHILHARMONIC SOCIETY PO BOX 375 SANTA MARIA, CA 93456-0375 | 77-0288378 | 501(C)(3) | 10,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SANTA MARIA VALLEY COMMUNITY FOUNDATION - 614 S. BROADWAY - SANTA MARIA, CA 93454 | 75-2983776 | 501(C)(3) | 20,000. | 0. | | | COMMUNITY IMPROVEMENT, CAPACITY BUILDING |
| SANTA MARIA VALLEY YMCA 3400 SKYWAY DRIVE SANTA MARIA, CA 93455 | 95-2158363 | 501(C)(3) | 15,000. | 0. | | | HUMAN SERVICES |
| SANTA YNEZ VALLEY BOTANIC GARDEN FOUNDATION, INC. - PO BOX 1623 - BUELLTON, CA 93427 | 26-1197733 | 501(C)(3) | 25,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| SANTA YNEZ VALLEY CHORALE PO BOX 1902 SANTA YNEZ, CA 93460 | 95-3658104 | 501(C)(3) | 7,500. | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SANTA YNEZ VALLEY COTTAGE HOSPITAL FOUNDATION - 2050 VIBORG ROAD - SOLVANG, CA 93463 | 95-3308522 | 501(C)(3) | 50,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| SANTA YNEZ VALLEY FRUIT AND VEGETABLE RESCUE - PO BOX 1651 - SANTA YNEZ, CA 93460 | 45-1797788 | 501(C)(3) | 55,000. | 0. | | | AGRICULTURE, FOOD, NUTRITION |
| SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE - PO BOX 1478 - SOLVANG, CA 93464 | 77-0338060 | 501(C)(3) | 56,500. | 0. | | | HUMAN SERVICES |
| SANTA YNEZ VALLEY SENIOR ADVISORY COUNCIL - 1745 MISSION - SOLVANG, CA 93463 | 77-0236226 | 501(C)(3) | 17,250. | 0. | | | HUMAN SERVICES |
| SANTA YNEZ VALLEY SENIOR CITIZENS FOUNDATION - PO BOX 1946 - BUELLTON, CA 93427 | 95-3169593 | 501(C)(3) | 46,100. | 0. | | | HUMAN SERVICES |
| SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM - PO BOX 256 - SOLVANG, CA 93464 | 77-0564282 | 501(C)(3) | 6,070. | 0. | | | HUMAN SERVICES |
| SARAH HOUSE SANTA BARBARA PO BOX 20031 SANTA BARBARA, CA 93120 | 77-0224415 | 501(C)(3) | 25,500. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| SB ACT PO BOX 217 SANTA BARBARA, CA 93102 | 46-2832064 | 501(C)(3) | 30,500. | 0. | | | AGRICULTURE, FOOD, NUTRITION |
| SCHOLARSHIP FOUNDATION OF SANTA BARBARA - PO BOX 3620 - SANTA BARBARA, CA 93130-3620 | 23-7087774 | 501(C)(3) | 1,160,600. | 0. | | | EDUCATIONAL INSTITUTIONS |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| SHE-CAN PO BOX 876 MILL VALLEY, CA 94942 | 27-4524093 | 501(C)(3) | 8,500. | 0. | | | HUMAN SERVICES |
| SHELTER BOX USA 101 INNOVATION PL SANTA BARBARA, CA 93108-2268 | 20-0471604 | 501(C)(3) | 7,000. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| SHEPHERD MOUNTAIN HORSE RESCUE INC 12106 SHEPHERD LN MOUNTAINBURG, AR 72946 | 47-5440806 | 501(C)(3) | 33,500. | 0. | | | ANIMAL RELATED |
| SIGMA CHI FOUNDATION 1714 HINMAN AVENUE EVANSTON, IL 60201 | 36-2208386 | 501(C)(3) | 15,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| SILVER LAKE FOUNDATION PO BOX 1522 MAMMOTH LAKES, CA 93546 | 46-1667221 | 501(C)(3) | 20,000. | 0. | | | YOUTH DEVELOPMENT |
| SLO NOOR FOUNDATION 1428 PHILLIPS LN STE B4 SAN LUIS OBISPO, CA 93401-2570 | 27-1412176 | 501(C)(3) | 20,000. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| SMITHSONIAN INSTITUTION PO BOX 37012, MRC 163 WASHINGTON, DC 20013-7012 | 53-0206027 | 501(C)(3) | 55,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| SOHO RESTAURANT & MUSIC CLUB 1221 STATE ST STE 205 SANTA BARBARA, CA 93101-2656 | 77-0381768 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| SOLVANG HERITAGE ASSOCIATES 1624 ELVERHOY WAY SOLVANG, CA 93463-2704 | 77-0248806 | 501(C)(3) | 10,200. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SOLVANG RESTAURANT 1672 COPENHAGEN DR SOLVANG, CA 93463 | 20-3267036 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| SOLVANG SCHOOL DISTRICT EDUCATIONAL FOUNDATION - PO BOX 304 - SOLVANG, CA 93464 | 77-0373606 | 501(C)(3) | 15,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| SPACE UNTITLED, INC. DBA MILK & HONEY AND ALCAZAR TAPAS BAR - PO BOX 90248 - SANTA BARBARA, CA 93190 | 51-0600854 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| SPIRIT ROCK MEDITATION CENTER PO BOX 169 WOODACRE, CA 94973 | 94-2971001 | 501(C)(3) | 6,000. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |
| ST. JOSEPH HIGH SCHOOL 4120 S BRADLEY RD SANTA MARIA, CA 93455 | 95-2315939 | 501(C)(3) | 60,945. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |
| ST. MARK'S-IN-THE-VALLEY EPISCOPAL CHURCH - PO BOX 39 - LOS OLIVOS, CA 93441 | 31-1629166 | 501(C)(3) | 6,800. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |
| ST. MARY OF THE ASSUMPTION 424 EAST CYPRESS ST SANTA MARIA, CA 93454 | 95-3248111 | 501(C)(3) | 10,260. | 0. | | | HUMAN SERVICES |
| ST. VINCENT DE PAUL SOCIETY 210 N. AVENUE 21 LOS ANGELES, CA 90031 | 95-1644622 | 501(C)(3) | 6,397. | 0. | | | HUMAN SERVICES |
| ST. VINCENT'S 4200 CALLE REAL SANTA BARBARA, CA 93110-1454 | 95-1643367 | 501(C)(3) | 33,902. | 0. | | | HUMAN SERVICES |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| STANDING TOGETHER TO END SEXUAL ASSAULT - 433 E CAON PERDIDO ST - SANTA BARBARA, CA 93101 | 95-2929455 | 501(C)(3) | 30,000. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |
| STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309-0466 | 94-1156365 | 501(C)(3) | 64,800. | 0. | | | EDUCATIONAL INSTITUTIONS |
| STAR JASMINE MUSIC FOUNDATION 631 1/2 N. MILPAS STREET SANTA BARBARA, CA 93103 | 77-0437362 | 501(C)(3) | 10,500. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| STATE STREET BALLET 2285 LAS POSITAS RD SANTA BARBARA, CA 93105 | 86-0717486 | 501(C)(3) | 81,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| STORYTELLER CHILDREN'S CENTER, INC. - 2115 STATE ST - SANTA BARBARA, CA 93105-3555 | 77-0283072 | 501(C)(3) | 137,488. | 0. | | | HUMAN SERVICES |
| STUART C. GILDRED FAMILY YMCA 900 NORTH REFUGIO RD. SANTA YNEZ, CA 93460 | 95-1643379 | 501(C)(3) | 20,000. | 0. | | | HUMAN SERVICES |
| TEDDY BEAR CANCER FOUNDATION 3892 STATE ST STE 220 SANTA BARBARA, CA 93105-3185 | 14-1872081 | 501(C)(3) | 9,500. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| TENNIS PATRONS ASSOCIATION OF SANTA BARBARA, INC. - PO BOX 3886 - SANTA BARBARA, CA 93130 | 23-7203732 | 501(C)(3) | 31,811. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |
| THACHER SCHOOL, INC. 5025 THACHER RD OJAI, CA 93023 | 95-1642398 | 501(C)(3) | 125,000. | 0. | | | EDUCATIONAL INSTITUTIONS |

