

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SANTA BARBARA FOUNDATION</b>		<b>D</b> Employer identification number <b>95-1866094</b>
	Doing business as		<b>E</b> Telephone number <b>805-963-1873</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>102,552,881.</b>
	<b>1111 CHAPALA ST STE 200</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>SANTA BARBARA, CA 93101-3100</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

**F** Name and address of principal officer: **JACQUELINE CARRERA**  
**SAME AS C ABOVE**

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.SBFOUNDATION.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1928** **M** State of legal domicile: **CA**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>42</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-301,224.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>46,233,781.</b>	<b>28,455,651.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>651,925.</b>	<b>705,378.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>18,422,637.</b>	<b>8,873,473.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-196,253.</b>	<b>-224,228.</b>
		<b>65,112,090.</b>	<b>37,810,274.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>25,787,227.</b>	<b>25,917,822.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,379,844.</b>	<b>5,102,192.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>1,845,592.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,851,241.</b>	<b>4,756,152.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>34,018,312.</b>	<b>35,776,166.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>31,093,778.</b>	<b>2,034,108.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>439,373,124.</b>	<b>474,773,392.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>31,931,881.</b>	<b>37,619,687.</b>
		<b>407,441,243.</b>	<b>437,153,705.</b>

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>TODD YUBA, VP FINANCE AND ADMINISTRATION</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>LAUREN A. HAVERLOCK</b>	<b>LAUREN A. HAVERLOCK</b>	<b>11/07/24</b>		<b>P00545829</b>
	Firm's name	Firm's EIN			
	<b>MOSS ADAMS LLP</b>	<b>91-0189318</b>			
	Firm's address	Phone no.			
	<b>21700 OXNARD ST. STE 300</b> <b>WOODLAND HILLS, CA 91367</b>	<b>818-577-1900</b>			

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 28,303,039. including grants of \$ 23,754,672. ) (Revenue \$ 705,378. ) SBF SERVES THE ENTIRE COUNTY OF SANTA BARBARA, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS. IN 2023, 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 \$6 MILLION IN 2023, 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 \$ 1,357,683. including grants of \$ 1,139,500. ) (Revenue \$ ) SBF PROVIDED FUNDING OF OVER \$1 MILLION IN 2023 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 \$ 1,219,651. including grants of \$ 1,023,650. ) (Revenue \$ ) SBF PROVIDED FUNDING OF OVER \$1 MILLION IN 2023 TO THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA FOR STUDENT AID. THROUGH THIS COLLABORATION OVER 150 STUDENTS OF SANTA BARBARA COUNTY RECEIVED SCHOLARSHIP AWARDS.

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

4e Total program service expenses 30,880,373.

**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 <b>Section 501(c)(3) organizations.</b> 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
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 174	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		19
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
TODD YUBA - 805-963-1873  
1111 CHAPALA ST STE 200, SANTA BARBARA, CA 93101-3100

**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, box 6 of 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				401,076.	0.	81,727.
(2) TODD YUBA VP, FINANCE & ADMINISTRATION	40.00 2.00			X				266,785.	0.	50,186.
(3) TAMMY SIMS JOHNSON VP, PHILANTHROPIC SERVICES	40.00					X		194,520.	0.	47,337.
(4) JANET MOCKER SENIOR DIRECTOR OF FINANCE	40.00					X		171,472.	0.	42,260.
(5) RUBAYI ESTES VP, PROGRAMS	40.00					X		140,900.	0.	29,595.
(6) JENNY KEARNS DIRECTOR OF GRANTMAKING	40.00					X		119,513.	0.	21,533.
(7) CELINE DELPOUX DIRECTOR OF ACCOUNTING	40.00					X		117,661.	0.	20,521.
(8) STEPHEN HICKS CHAIR	4.00	X		X				0.	0.	0.
(9) MATT ROWE VICE CHAIR	3.00	X		X				0.	0.	0.
(10) GINGER SALAZAR SECRETARY	3.00	X		X				0.	0.	0.
(11) DANNA MCGREW TREASURER	3.00	X		X				0.	0.	0.
(12) ANGEL ISCOVICH TRUSTEE	2.00	X						0.	0.	0.
(13) PAMELA MACAL TRUSTEE	2.00	X						0.	0.	0.
(14) ROBERT NAKASONE TRUSTEE	2.00	X						0.	0.	0.
(15) ERNESTO PAREDES TRUSTEE	2.00	X						0.	0.	0.
(16) MICHAEL PFAU TRUSTEE	2.00	X						0.	0.	0.
(17) SUSAN RICHARDS 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) JAMES ROGERS TRUSTEE	2.00	X						0.	0.	0.
(19) LYNN SCARLETT TRUSTEE	2.00	X						0.	0.	0.
(20) ALEX SIMAS TRUSTEE	2.00	X						0.	0.	0.
(21) TRACY STOFFER TRUSTEE	2.00	X						0.	0.	0.
(22) ZOHAR ZIV TRUSTEE	2.00	X						0.	0.	0.
(23) PHIL ALVARADO TRUSTEE	2.00	X						0.	0.	0.
(24) RICHARD BESWICK TRUSTEE	2.00	X						0.	0.	0.
(25) RANDALL DAY (THRU 09/23) TRUSTEE	2.00	X						0.	0.	0.
(26) PAMELA GANN TRUSTEE	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,411,927.	0.	293,159.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,411,927.	0.	293,159.

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 12

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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	INVESTMENT MANAGEMENT	345,863.
CENTERED NETWORKS 1527 STOCKTON ST, SAN FRANCISCO, CA 94133	HOSTED INFRASTRUCTURE	159,839.
MARY R. ROSE PO BOX 90610, SANTA BARBARA, CA 93190	CONSULTING	150,950.
ROBERT HALF INTERNATIONAL 2613 CAMINO RAMON, SAN RAMON, CA 94583	TEMPORARY STAFFING	142,474.
MOSS ADAMS LLP, 21700 OXNARD STREET, SUITE 300, WOODLAND HILLS, CA 91367	ACCOUNTING	115,306.