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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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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| THE ARC OF VENTURA COUNTY 5103 WALKER STREET VENTURA, CA 93003 | 95-2266987 | 501(C)(3) | 15,000. | 0. | | | HUMAN SERVICES |
| THE BAKER'S TABLE, INC PO BOX 1064 SANTA YNEZ, CA 93460 | 83-3443131 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| THE CECILIA FUND PO BOX 92213 SANTA BARBARA, CA 93150 | 95-6047722 | 501(C)(3) | 30,896. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DR - SANTA BARBARA, CA 93109 | 95-3234551 | 501(C)(3) | 54,300. | 0. | | | EDUCATIONAL INSTITUTIONS |
| THE HUMANE LEAGUE PO BOX 10476 ROCKVILLE, MD 20849 | 04-3817491 | 501(C)(3) | 250,000. | 0. | | | ANIMAL RELATED |
| THE IMPERIAL 320 S KELLOGG AVE, STE D GOLETA, CA 93117 | 61-1865309 | | 8,500. | 0. | | | PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF |
| THE LAND TRUST FOR SANTA BARBARA COUNTY - PO BOX 91830 - SANTA BARBARA, CA 93190 | 95-3797404 | 501(C)(3) | 33,750. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| THE LOS ALAMOS FOUNDATION PO BOX 477 LOS ALAMOS, CA 93440 | 26-1950432 | 501(C)(3) | 20,000. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| THE NATURE CONSERVANCY OF CALIFORNIA - 201 MISSION ST FL 4 - SAN FRANCISCO, CA 95811 | 20-5797732 | 501(C)(3) | 53,950. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| THE NEW YORK SHAKESPEARE FESTIVAL D.B.A. THE PUBLIC THEATER - 425 LAFAYETTE ST - NEW YORK, NY 10003 | 13-1844852 | 501(C)(3) | 10,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| THE PACIFIC PRIDE FOUNDATION, INC. 608 ANACAPA STREET, SUITE A SANTA BARBARA, CA 93101 | 95-3133613 | 501(C)(3) | 67,237. | 0. | | | CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY |
| THE PICKLE ROOM & THREE PICKLES 126 E CANON PERDIDO ST SANTA BARBARA, CA 93101 | 27-5226124 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| THE PROJECT FOR RESILIENT COMMUNITIES - 1470 E VALLEY RD STE T - SANTA BARBARA, CA 93108 | 84-4981889 | 501(C)(3) | 802,404. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| THE RESIDENCY 10510 NORTHUP WAY STE 300 KIRKLAND, WA 98033 | 84-4232460 | 501(C)(3) | 20,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD STE 200 SAN DIEGO, CA 92106 | 95-2942582 | 501(C)(3) | 21,000. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| THE SANTA BARBARA CHORAL SOCIETY 1330 STATE ST STE 202 SANTA BARBARA, CA 93101-2681 | 77-0032197 | 501(C)(3) | 15,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| THE SANTA BARBARA INDEPENDENT 12 E FIGUEROA ST SANTA BARBARA, CA 93101-2709 | 77-0132712 | | 25,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| THE TURNER FOUNDATION PO BOX 186 SANTA BARBARA, CA 93102 | 95-6111806 | 501(C)(3) | 43,500. | 0. | | | HOUSING, SHELTER |

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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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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| THE UC DAVIS FOUNDATION 202 CONSTEAU PLACE, SUITE 185 DAVIS, CA 95618 | 94-6081352 | 501(C)(3) | 50,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| THE UCLA FOUNDATION BOX 951476 LOS ANGELES, CA 90095-1476 | 95-2250801 | 501(C)(3) | 25,200. | 0. | | | EDUCATIONAL INSTITUTIONS |
| THERAPY DOGS OF SANTA BARBARA PO BOX 3534 SANTA BARBARA, CA 93130-3534 | 47-0879588 | 501(C)(3) | 25,000. | 0. | | | ANIMAL RELATED |
| THRIVE WELLNESS WORKSHOP 903 DROWN AVE OJAI, CA 93023 | 77-0455993 | 501(C)(3) | 10,800. | 0. | | | RECREATION, SPORTS, LEISURE, ATHLETICS |
| TOMA RESTAURANT & BAR 324 W CABRILLO BLVD SANTA BARBARA, CA 93101 | 27-4157387 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| TOSCANA PIZZERIA TAPAS ENOTECA 485 ALISAL RD STE 163 SOLVANG, CA 93463 | 47-5641287 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| TRANSITION HOUSE 425 E COTA ST SANTA BARBARA, CA 93101-1662 | 77-0099755 | 501(C)(3) | 188,290. | 0. | | | HOUSING, SHELTER |
| TRANSITIONS-MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406 | 95-3509040 | 501(C)(3) | 30,000. | 0. | | | MENTAL HEALTH, CRISIS INTERVENTION |
| TRINITY EPISCOPAL CHURCH, SANTA BARBARA - 1500 STATE ST - SANTA BARBARA, CA 93101 | 31-1629166 | 501(C)(3) | 13,000. | 0. | | | RELIGION, SPIRITUAL DEVELOPMENT |