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 7

SEE PART VII, SECTION A CONTINUATION SHEETS



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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RAFAEL GONZALEZ TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**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	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>			
	<b>d</b>	Related organizations	<b>1d</b>	250,000.		
	<b>e</b>	Government grants (contributions)	<b>1e</b>	846,700.		
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	27,358,951.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,542,059.		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		28,455,651.		
	Program Service Revenue	<b>2 a</b>	FOUNDATION SUPPORT FEES	<b>Business Code</b>		
			561000	705,378.	705,378.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>		All other program service revenue				
<b>g</b>		<b>Total.</b> Add lines 2a-2f		705,378.		
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		6,938,801.		7258695.
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties				
	<b>6 a</b>	Gross rents	(i) Real	374,507.		
			(ii) Personal			
	<b>6 b</b>	Less: rental expenses		653,183.		
	<b>6 c</b>	Rental income or (loss)		-278,676.		
	<b>d</b>	Net rental income or (loss)		-278,676.	18,670.	-297,346.
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	66,024,096.		
			(ii) Other			
	<b>7 b</b>	Less: cost or other basis and sales expenses		64,089,424.		
	<b>7 c</b>	Gain or (loss)		1,934,672.		
	<b>d</b>	Net gain or (loss)		1,934,672.		1934672.
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
<b>b</b>	Less: direct expenses	<b>8b</b>				
<b>c</b>	Net income or (loss) from fundraising events					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
<b>b</b>	Less: direct expenses	<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b>	Less: cost of goods sold	<b>10b</b>				
<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	<b>Business Code</b>			
			561000	54,448.		54,448.
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		54,448.		
<b>12</b>	<b>Total revenue.</b> See instructions		37,810,274.	705,378.	-301,224.	8950469.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,607,248.	25,607,248.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	260,574.	260,574.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	50,000.	50,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	799,775.	165,352.	418,925.	215,498.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,177,059.	1,143,741.	1,302,594.	730,724.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	242,725.	87,381.	99,517.	55,827.
<b>9</b> Other employee benefits	621,096.	215,932.	260,340.	144,824.
<b>10</b> Payroll taxes	261,537.	83,692.	115,076.	62,769.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	351,322.	218,108.	105,990.	27,224.
<b>b</b> Legal	45,217.		45,217.	
<b>c</b> Accounting	138,606.		138,606.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	406,374.	406,374.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,067,109.	1,067,109.		
<b>12</b> Advertising and promotion	243,441.	111,687.	8,926.	122,828.
<b>13</b> Office expenses	117,959.	52,352.	45,470.	20,137.
<b>14</b> Information technology	363,494.	121,944.	161,392.	80,158.
<b>15</b> Royalties				
<b>16</b> Occupancy	388,881.	202,440.	111,962.	74,479.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	320,525.	204,176.	77,806.	38,543.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	211,597.	68,122.	82,570.	60,905.
<b>23</b> Insurance	41,201.	21,867.	12,674.	6,660.
<b>24</b> 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.)				
<b>a</b> <b>PROJECTS</b>	586,448.	586,448.		
<b>b</b> <b>COMMUNITY RELATIONS</b>	356,673.	166,538.	4,339.	185,796.
<b>c</b> <b>DUES AND SUBSCRIPTIONS</b>	97,305.	39,288.	38,797.	19,220.
<b>d</b> <b>UBI TAX</b>	20,000.		20,000.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	35,776,166.	30,880,373.	3,050,201.	1,845,592.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	83,286.	<b>1</b>	301.		
	<b>2</b> Savings and temporary cash investments .....	67,725,048.	<b>2</b>	80,922,806.		
	<b>3</b> Pledges and grants receivable, net .....	21,839,515.	<b>3</b>	13,682,814.		
	<b>4</b> Accounts receivable, net .....	286,547.	<b>4</b>	283,851.		
	<b>5</b> 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 .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....	2,336,894.	<b>7</b>	1,390,156.		
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	127,909.	<b>9</b>	154,469.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 18,296,295.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,881,516.	12,866,063.	<b>10c</b>	12,414,779.	
	<b>11</b> Investments - publicly traded securities .....	148,721,426.	<b>11</b>	163,487,079.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	106,947,175.	<b>12</b>	121,235,093.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	78,439,261.	<b>15</b>	81,202,044.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	439,373,124.	<b>16</b>	474,773,392.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	397,965.	<b>17</b>	611,568.		
	<b>18</b> Grants payable .....	132,940.	<b>18</b>	68,750.		
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> 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 .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,828,357.	<b>23</b>	2,741,925.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> 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 .....	28,572,619.	<b>25</b>	34,197,444.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	31,931,881.	<b>26</b>	37,619,687.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	268,130,208.	<b>27</b>	289,699,948.		
	<b>28</b> Net assets with donor restrictions .....	139,311,035.	<b>28</b>	147,453,757.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	407,441,243.	<b>32</b>	437,153,705.		
<b>33</b> Total liabilities and net assets/fund balances .....	439,373,124.	<b>33</b>	474,773,392.			

**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	37,810,274.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,776,166.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,034,108.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	407,441,243.
5	Net unrealized gains (losses) on investments	5	23,931,810.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,746,544.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	437,153,705.

**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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <b>SANTA BARBARA FOUNDATION</b>	Employer identification number <b>95-1866094</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	23257441.	32306178.	41277734.	46233781.	28455651.	171530785
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	23257441.	32306178.	41277734.	46233781.	28455651.	171530785
<b>5</b> 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) .....						20669060.
<b>6 Public support.</b> Subtract line 5 from line 4.						150861725

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	23257441.	32306178.	41277734.	46233781.	28455651.	171530785
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3910903.	2809682.	4436010.	5098451.	7633202.	23888248.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	1,275.		129,010.			130,285.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	20,444.	36,271.	31,384.	11,183.	54,448.	153,730.
<b>11 Total support.</b> Add lines 7 through 10						195703048
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,997,489.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	77.09 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	79.29 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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 2023; Row 16: Public support percentage from 2022 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 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. 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.

b 33 1/3% support tests - 2022. 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.

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 on line 12 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>SANTA BARBARA FOUNDATION</b>	Employer identification number  <b>95-1866094</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,220,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>3,805,423.</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>2,240,326.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,382,887.</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>1,094,205.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,002,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SANTA BARBARA FOUNDATION</b>	Employer identification number  <b>95-1866094</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 889,519.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 799,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 720,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SANTA BARBARA FOUNDATION</b>	Employer identification number  <b>95-1866094</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	CASH DONATIONS AND \$738,075 OF CLOSELY HELD STOCK _____ _____ _____	\$ <u>738,075.</u>	<u>12/31/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>SANTA BARBARA FOUNDATION</b>	Employer identification number  <b>95-1866094</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and requirements.

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.

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including revenue and asset amounts.

**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 in 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	59,847,087.	70,559,968.	65,030,195.	54,112,048.	45,624,058.
b Contributions	1,282,500.	51,530.	1,200.	7,082,517.	115,940.
c Net investment earnings, gains, and losses	7,589,590.	-7,247,811.	8,642,504.	6,633,210.	10,450,082.
d Grants or scholarships	2,853,154.	2,926,220.	2,378,331.	2,206,827.	
e Other expenditures for facilities and programs					2,078,032.
f Administrative expenses	703,629.	590,380.	735,600.	590,753.	
g End of year balance	65,162,394.	59,847,087.	70,559,968.	65,030,195.	54,112,048.