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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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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| TROUT UNLIMITED INC. PO BOX 7400 WOOLLY BUGGER, WV 25438-7400 | 38-1612715 | 501(C)(3) | 10,000. | 0. | | | ANIMAL RELATED |
| TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE, STE 700 BOSTON, MA 02215-1704 | 04-2103547 | 501(C)(3) | 5,100. | 0. | | | GENERAL SUPPORT |
| UC SANTA BARBARA FOUNDATION 4219 CHEADLE HALL 4TH FLOOR SANTA BARBARA, CA 93106 | 23-7314834 | 501(C)(3) | 296,685. | 0. | | | EDUCATIONAL INSTITUTIONS |
| UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013 | 95-1709293 | 501(C)(3) | 25,000. | 0. | | | HUMAN SERVICES |
| UNITED BOYS & GIRLS CLUBS OF GREATER SANTA BARBARA COUNTY - PO BOX 1485 - SANTA BARBARA, CA 93102 | 23-7087814 | 501(C)(3) | 28,232. | 0. | | | YOUTH DEVELOPMENT |
| UNITED STATES HOLOCAUST MEMORIAL MUSEUM - 1880 CENTURY PARK E - LOS ANGELES, CA 90067 | 52-1309391 | 501(C)(3) | 11,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| UNITED WAY OF DANE COUNTY FOUNDATION INC - 2059 ATWOOD AVE - MADISON, WI 53704 | 39-1763471 | 501(C)(3) | 10,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| UNITED WAY OF SANTA BARBARA COUNTY, INC. - 320 E GUTIERREZ ST - SANTA BARBARA, CA 93101-1736 | 95-1641968 | 501(C)(3) | 81,467. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| UNITY SHOPPE, INC. 110 W SOLA ST SANTA BARBARA, CA 93101-3007 | 77-0391064 | 501(C)(3) | 70,800. | 0. | | | HUMAN SERVICES |

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| UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION - 1995 UNIVERSITY AVENUE, SUITE 401 - BERKELEY, CA 94704-1058 | 94-6090626 | 501(C)(3) | 6,250. | 0. | | | EDUCATIONAL INSTITUTIONS |
| UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145 | 94-2829914 | 501(C)(3) | 343,316. | 0. | | | EDUCATIONAL INSTITUTIONS |
| UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DR. - LA JOLLA, CA 92093 | 95-6006144 | 501(C)(3) | 50,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| UNIVERSITY OF SOUTHERN CALIFORNIA 1149 S HILL STREET, STE H-100 LOS ANGELES, CA 90015 | 95-1642394 | 501(C)(3) | 37,800. | 0. | | | EDUCATIONAL INSTITUTIONS |
| UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX BOX 78807 MILWAUKEE, WI 53278-0807 | 39-0743975 | 501(C)(3) | 55,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| URBAN ARTS PARTNERSHIP 39 WEST 19TH STREET 5TH FL NEW YORK, NY 10011 | 13-3554734 | 501(C)(3) | 25,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| VENTURA COUNTY COMMUNITY FOUNDATION - 4001 MISSION OAKS BLVD STE A - CAMARILLO, CA 93012 | 77-0165029 | 501(C)(3) | 36,000. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| VILLA MAJELLA OF SANTA BARBARA 604 N KELLOGG AVE SANTA BARBARA, CA 93111-1437 | 95-3730718 | 501(C)(3) | 30,350. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| VNA HEALTH FOUNDATION 509 E MONTECITO ST STE 200 SANTA BARBARA, CA 93103 | 77-0342043 | 501(C)(3) | 36,350. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| VTC ENTERPRISES 2445 A STREET SANTA MARIA, CA 93455 | 95-2690539 | 501(C)(3) | 10,000. | 0. | | | EMPLOYMENT, JOB RELATED |
| WARRIOR ANGELS RESCUE, INC 1553 AALBORG WAY SOLVANG, CA 93463 | 82-3351465 | 501(C)(3) | 30,000. | 0. | | | HUMAN SERVICES |
| WHITE BUFFALO LAND TRUST PO BOX 22 SUMMERLAND, CA 93067 | 82-4562776 | 501(C)(3) | 53,500. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| WILD UP PO BOX 292075 LOS ANGELES, CA 90029 | 47-3266537 | 501(C)(3) | 16,000. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| WILDERNESS YOUTH PROJECT INCORPORATED - 5386 HOLLISTER AVE STE D - SANTA BARBARA, CA 93111 | 77-0526117 | 501(C)(3) | 66,251. | 0. | | | YOUTH DEVELOPMENT |
| WILDLING MUSEUM 1511-B MISSION DR SOLVANG, CA 93463 | 77-0470520 | 501(C)(3) | 41,900. | 0. | | | ARTS, CULTURE, AND HUMANITIES |
| WINE CASK INTERMEZZO 813 ANACAPA ST SANTA BARBARA, CA 93101 | 27-0289334 | | 7,500. | 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) | 45,450. | 0. | | | PHILANTHROPY, VOLUNTEERISM AND GRANTMAKING |
| WORLD DANCE FOR HUMANITY 906 N NOPAL ST SANTA BARBARA, CA 93103 | 46-2890372 | 501(C)(3) | 25,000. | 0. | | | INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY |