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,265,379.		3,265,379.
b Buildings	2,000,235.	10,510,078.	4,671,280.	7,839,033.
c Leasehold improvements		1,770,046.	631,231.	1,138,815.
d Equipment		750,557.	579,005.	171,552.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,414,779.

**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	3,094,723.	END-OF-YEAR MARKET VALUE
(B) REAL ASSETS	17,106,498.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	11,400,160.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	26,858,685.	END-OF-YEAR MARKET VALUE
(E) INFRASTRUCTURE	8,195,753.	END-OF-YEAR MARKET VALUE
(F) GLOBAL EQUITIES	32,312,633.	END-OF-YEAR MARKET VALUE
(G) GLOBAL FIXED INCOME	20,528,566.	END-OF-YEAR MARKET VALUE
(H) CLOSELY HELD STOCK	1,738,075.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	121,235,093.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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	61,096,726.
(3) VALUE OF INCOME INTEREST IN TRUSTS	19,929,023.
(4) DEPOSITS	17,364.
(5) OTHER ASSETS	158,931.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	81,202,044.

**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	1,032,190.
(4) OBLIGATIONS TO DONOR DESIGNATED	
(5) FUNDS	33,165,254.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	34,197,444.

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.

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

**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.

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

**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 WERE CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2023, 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.

**Part XIII** Supplemental Information *(continued)*

(This area contains horizontal lines for supplemental information.)

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization <b>SANTA BARBARA FOUNDATION</b>	Employer identification number <b>95-1866094</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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		50,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		6,447,828.
NORTH AMERICA	0	0	INVESTMENTS		1,553,692.
<b>3 a</b> Subtotal .....	0	0			8,051,520.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			8,051,520.



**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	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	ARTS, CULTURE, AND HUMANITIES	25,000.	CHECK	0.		

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

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

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the 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 the 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 the 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 the 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
1000 FRIENDS OF OREGON 133 SW 2ND AVE STE 201 PORTLAND, OR 97204	93-0642086	501(C)(3)	50,000.	0.			ENVIRONMENT AND ANIMALS
2ND STORY ASSOCIATES 808 LAGUNA STREET SANTA BARBARA, CA 93101	26-0417729	501(C)(3)	16,375.	0.			HOUSING AFFORDABILITY
4 KIDS 2 KIDS, INC. 1483 ALVA STREET CARPINTERIA, CA 93013	27-4019540	501(C)(3)	6,000.	0.			HUMAN SERVICES
805 UNDOCUFUND 2471 PORTOLA RD SUITE 100 VENTURA, CA 93003	86-2230353	501(C)(3)	11,000.	0.			HUMAN SERVICES
A COMPAS INC PO BOX 30594 SANTA BARBARA, CA 93130-0594	20-2176039	501(C)(3)	12,500.	0.			ARTS, CULTURE, AND HUMANITIES
A.T. STILL UNIVERSITY 1075 E BETTERAVIA RD STE 201 SANTA MARIA, CA 93454	43-0356250	501(C)(3)	25,971.	0.			EDUCATION AND YOUTH DEVELOPMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **386.**

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

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

Schedule I (Form 990) 2023

**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
AFRICAN WOMEN RISING 801 COLD SPRINGS RD SANTA BARBARA, CA 93108	26-0140533	501(C)(3)	63,857.	0.			HUMAN SERVICES
AHA! ATTITUDE. HARMONY. ACHIEVEMENT. - 1209 DE LA VINA STREET, SUITE A - SANTA BARBARA, CA 93101	20-4418873	501(C)(3)	61,250.	0.			ENVIRONMENT AND ANIMALS
ALL SAINTS BY THE SEA EPISCOPAL CHURCH - 83 EUCALYPTUS LN - SANTA BARBARA, CA 93108	13-5562208	501(C)(3)	79,000.	0.			OTHER
ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION - 800 S COLLEGE DR - SANTA MARIA, CA 93454	95-1803920	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
ALLAN HANCOCK COLLEGE FOUNDATION PO BOX 5170 SANTA MARIA, CA 93456	95-3143396	501(C)(3)	18,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
ALPHA DELTA PI FOUNDATION 1386 PONCE DE LEON AVE NE ATLANTA, GA 30306	58-1507941	501(C)(3)	15,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
ALPHA RESOURCE CENTER OF SANTA BARBARA - 4501 CATHEDRAL OAKS RD - SANTA BARBARA, CA 93110-1340	95-1966996	501(C)(3)	13,246.	0.			HUMAN SERVICES
ALZHEIMERS ASSOCIATION 1528 CHAPALA ST. #204 SANTA BARBARA, CA 93101	77-0006745	501(C)(3)	6,100.	0.			HEALTH CARE
AMERICAN DANCE AND MUSIC, INC. 22 E VICTORIA ST. SANTA BARBARA, CA 93101	20-5657230	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 816 E. FIGUEROA ST. STE #200 LOS ANGELES, CA 90017	13-5613797	501(C)(3)	9,246.	0.			HEALTH CARE
AMERICAN NATIONAL RED CROSS 2707 STATE ST SANTA BARBARA, CA 93105	95-1643302	501(C)(3)	24,646.	0.			PUBLIC AND SOCIETAL BENEFIT
AMERICAN RED CROSS PO BOX 37864 BOONE, IA 50037	53-0196605	501(C)(3)	6,000.	0.			HUMAN SERVICES
ANGELS FOSTER CARE OF SANTA BARBARA - 3905 STATE ST #7-115 - SANTA BARBARA, CA 93105	16-1749619	501(C)(3)	15,000.	0.			HUMAN SERVICES
ANIMAL GRANTMAKERS INC 1706 LOWER ELWHA RD PORT ANGELES, WA 98363	26-0688246	501(C)(3)	20,000.	0.			ENVIRONMENT AND ANIMALS
ANIMAL LEGAL DEFENSE FUND 525 EAST COTATI AVE COTATI, CA 94931	94-2681680	501(C)(3)	311,250.	0.			ENVIRONMENT AND ANIMALS
ANIMAL OUTLOOK PO BOX 9773 WASHINGTON, DC 20016	52-2034417	501(C)(3)	100,000.	0.			ENVIRONMENT AND ANIMALS
ANTI-DEFAMATION LEAGUE 1528 CHAPALA ST, STE 301 SANTA BARBARA, CA 93101	13-1818723	501(C)(3)	130,250.	0.			PUBLIC AND SOCIETAL BENEFIT
APPLES TO ZUCCHINI COOKING SCHOOL PO BOX 30912 SANTA BARBARA, CA 93130	84-4191622	501(C)(3)	7,500.	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.)

(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
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD 6TH FL LOS ANGELES, CA 90010	95-1642382	501(C)(3)	8,000.	0.			OTHER
ARTS MENTORSHIP PROGRAM, INC. 531 E. COTA STREET SANTA BARBARA, CA 93103-3101	45-1567553	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
ARTSPACE INC 751 PASEO NUEVO SANTA BARBARA, CA 93101	77-0233621	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA, CA 93190	20-0905385	501(C)(3)	17,450.	0.			ARTS, CULTURE, AND HUMANITIES
BOY SCOUTS OF AMERICA COUNCIL 4000 MODOC RD SANTA BARBARA, CA 93110	95-1696725	501(C)(3)	27,765.	0.			ENVIRONMENT AND ANIMALS
BOYS & GIRLS CLUB OF MID CENTRAL COAST - 901 N. RAILROAD AVE. - SANTA MARIA, CA 93458	95-2468116	501(C)(3)	41,000.	0.			CHILD CARE
BOYS & GIRLS CLUB OF SANTA BARBARA, INC. - 632 E. CANON PERDIDO STREET - SANTA BARBARA, CA 93103	95-1641425	501(C)(3)	7,250.	0.			HUMAN SERVICES
BOYS AND GIRLS CLUB OF SANTA CLARA VALLEY - PO BOX 152 - SANTA PAULA, CA 93061	95-2497853	501(C)(3)	12,000.	0.			HUMAN SERVICES
BRAILLE INSTITUTE OF AMERICA, INC. PO BOX 5411 SANTA BARBARA, CA 93150	95-1641426	501(C)(3)	12,000.	0.			EDUCATION AND YOUTH DEVELOPMENT

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BREAST CANCER RESOURCE CENTER OF SANTA BARBARA - 55 HITCHCOCK WAY STE 101 - SANTA BARBARA, CA 93105	91-1790842	501(C)(3)	10,000.	0.			HEALTH CARE
BRIDGE HOUSE 5345 ARAPAHOE AVE UNIT 5 BOULDER, CO 80303	84-1440292	501(C)(3)	6,000.	0.			HOUSING AND SHELTER
BRIGHTER GREEN 249 SMITH ST #128 BROOKLYN, NY 11231	26-1380608	501(C)(3)	150,000.	0.			ENVIRONMENT AND ANIMALS
BURLINGTON HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION - 301 NEOSHO ST - BURLINGTON, KS 66839-1925	48-1152997	501(C)(3)	15,000.	0.			HUMAN SERVICES
BURNON, INC. 1006 E MAIN ST VENTURA, CA 93001	77-0495901	501(C)(3)	12,000.	0.			ARTS, CULTURE, AND HUMANITIES
C.A.R.E.4PAWS P.O. BOX 60524 SANTA BARBARA, CA 93160-0524	27-0207473	501(C)(3)	22,950.	0.			ENVIRONMENT AND ANIMALS
C4 - COLLECTIVE CULTURES CREATING CHANGE - 1022 WEST CHESTNUT - LOMPOC, CA 93436	86-2690612	501(C)(3)	6,000.	0.			PUBLIC AND SOCIETAL BENEFIT
CAL POLY CORPORATION 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	95-1648180	501(C)(3)	30,000.	0.			HEALTH CARE
CALIFORNIA AVOCADO FESTIVAL INC. PO BOX 146 CARPINTERIA, CA 93014	77-0159754	501(C)(3)	15,000.	0.			FOOD SYSTEMS

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CALIFORNIA LUTHERAN UNIVERSITY 60 W OLSEN RD # 4400 THOUSAND OAKS, CA 91360	95-2962604	501(C)(3)	37,100.	0.			EDUCATION AND YOUTH DEVELOPMENT
CALIFORNIA POLYTECHNIC STATE UNIVERSITY - 1 GRAND AVE - SAN LUIS OBISPO, CA 93407-9000	20-4927897	501(C)(3)	17,143.	0.			EDUCATION AND YOUTH DEVELOPMENT
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012	77-0433230	501(C)(3)	50,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
CALIFORNIA STATE UNIVERSITY, FRESNO - 5150 NORTH MAPLE AVENUE - FRESNO, CA 93740	94-6003272	501(C)(3)	20,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
CAMERATA PACIFICA PO BOX 30116 SANTA BARBARA, CA 93130	33-0104649	501(C)(3)	32,000.	0.			ARTS, CULTURE, AND HUMANITIES
CANCER FOUNDATION OF SANTA BARBARA 601 W JUNIPERO STREET SANTA BARBARA, CA 93105	95-2158727	501(C)(3)	199,000.	0.			HUMAN SERVICES
CARPINTERIA ARTS CENTER 855 LINDEN AVE CARPINTERIA, CA 93013	77-0578720	501(C)(3)	8,525.	0.			ARTS, CULTURE, AND HUMANITIES
CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST, STE 100 CARPINTERIA, CA 93013	81-1407122	501(C)(3)	65,165.	0.			EDUCATION AND YOUTH DEVELOPMENT
CARPINTERIA COMMUNITY THEATRE INC. 4916 CARPINTERIA AVE CARPINTERIA, CA 93013	95-3565433	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES

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CARPINTERIA UNIFIED SCHOOL DISTRICT - 1400 LINDEN AVE - CARPINTERIA, CA 93013-1414	95-6101195	501(C)(3)	70,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
CASA DEL HERRERO FOUNDATION PO BOX 5612 SANTA BARBARA, CA 93150-5612	77-0340301	501(C)(3)	5,500.	0.			ARTS, CULTURE, AND HUMANITIES
CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES - 1722 S LEWIS ROAD - CAMARILLO, CA 93012	77-0195022	501(C)(3)	42,000.	0.			BEHAVIORAL HEALTH
CASA SERENA, INC. 1515 BATH ST SANTA BARBARA, CA 93101	95-2862385	501(C)(3)	32,750.	0.			BEHAVIORAL HEALTH
CATE SCHOOL 1960 CATE MESA RD CARPINTERIA, CA 93013	95-1644630	501(C)(3)	50,600.	0.			EDUCATION AND YOUTH DEVELOPMENT
CENTER FOR FAMILY STRENGTHENING 7343 EL CAMINO REAL #346 ATASCADERO, CA 93422	77-0206822	501(C)(3)	17,936.	0.			HUMAN SERVICES
CENTER FOR SUCCESSFUL AGING 228 E ANAPAMU, STE 208 SANTA BARBARA, CA 93101	80-0422344	501(C)(3)	29,500.	0.			BEHAVIORAL HEALTH
CENTER FOR URBAN AGRICULTURE AT FAIRVIEW GARDENS - 598 N FAIRVIEW AVE - GOLETA, CA 93117	93-1213893	501(C)(3)	10,250.	0.			FOOD SYSTEMS
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 56 E MAIN STREET SUITE 210 - VENTURA, CA 93001	77-0578864	501(C)(3)	7,900.	0.			ENVIRONMENT AND ANIMALS