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| WORLD TELEHEALTH INITIATIVE 7402 HOLLISTER AVE GOLETA, CA 93117-2583 | 82-4657634 | 501(C)(3) | 101,500. | 0. | | | HEALTH - GENERAL & REHABILITATIVE |
| WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037 | 52-1693387 | 501(C)(3) | 5,400. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| YALE UNIVERSITY PO BOX 803 NEW HAVEN, CT 06503-0803 | 06-0646973 | 501(C)(3) | 25,000. | 0. | | | EDUCATIONAL INSTITUTIONS |
| YELLOW BELLY 2611 DE LA VINA ST SANTA BARBARA, CA 93105 | 46-5197214 | | 8,500. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DR, SIXTH FLOOR RESTON, VA 20191-1556 | 23-7042029 | 501(C)(3) | 24,500. | 0. | | | YOUTH DEVELOPMENT |
| YOUR CHILDREN'S TREES 69 CALAVERAS AVE GOLETA, CA 93117 | 47-2759212 | 501(C)(3) | 25,000. | 0. | | | ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION |
| YOUR PLACE RESTAURANT 22 MILPAS ST #A SANTA BARBARA, CA 93103 | 20-4662020 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| ZACA CREEK LLC 1297 JONATA PARK RD BUELLTON, CA 93427 | 83-3043357 | | 7,000. | 0. | | | PUBLIC AND SOCIETAL BENEFIT |
| ZUMIX 260 SUMNER ST EAST BOSTON, MA 02128 | 04-3132674 | 501(C)(3) | 25,000. | 0. | | | YOUTH DEVELOPMENT |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| 2021 BREITLING AWARD RECIPIENTS | 8 | 5,800. | 0. | | |
| COVID SMALL BUSINESS RELIEF | 62 | 544,200. | 0. | | |
| EMERGENCY FINANCIAL ASSISTANCE | 4 | 3,800. | 0. | | |
| HOUSING ASSISTANCE | 3 | 8,087. | 0. | | |
| FUNERAL ASSISTANCE | 2 | 9,313. | 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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) 2021

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 and/or 1099-NEC 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) JACQUELINE CARRERA PRESIDENT & CEO | (i) | 326,158. | 0. | 0. | 47,600. | 71,728. | 445,486. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) TODD YUBA VP, FINANCE & ADMIN (AS OF 4/1/21) | (i) | 174,454. | 0. | 0. | 7,096. | 12,676. | 194,226. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JANET MOCKER CFO (THRU 3/31/21); SR DIR OF FIN | (i) | 154,546. | 0. | 0. | 15,786. | 21,040. | 191,372. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) RUBAYI ESTES VICE PRESIDENT, PROGRAMS | (i) | 154,389. | 0. | 0. | 13,597. | 12,917. | 180,903. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (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.

PART I, LINE 8:

THE 2021 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION ON
FEBRUARY 11, 2021 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

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.

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 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 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.

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.

THE REASONABLENESS OF THE 2021 V.P., FINANCE & ADMINISTRATION COMPENSATION
 WAS CONFIRMED BY THE COMPENSATION COMMITTEE BY EMAIL FOLLOWING ITS MEETING
 ON JANUARY 26, 2021, CONFIRMED BY THE EXECUTIVE COMMITTEE AT ITS MEETING ON
 FEBRUARY 17, 2021, AND RATIFIED BY THE BOARD AT ITS MEETING ON APRIL 8,
 2021.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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 | X | 1 | 2,720. | COST/SELLING PRICE |
| 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 | 156 | 13,661,250. | MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | X | 4 | 133. | MARKET VALUE |
| 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 ▶ (<u>ADVERTISEMENT</u>) | X | 2 | 5,678. | COST/SELLING PRICE |
| 26 Other ▶ (<u>MEALS</u>) | X | 1 | 2,643. | COST/SELLING PRICE |
| 27 Other ▶ (<u>PROMOTIONAL M</u>) | X | 2 | 2,464. | COST/SELLING PRICE |
| 28 Other ▶ (<u>SUPPLIES</u>) | X | 1 | 1,778. | COST/SELLING PRICE |

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** **2**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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.