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CHANNEL ISLANDS RESTORATION PO BOX 40228 SANTA BARBARA, CA 93140	61-1463876	501(C)(3)	82,569.	0.			ENVIRONMENT AND ANIMALS
CHANNEL ISLANDS YMCA OFFICE 1180 EUGENIA PL SUITE 104 CARPINTERIA, CA 93013	95-1643379	501(C)(3)	87,970.	0.			HOUSING AND SHELTER
CHILD ABUSE LISTENING MEDIATION, INC. (CALM) - 1236 CHAPALA STREET - SANTA BARBARA, CA 93101	23-7097910	501(C)(3)	153,100.	0.			CHILD CARE
CHILDREN AND FAMILY RESOURCE SERVICES - 3970 LA COLINA RD #2 - SANTA BARBARA, CA 93160	82-4121880	501(C)(3)	15,750.	0.			HUMAN SERVICES
CHILDREN'S CREATIVE PROJECT 3970 LA COLINA RD STE 2 SANTA BARBARA, CA 93110	23-7439807	501(C)(3)	9,765.	0.			ARTS, CULTURE, AND HUMANITIES
CIVIC INFLUENCERS INC. 6192 COASTAL HWY LEWES, DE 19958-3608	85-0634102	501(C)(3)	15,000.	0.			PUBLIC AND SOCIETAL BENEFIT
CLIFF DRIVE CARE CENTER 1435 CLIFF DRIVE SANTA BARBARA, CA 93109	95-2281908	501(C)(3)	25,432.	0.			CHILD CARE
COASTAL CHRISTIAN SCHOOL 1005 N. OAK PARK BLVD PISMO BEACH, CA 93449	77-0105246	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
COLLATERAL REPAIR PROJECT PO BOX 23146 BROOKLYN, NY 11202	20-4928141	501(C)(3)	15,000.	0.			OTHER

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COMMUNIFY 5638 HOLLISTER AVE STE 230 GOLETA, CA 93117	95-2491790	501(C)(3)	37,236.	0.			EDUCATION AND YOUTH DEVELOPMENT
COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA - 2060 ALAMEDA PADRE SERRA, SUITE 201 - SANTA BARBARA, CA 93103-1713	95-1816010	501(C)(3)	78,390.	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)	17,000.	0.			BEHAVIORAL HEALTH
COMMUNITY ENVIRONMENTAL COUNCIL PO BOX 90660 SANTA BARBARA, CA 93190-0660	94-1728064	501(C)(3)	85,800.	0.			ENVIRONMENT AND ANIMALS
COMMUNITY FOUNDATION OF JACKSON HOLE - PO BOX 574 - JACKSON, WY 83001	83-0308856	501(C)(3)	6,000.	0.			PUBLIC AND SOCIETAL BENEFIT
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC. - 150 TEJAS PL - NIPOMO, CA 93444	95-3253302	501(C)(3)	32,500.	0.			HEALTH CARE
COMMUNITY PARTNERS 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	71,000.	0.			BEHAVIORAL HEALTH
CONGREGATION B'NAI B'RITH CORPORATION - 1000 SAN ANTONIO CREEK RD - SANTA BARBARA, CA 93111-1310	95-6006585	501(C)(3)	344,660.	0.			HUMAN SERVICES
CORPORATE ACCOUNTABILITY 10 MILK STREET STE 610 BOSTON, MA 02108	41-1322686	501(C)(3)	76,000.	0.			PUBLIC AND SOCIETAL BENEFIT

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COTTAGE REHABILITATION HOSPITAL FOUNDATION - P.O. BOX 689 - SANTA BARBARA, CA 93102	26-0433816	501(C)(3)	9,000.	0.			HEALTH CARE
COUNCIL ON ALCOHOLISM & DRUG ABUSE PO BOX 28 SANTA BARBARA, CA 93102	95-1878858	501(C)(3)	40,700.	0.			BEHAVIORAL HEALTH
COURT APPOINTED SPECIAL ADVOCATES OF SANTA BARBARA COUNTY - 2125 S BROADWAY SUITE 106 - SANTA MARIA, CA 93454	33-0662734	501(C)(3)	20,750.	0.			HUMAN SERVICES
CRANBROOK CENTER FOR COLLECTIONS AND RESEARCH - P.O. BOX 778761 - CHICAGO, IL 60677-8761	38-2015048	501(C)(3)	25,700.	0.			EDUCATION AND YOUTH DEVELOPMENT
CRANE SCHOOL 1795 SAN LEANDRO LN SANTA BARBARA, CA 93108-2639	95-1643315	501(C)(3)	289,250.	0.			EDUCATION AND YOUTH DEVELOPMENT
CUYAMA VALLEY FAMILY RESOURCE CENTER - PO BOX 5 - NEW CUYAMA, CA 93254-0005	45-1221069	501(C)(3)	42,000.	0.			FOOD SYSTEMS
DELOITTE FOUNDATION 695 E MAIN ST STAMFORD, CT 06901-2150	13-6400341	501(C)(3)	9,000.	0.			PUBLIC AND SOCIETAL BENEFIT
DIGNITYMOVES 2406 BUSH STREET SAN FRANCISCO, CA 94115	87-1111468	501(C)(3)	1,603,250.	0.			HOUSING AND SHELTER
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	366,453.	0.			HUMAN SERVICES

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DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	22,743.	0.			PUBLIC AND SOCIETAL BENEFIT
DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE - 19 E MICHELTORENA ST - SANTA BARBARA, CA 93101-2503	33-1210731	501(C)(3)	20,200.	0.			HEALTH CARE
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY - PO BOX 1536 - SANTA BARBARA, CA 93102-1536	95-3495141	501(C)(3)	52,666.	0.			HOUSING AND SHELTER
DOS PUEBLOS BAND BOOSTERS PO BOX 8931 GOLETA, CA 93117	26-3368456	501(C)(3)	12,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION - PO BOX 313 - GOLETA, CA 93116-0313	26-1115393	501(C)(3)	22,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
DOS PUEBLOS INSTITUTE 220 LA CASA GRANDE CIR GOLETA, CA 93117	87-4400050	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
DREAMTREE PROJECT INC. PO BOX 1677 TAOS, NM 87571	85-0462470	501(C)(3)	203,000.	0.			HUMAN SERVICES
DRUGS & DIAGNOSTICS FOR TROPICAL DISEASES - 9909 HUENNEKENS ST, SUITE 100 - SAN DIEGO, CA 92121	27-4482027	501(C)(3)	11,000.	0.			HEALTH CARE
DUNN SCHOOL PO BOX 98 LOS OLIVOS, CA 93441	95-1909237	501(C)(3)	16,000.	0.			EDUCATION AND YOUTH DEVELOPMENT

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EARL WARREN SHOWGROUNDS FOUNDATION 3463 STATE ST #600 SANTA BARBARA, CA 93105	77-0381299	501(C)(3)	10,000.	0.			HUMAN SERVICES
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	128,000.	0.			ENVIRONMENT AND ANIMALS
EASY LIFT TRANSPORTATION, INC. 53 CASS PLACE, SUITE D GOLETA, CA 93117	95-3642272	501(C)(3)	52,016.	0.			HUMAN SERVICES
ECONOMIC ALLIANCE FOUNDATION 540 E. BETTERAVIA RD., #D234 SANTA MARIA, CA 93454	46-4034010	501(C)(3)	50,000.	0.			WORKFORCE DEVELOPMENT
ENSEMBLE THEATRE COMPANY PO BOX 2307 SANTA BARBARA, CA 93120	95-3408200	501(C)(3)	106,000.	0.			ARTS, CULTURE, AND HUMANITIES
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST SANTA BARBARA, CA 93101-7404	77-0061994	501(C)(3)	36,500.	0.			ENVIRONMENT AND ANIMALS
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
EVERYBODY DANCE NOW PO BOX 22960 SANTA BARBARA, CA 93121	45-2107249	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
EXPLORE ECOLOGY 302 E COTA ST SANTA BARBARA, CA 93101	20-4944165	501(C)(3)	39,500.	0.			ENVIRONMENT AND ANIMALS

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EXPLORING SOLUTIONS PAST THE MAYA FOREST ALLIANCE - PO BOX 3962 - SANTA BARBARA, CA 93130	77-0577587	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 WEST GUTIERREZ ST - SANTA BARBARA, CA 93101	95-1644031	501(C)(3)	261,732.	0.			BEHAVIORAL HEALTH
FAMILY THERAPY INSTITUTE 111 E ARRELLAGA STREET SANTA BARBARA, CA 93101	95-3531862	501(C)(3)	10,250.	0.			HUMAN SERVICES
FIELD INSTITUTE OF TAOS PO BOX 486 ARROYO SECO, NM 87514	85-0442587	501(C)(3)	35,000.	0.			HUMAN SERVICES
FIGHTING BACK SANTA MARIA VALLEY P.O. BOX 184 SANTA MARIA, CA 93456-0184	65-1234981	501(C)(3)	20,000.	0.			CHILD CARE
FLAMENCO ARTS FESTIVAL PO BOX 90217 SANTA BARBARA, CA 93190	77-0515629	501(C)(3)	7,000.	0.			ARTS, CULTURE, AND HUMANITIES
FOOD & WATER WATCH 1616 P ST NW STE 300 WASHINGTON, DC 20036	32-0160439	501(C)(3)	2,151,000.	0.			FOOD SYSTEMS
FOOD FROM THE HEART PO BOX 3908 SANTA BARBARA, CA 93130	56-2334859	501(C)(3)	16,000.	0.			FOOD SYSTEMS
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	182,143.	0.			FOOD SYSTEMS

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FREE METHODIST CHURCH 1435 CLIFF DRIVE SANTA BARBARA, CA 93109	38-3808639	501(C)(3)	12,000.	0.			OTHER
FREEDOM 4 YOUTH PO BOX 2096 SANTA BARBARA, CA 93120-2096	27-4437945	501(C)(3)	14,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
FRIENDS OF THE SANTA BARBARA PUBLIC LIBRARY - PO BOX 1019 - SANTA BARBARA, CA 93102-1019	23-7380305	501(C)(3)	27,050.	0.			EDUCATION AND YOUTH DEVELOPMENT
FRIENDSHIP CENTER ADULT DAY SERVICES - 89 EUCALYPTUS LN - SANTA BARBARA, CA 93108	95-3398938	501(C)(3)	20,000.	0.			BEHAVIORAL HEALTH
FUND FOR SANTA BARBARA, INC. 1219 STATE ST SANTA BARBARA, CA 93190-0710	77-0070742	501(C)(3)	154,200.	0.			PUBLIC AND SOCIETAL BENEFIT
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	8,500.	0.			HUMAN SERVICES
GANNA WALSKA LOTUSLAND 695 ASHLEY ROAD SANTA BARBARA, CA 93108-1059	23-7082550	501(C)(3)	123,350.	0.			ENVIRONMENT AND ANIMALS
GARDEN COURT, INC. 1116 DE LA VINA ST SANTA BARBARA, CA 93101	33-0764192	501(C)(3)	5,200.	0.			HOUSING AND SHELTER
GATEWAY EDUCATIONAL SERVICES P.O. BOX 6333 SANTA BARBARA, CA 93160	90-0594912	501(C)(3)	14,400.	0.			EDUCATION AND YOUTH DEVELOPMENT

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GAVIOTA COAST CONSERVANCY PO BOX 1099 GOLETA, CA 93116	77-0455133	501(C)(3)	31,500.	0.			ENVIRONMENT AND ANIMALS
GIRLS INCORPORATED OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA, CA 93013	23-7430292	501(C)(3)	144,030.	0.			CHILD CARE
GIRLS INCORPORATED OF GREATER SANTA BARBARA - PO BOX 236 - SANTA BARBARA, CA 93102-0236	95-6006417	501(C)(3)	63,223.	0.			CHILD CARE
GIRLS ROCK SB PO BOX 5768 SANTA BARBARA, CA 93150	46-0687975	501(C)(3)	25,642.	0.			ARTS, CULTURE, AND HUMANITIES
GIVEWELL 1714 FRANKLIN ST 100335 OAKLAND, CA 94612-3409	20-8625442	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
GOLETA EDUCATION FOUNDATION PO BOX 1177 GOLETA, CA 93116-1177	77-0223008	501(C)(3)	12,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
GOOD SAMARITAN SHELTER, INC. 245 E. INGER DRIVE, SUITE 103 B SANTA MARIA, CA 93454	77-0133375	501(C)(3)	131,175.	0.			HOUSING AND SHELTER
GUADALUPE UNION SCHOOL DISTRICT PO BOX 788 GUADALUPE, CA 93434-0788	77-0070778	501(C)(3)	27,725.	0.			EDUCATION AND YOUTH DEVELOPMENT
GUADALUPE-NIPOMO DUNES CENTER 1065 GUADALUPE ST GUADALUPE, CA 93434-1321	77-0502739	501(C)(3)	15,202.	0.			ENVIRONMENT AND ANIMALS