PART I, OTHER TYPES OF PROPERTY:

OFFICE SUPPLIES

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 890.
- (D) METHOD OF DETERMINING REVENUE: COST/SELLING PRICE

PHOTOGRAPHY

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 196.
- (D) METHOD OF DETERMINING REVENUE: COST/SELLING PRICE

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, 2021.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

SBF SERVED AS FISCAL SPONSOR FOR THE FOOTHILLS FOREVER FUND FOR THE
PRESERVATION OF THE SAN MARCOS FOOTHILLS OPEN SPACE. THIS ARRANGEMENT
ALLOWED THE CAMPAIGN ORGANIZERS TO FOCUS ON FUNDRAISING WHILE SBF
HANDLED THE ADMINISTRATIVE ASPECTS OF RECEIVING AND PROCESSING
DONATIONS OF OVER \$11 MILLION THAT WAS THEN GRANTED TO CHANNEL ISLANDS
RESTORATION TO HELP PROTECT AND STEWARD THE LAND IN PERPETUITY.

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

THE SBF FINANCE AND AUDIT COMMITTEES REVIEWED THE 990 PRIOR TO FILING. IN
ADDITION, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS DISTRIBUTED TO EACH
VOTING MEMBER OF THE BOARD PRIOR TO FILING.

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

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

Schedule O (Form 990) 2021

132211 11-11-21

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

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 2021 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION ON FEBRUARY 11, 2021 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 CEO'S ANNUAL PERFORMANCE GOALS; AND (F) DOCUMENTS THE FOREGOING.

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

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 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 2021 V.P., FINANCE & ADMINISTRATION COMPENSATION WAS CONFIRMED BY THE COMPENSATION COMMITTEE BY EMAIL FOLLOWING ITS MEETING ON JANUARY 26, 2021, CONFIRMED BY THE EXECUTIVE COMMITTEE AT ITS MEETING ON FEBRUARY 17, 2021, AND RATIFIED BY THE BOARD AT ITS MEETING ON APRIL 8, 2021.

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 | 3,042,793. |
| PASSTHROUGH INCOME FROM UBI | -148,066. |
| RETURNED GRANTS | 23,681. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 2,918,408. |

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE IN THE CURRENT TAX YEAR TO THE OVERSIGHT OR

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

SELECTION PROCESS OF THE AUDIT AND INDEPENDENT ACCOUNTANT.

Multiple horizontal lines for text entry.

**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

2021

**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 | 354,857. | 8,962,622. | SANTA BARBARA FOUNDATION |
| 300 EAST ISLAY STREET, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101 | CHARITABLE ACTIVITIES | CALIFORNIA | 0. | 3,048,070. | 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, INC. - 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) 2021

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 | |
| | | | | | | | | | | | | |
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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 |
| | | | | | | | | | |
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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, INC. | C | 100,000. | CASH PAID |
| (2) HIGHLAND SANTA BARBARA FOUNDATION, INC. | L | 208,312. | CASH PAID |
| (3) ERIC AND KELLY SCHWARTZ CHARITABLE TRUST | L | 118,184. | CASH PAID |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

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

Multiple horizontal lines for providing 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 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 |
| Form 990-T (corporation) | 07 | | |

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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** 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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 87,444. |
| 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 | \$ | 57,000. |

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

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

2021

For calendar year 2021 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

| | | | |
|---|---------------------|---|---|
| <p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p> | Print or Type | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SANTA BARBARA FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101</p> <p>C Book value of all assets at end of year ▶ 456,585,072.</p> | <p>D Employer identification number 95-1866094</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p> |
|---|---------------------|---|---|

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

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 | 144,462. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | 144,462. |
| 4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2 | 4 | 14,346. |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 130,116. |
| 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 | 130,116. |
| 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 | 129,116. |

Part II Tax Computation

| | | |
|---|---|---------|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 27,114. |
| 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 | 27,114. |

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 | | 27,114. |
| 3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 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 | | 27,114. |
| 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 | 5 | | 0. |
| 6a Payments: A 2020 overpayment credited to 2021 | 6a | 30,444. | |
| b 2021 estimated tax payments. Check if section 643(g) election applies | 6b | | |
| c Tax deposited with Form 8868 | 6c | 57,000. | |
| 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: Form 2439 | 6g | | |
| Form 4136 | | | |
| Other | | | |
| Total | | | |
| 7 Total payments. Add lines 6a through 6g | 7 | | 87,444. |
| 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 | | 60,330. |
| 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax 60,330. Refunded | 11 | | 0. |