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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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HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY - 2619 BROADWAY - OAKLAND, CA 94612	94-3053687	501(C)(3)	35,000.	0.			HOUSING AND SHELTER
HEAL THE OCEAN PO BOX 90106 SANTA BARBARA, CA 93190	77-0565183	501(C)(3)	21,000.	0.			ENVIRONMENT AND ANIMALS
HEALING JUSTICE SANTA BARBARA 400 STORKE RD GOLETA, CA 93118	88-1792712	501(C)(3)	5,050.	0.			ARTS, CULTURE, AND HUMANITIES
HEARTS ALIGNED INC. PO BOX 901 GOLETA, CA 93111	87-1191245	501(C)(3)	134,287.	0.			HUMAN SERVICES
HEARTS THERAPEUTIC EQUESTRIAN CENTER - P.O. BOX 30662 - SANTA BARBARA, CA 93130	77-0460907	501(C)(3)	41,000.	0.			HUMAN SERVICES
HELP OF OJAI PO BOX 621 OJAI, CA 93024-0621	95-2872549	501(C)(3)	20,500.	0.			HEALTH CARE
HILLSIDE HOUSE 1235 VERONICA SPRINGS RD SANTA BARBARA, CA 93105-4522	95-1816019	501(C)(3)	49,595.	0.			HEALTH CARE
HOLDERMAN ENDOWMENT FOR LA PATERA SCHOOL - 555 N LA PATERA LANE - GOLETA, CA 93117	95-6205039	501(C)(3)	20,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
HOLY CROSS MEDICAL CENTER 413 SIPAPU ST TAOS, NM 87571	85-0289839	501(C)(3)	20,000.	0.			HEALTH CARE

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HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012	95-4800735	501(C)(3)	8,000.	0.			HUMAN SERVICES
HOMES FOR OUR TROOPS 6 MAIN ST TAUNTON, MA 02780	54-2143612	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
HOSPICE OF SANTA BARBARA INC. 2050 ALAMEDA PADRE SERRA, #100 SANTA BARBARA, CA 93103	23-7448586	501(C)(3)	43,050.	0.			BEHAVIORAL HEALTH
HUMAN RIGHTS WATCH, INC. 11500 W OLYMPIC BLVD STE 608 LOS ANGELES, CA 90064	13-2875808	501(C)(3)	8,500.	0.			PUBLIC AND SOCIETAL BENEFIT
HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET, NW, SUITE 450 - WASHINGTON, DC 20037	53-0225390	501(C)(3)	75,000.	0.			ENVIRONMENT AND ANIMALS
IDF LIFE FOR A CHILD USA INC. 2304 TRECOTT DR TALLAHASSEE, FL 32308	47-4901579	501(C)(3)	10,000.	0.			HEALTH CARE
IMAGINE LOS ANGELES 672 S LAFAYETTE PARK PLACE STE 28 LOS ANGELES, CA 90057	20-4637089	501(C)(3)	14,466.	0.			HUMAN SERVICES
IMPACTASSETS 4340 EAST WEST HIGHWAY SUITE 210 BETHESDA, MD 20814	26-2048480	501(C)(3)	25,000.	0.			PUBLIC AND SOCIETAL BENEFIT
INTERNATIONAL RESCUE COMMITTEE, INC. - PO BOX 6068 - ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	5,500.	0.			OTHER

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JEWISH FEDERATION OF GREATER SANTA BARBARA - 524 CHAPALA ST - SANTA BARBARA, CA 93101-3412	23-7354759	501(C)(3)	74,900.	0.			BEHAVIORAL HEALTH
JUNIOR LEAGUE OF SANTA BARBARA, INC. - 229 E VICTORIA ST - SANTA BARBARA, CA 93101	95-6001744	501(C)(3)	5,200.	0.			PUBLIC AND SOCIETAL BENEFIT
KIDS EDUCATIONAL ENGAGEMENT PROJECT - 485 CHANDLER POND DR - LAWRENCEVILLE, GA 30043	82-1262396	501(C)(3)	15,000.	0.			HUMAN SERVICES
KNOWLEDGE IMPACT NETWORK 3115 ALAMEDA DE LAS PULGAS MENLO PARK, CA 94025	85-3426545	501(C)(3)	91,850.	0.			ENVIRONMENT AND ANIMALS
KOLKER SAXON FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201	52-1636273	501(C)(3)	10,000.	0.			HUMAN SERVICES
LAGUNA BLANCA SCHOOL 4125 PALOMA DR SANTA BARBARA, CA 93110	95-1641448	501(C)(3)	29,250.	0.			EDUCATION AND YOUTH DEVELOPMENT
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET ST #1160 SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
LEADING FROM WITHIN P.O. BOX 806 SANTA BARBARA, CA 93101	68-0365504	501(C)(3)	133,500.	0.			PUBLIC AND SOCIETAL BENEFIT
LEAGUE OF AMERICAN ORCHESTRAS 520 8TH AVE, STE 2005, 20TH FL NEW YORK, NY 10018	23-7300636	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES

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LEAP: LEARN. ENGAGE. ADVOCATE. PARTNER. - PO BOX 1332 - GOLETA, CA 93116	95-3007419	501(C)(3)	60,660.	0.			HUMAN SERVICES
LIVING EARTH INC 133 VISTA DEL MAR DR SANTA BARBARA, CA 93109	61-1964229	501(C)(3)	20,000.	0.			ENVIRONMENT AND ANIMALS
LOBERO THEATRE FOUNDATION 33 E CANON PERDIDO ST SANTA BARBARA, CA 93101-2246	95-1831068	501(C)(3)	120,469.	0.			ARTS, CULTURE, AND HUMANITIES
LOMPOC HOSPITAL DISTRICT FOUNDATION - PO BOX 883 - LOMPOC, CA 93438	77-0262454	501(C)(3)	6,000.	0.			HUMAN SERVICES
LOMPOC POPS ORCHESTRA PO BOX 1372 LOMPOC, CA 93438	77-0503272	501(C)(3)	7,600.	0.			ARTS, CULTURE, AND HUMANITIES
LOMPOC VALLEY COMMUNITY HEALTHCARE ORGANIZATION, INC. - PO BOX 368 - LOMPOC, CA 93438-0368	77-0494140	501(C)(3)	17,000.	0.			FOOD SYSTEMS
LOMPOC VALLEY PARKS RECREATION AND POOL FOUNDATION, INC - 601 E OCEAN AVE STE 17 - LOMPOC, CA 93436	26-2948190	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
LOS AMIGOS DE GUADALUPE 4545 10TH ST GUADALUPE, CA 93434	82-1325014	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
LOS PADRES FOREST ASSOCIATION PO BOX 1282 GOLETA, CA 93116-1282	77-0011516	501(C)(3)	34,236.	0.			ENVIRONMENT AND ANIMALS