| Part IV Statements Regarding Certain Activities and Other Information (see instructions) | | | |
|--|-----------------------------------|-----|----|
| 1 At any time during the 2021 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 |
| 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 |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| 4 Enter available pre-2018 NOL carryovers here | | | |
| 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | | |
| Business Activity Code | Available post-2017 NOL carryover | | |
| 901101 | \$ 24,408. | | |
| 6a Did the organization change its method of accounting? (see instructions) | | | X |
| b If 6a 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 6b. 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. | | | | |
| | Signature of officer | Date | Title | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
| | LAUREN A. HAVERLOCK | <i>Lauren A. Haverlock</i> | 11/14/22 | | P00545829 |
| | Firm's name ▶ MOSS ADAMS LLP | 21700 OXNARD ST. STE 300 | | Firm's EIN ▶ | 91-0189318 |
| | Firm's address ▶ WOODLAND HILLS, CA 91367 | Phone no. 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 | 18. |
| CHARITABLE CONTRIBUTIONS | N/A | 32,970,073. |
| TOTAL TO FORM 990-T, PART I, LINE 4 | | <u>32,970,091.</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 2016

FOR TAX YEAR 2017

FOR TAX YEAR 2018

FOR TAX YEAR 2019

27,716,290

FOR TAX YEAR 2020

23,414,985

TOTAL CARRYOVER

51,131,275

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

32,970,091

TOTAL CONTRIBUTIONS AVAILABLE

84,101,366

TAXABLE INCOME LIMITATION AS ADJUSTED

14,346

EXCESS CONTRIBUTIONS

84,087,020

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

84,087,020

ALLOWABLE CONTRIBUTIONS DEDUCTION

14,346

TOTAL CONTRIBUTION DEDUCTION

14,346

**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).

1
OMB No. 1545-0047

2021

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) ▶ 901101 | 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 ▶ | | | |
| 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 | 129,549. | | 129,549. |
| c Capital loss deduction for trusts | 4b | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 | 4c | | | |
| 6 Rent income (Part IV) | 5 | 16,354. | | 16,354. |
| 7 Unrelated debt-financed income (Part V) | 6 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 7 | 124,391. | 78,835. | 45,556. |
| 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 | 270,294. | 78,835. | 191,459. |

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 | | | | 10,322. |
| 7 Depreciation (attach Form 4562). See instructions | 7 | 119,651. | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | 119,651. | 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 | | | | 12,769. |
| 15 Total deductions. Add lines 1 through 14 | | | | 23,091. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | | | 168,368. |
| 17 Deduction for net operating loss. See instructions STATEMENT 5 | | | | 24,408. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | | | 143,960. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

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 1111 CHAPALA STREET, SANTA BARBARA, CA 93101

B _____

C _____

D _____

| | A | B | C | D |
|--|-------------|---|---|----------|
| 2 Gross income from or allocable to debt-financed property | 379,355. | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) STMT 7 | 119,651. | | | |
| b Other deductions (attach statement) STMT 8 | 120,773. | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | 240,424. | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 9 | 92,954,965. | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 10 | 9,012,105. | | | |
| 6 Divide line 4 by line 5 | 32.79% | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | 124,391. | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ | | | | 124,391. |
| 9 Allocable deductions. Multiply line 3c by line 6 | 78,835. | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ | | | | 78,835. |
| 11 Total dividends-received deductions included in line 10 ▶ | | | | 0. |

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

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|---|-------------------------------------|--|--|---|--|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | Add columns 5 and 10. Enter here and on 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 3 |
|--|---------------------------------|----------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| AETHER REAL ASSETS II, L.P. - ORDINARY BUSINESS INCOME (LOSS) | | 39,162. |
| CROW HOLDINGS REALTY PARTNERS VIII, L.P. - ORDINARY BUSINESS INCOME (LOSS) | | 35,946. |
| METROPOLITAN REAL ESTATE PARTNERS V - ORDINARY BUSINESS INCOME (LOSS) | | 27. |
| TCV X (A), L.P. - ORDINARY BUSINESS INCOME (LOSS) | | -1,508. |
| NEWBURY EQUITY PARTNERS (AKA NEWBURY SECONDARY FUND LP) - ORDINARY BUSINESS | | 26. |
| MERCER PIP LP - ORDINARY BUSINESS INCOME (LOSS) | | -2,964. |
| MERCER PIP-II LP - ORDINARY BUSINESS INCOME (LOSS) | | -297. |
| QUELLOS BLACKROCK REAL ASSETS II (PARALLEL), L.P. - ORDINARY BUSINESS INCOM | | 32,375. |
| AETHER REAL ASSETS V LP - ORDINARY BUSINESS INCOME (LOSS) | | -49,544. |
| NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS) | | 1,201. |
| AG SF (L) LP - ORDINARY BUSINESS INCOME (LOSS) | | 25. |
| KOHLBERG TE INVESTORS IX, LP - ORDINARY BUSINESS INCOME (LOSS) | | -9,256. |
| DBL PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS) | | -6,398. |
| AEW PARTNERS REAL ESTATE FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS) | | -14,417. |
| TRILANTIC CAPITAL PARTNERS VI PARALLEL (NORTH AMERICA) L.P. - ORDINARY BUSIN | | -8,024. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | | 16,354. |

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 4 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| TAX PREPARATION FEES | | 12,769. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | | 12,769. |

| FORM 990-T (A) | POST 2017 NOL SCHEDULE | STATEMENT 5 |
|--------------------------|------------------------|-------------------------------|
| PRIOR YEAR POST 2017 NOL | NOL DEDUCTION | CARRYFORWARD OF POST 2017 NOL |
| 24,408. | 24,408. | 0. |

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 6

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 12/31/19 | 92,083. | 67,675. | 24,408. | 24,408. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 24,408. | 24,408. |

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 7

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|-----------------|----------|----------|
| DEPRECIATION | | 119,651. | |
| - SUBTOTAL - | 1 | | 119,651. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A) | | | 119,651. |

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 8

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | PERCENT ALLOCABLE | ALLOCABLE TOTAL |
|--|-----------------|----------|-------------------|-----------------|
| INTEREST EXPENSE | | 36,581. | | |
| OPERATING EXPENSE | | 84,192. | | |
| - SUBTOTAL - | 1 | 120,773. | 1.00 | 120,773. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B) | | | | 120,773. |

FORM 990-T (A) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 9

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|---|-----------------|------------|------------|
| AVERAGE ACQUISITION DEBT | | 2,954,965. | |
| - SUBTOTAL - | 1 | | 2,954,965. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4 | | | 2,954,965. |

FORM 990-T (A)

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 10

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|---|--------------------|------------|------------|
| AVERAGE ADJUSTED BASIS | | 9,012,105. | |
| - SUBTOTAL - | 1 | | 9,012,105. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5 | | | 9,012,105. |

**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

2021

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 | | | | |
| 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 | | | | 2,469. |
| 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 | 2,469. |

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 | | | | |
| 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 | | | | 127,080. |
| 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 | 127,080. |

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 | 2,469. |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 127,080. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 129,549. |

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

**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).

2
OMB No. 1545-0047

2021

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) ▶ 530000 | 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 ▶ | 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 | | | |
| 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 11 | 5 | 2,280. | | 2,280. |
| 6 Rent income (Part IV) | 6 | | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | | |
| 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 | 2,280. | | 2,280. |

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) | | 1 | |
| 2 Salaries and wages | | 2 | |
| 3 Repairs and maintenance | | 3 | |
| 4 Bad debts | | 4 | |
| 5 Interest (attach statement). See instructions | | 5 | |
| 6 Taxes and licenses | | 6 | 359. |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | 8b | |
| 9 Depletion | | 9 | |
| 10 Contributions to deferred compensation plans | | 10 | |
| 11 Employee benefit programs | | 11 | |
| 12 Excess exempt expenses (Part VIII) | | 12 | |
| 13 Excess readership costs (Part IX) | | 13 | |
| 14 Other deductions (attach statement) SEE STATEMENT 12 | | 14 | 1,419. |
| 15 Total deductions. Add lines 1 through 14 | | 15 | 1,778. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 16 | 502. |
| 17 Deduction for net operating loss. See instructions | | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | 18 | 502. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

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 _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0. | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. | | | |
| 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 |

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 11

| DESCRIPTION | NET INCOME OR (LOSS) |
|---|-------------------------|
| SBR ASSOCIATES NO 1 - ORDINARY BUSINESS INCOME (LOSS) | 2,280. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | 2,280. |

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 12

| DESCRIPTION | AMOUNT |
|---------------------------------------|--------|
| TAX PREPARATION FEES | 1,419. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 1,419. |

**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

2021

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 | | | | |
| 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 | | | | 2,469. |
| 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 | 2,469. |

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 | | | | |
| 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 | | | | 127,080. |
| 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 | 127,080. |

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 | 2,469. |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 127,080. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 129,549. |

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

Form **4562**

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

OMB No. 1545-0172

2021

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

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 | 1,050,000. |
| 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 | 2,620,000. |
| 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 2020 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 2022. 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 | 119,651. |

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 2021 | 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 2021 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 2021 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 | 119,651. |
| 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 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability.

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 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

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 2021 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2021 tax year 43

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