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LOS PADRES FOREST WATCH, INC. PO BOX 831 SANTA BARBARA, CA 93102	20-1531390	501(C)(3)	10,150.	0.			ENVIRONMENT AND ANIMALS
MAIN-BEGG FARMHOUSE 5001 HOLLISTER AVE SANTA BARBARA, CA 93111	83-3962786	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
MARIAN REGIONAL MEDICAL CENTER FOUNDATION - 1400 E CHURCH ST - SANTA MARIA, CA 93454	95-3818027	501(C)(3)	16,967.	0.			HEALTH CARE
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 S GREAT RD - LINCOLN, MA 01773-4816	04-2104702	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
MAYA ECONOMIC DEVELOPMENT CORPORATION - 16411 MARCY ST - OMAHA, NE 68118	88-2164280	501(C)(3)	139,000.	0.			PUBLIC AND SOCIETAL BENEFIT
MAYO CLINIC 13400 E. SHEA BLVD. SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	10,000.	0.			HEALTH CARE
MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY - 617 GARDEN ST - SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	71,450.	0.			BEHAVIORAL HEALTH
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 06032	06-0646786	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT - 135 MAGNOLIA AVENUE - OXNARD, CA 93030	30-0045901	501(C)(3)	38,161.	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)	16,100.	0.			HUMAN SERVICES
MONTECITO UNION SCHOOL FOUNDATION PO BOX 5561 SANTA BARBARA, CA 93150	95-3609133	501(C)(3)	6,250.	0.			EDUCATION AND YOUTH DEVELOPMENT
MOXI, THE WOLF MUSEUM OF EXPLORATION + INNOVATION - 125 STATE STREET - SANTA BARBARA, CA 93101	77-0252722	501(C)(3)	67,700.	0.			ARTS, CULTURE, AND HUMANITIES
MUSEUM OF CONTEMPORARY ART SANTA BARBARA, INC. - 653 PASEO NUEVO - SANTA BARBARA, CA 93101-3392	95-3384859	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD SANTA BARBARA, CA 93108-2899	95-1525814	501(C)(3)	494,099.	0.			ARTS, CULTURE, AND HUMANITIES
NATIONAL BLOOD FOUNDATION RESEARCH & EDUCATION TRUST FUND - 8101 GLENBROOK RD - BETHESDA, MD 20814-2749	52-2059102	501(C)(3)	11,030.	0.			HEALTH CARE
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON RD - SANTA PAULA, CA 93060	77-0412509	501(C)(3)	13,750.	0.			PUBLIC AND SOCIETAL BENEFIT
NATIONAL FEDERATION OF THE BLIND INC. - 200 E WELLS ST - BALTIMORE, MD 21230	02-0259978	501(C)(3)	84,520.	0.			HEALTH CARE
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 20005	52-1086761	501(C)(3)	26,350.	0.			ENVIRONMENT AND ANIMALS

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NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 150 JENKINTOWN, PA 19046	23-7825575	501(C)(3)	25,000.	0.			PUBLIC AND SOCIETAL BENEFIT
NATIONAL PUBLIC RADIO, INC 1111 N CAPITOL ST NE WASHINGTON, DC 20002	52-0907625	501(C)(3)	37,000.	0.			ARTS, CULTURE, AND HUMANITIES
NATIONAL SKEET SHOOTING ASSOCIATION - 5931 ROFT RD - SAN ANTONIO, TX 78253	75-0108632	501(C)(3)	25,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
NATURE CONSERVANCY, INC. 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	83,360.	0.			ENVIRONMENT AND ANIMALS
NATURETRACK FOUNDATION PO BOX 953 LOS OLIVOS, CA 93441	45-3040646	501(C)(3)	12,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
NEBULA DANCE LAB PO BOX 30245 SANTA BARBARA, CA 93130	27-3489380	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
NEW BEGINNINGS COUNSELING CENTER 324 EAST CARRILLO STREET, SUITE C SANTA BARBARA, CA 93101	77-0556795	501(C)(3)	90,600.	0.			HOUSING AND SHELTER
NORTHERN CHUMASH TRIBAL COUNCIL PO BOX 6533 LOS OSOS, CA 93412	84-1709436	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
NOTES FOR NOTES INCORPORATED PO BOX 90632 SANTA BARBARA, CA 93190	20-4875556	501(C)(3)	17,500.	0.			ARTS, CULTURE, AND HUMANITIES

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OCEANHILLS COVENANT CHURCH 1002 ANACAPA ST. SANTA BARBARA, CA 93101	77-0489999	501(C)(3)	30,000.	0.			OTHER
OJAI FESTIVALS LTD. PO BOX 185 OJAI, CA 93024	95-2122508	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
OJAI VALLEY SCHOOL 723 EL PASEO RD OJAI, CA 93023	95-1661099	501(C)(3)	87,053.	0.			EDUCATION AND YOUTH DEVELOPMENT
OJAI VALLEY YOUTH FOUNDATION PO BOX 1543 OJAI, CA 93024	77-0455993	501(C)(3)	9,600.	0.			HUMAN SERVICES
OJAICARES PO BOX 730 OJAI, CA 93024-0730	46-3130611	501(C)(3)	16,000.	0.			HEALTH CARE
OLD SPANISH DAYS PO BOX 30460 SANTA BARBARA, CA 93130	95-1541669	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
OLIVE CREST 2130 E 4TH STREET, SUITE 200 SANTA ANA, CA 92705	95-2877102	501(C)(3)	25,000.	0.			HOUSING AND SHELTER
ONE COMMUNITY ACTION PO BOX 5806 SANTA MARIA, CA 93456	82-1489073	501(C)(3)	11,000.	0.			PUBLIC AND SOCIETAL BENEFIT
ONE MIND PO BOX 680 RUTHERFORD, CA 94573	68-0359707	501(C)(3)	25,000.	0.			HEALTH CARE

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ONE805 INC. 2000 STATE STREET SANTA BARBARA, CA 93105	83-2571437	501(C)(3)	11,000.	0.			PUBLIC AND SOCIETAL BENEFIT
OPUS ARCHIVES AND RESEARCH CENTER INC. - PO BOX 1078 - CARPINTERIA, CA 93014-1078	77-0225564	501(C)(3)	20,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
ORCUTT AREA SENIORS IN SERVICE, INC. - PO BOX 2637 - ORCUTT, CA 93457	77-0058257	501(C)(3)	8,000.	0.			HOUSING AND SHELTER
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST PORTLAND, OR 97205-2126	23-7315673	501(C)(3)	25,000.	0.			PUBLIC AND SOCIETAL BENEFIT
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION - PO BOX 29017 - PORTLAND, OR 97296	23-7083114	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
ORGANIC SOUP KITCHEN 315 MEIGS RD STE A #369 SANTA BARBARA, CA 93109-1900	27-1081432	501(C)(3)	15,500.	0.			FOOD SYSTEMS
OUR LADY OF MOUNT CARMEL CATHOLIC CHURCH - 1300 E VALLEY RD - SANTA BARBARA, CA 93108-1203	53-0196617	501(C)(3)	24,000.	0.			OTHER
PACIFIC EDGE VOICES PO BOX 8568 BERKELEY, CA 94707-0568	94-2783909	501(C)(3)	13,017.	0.			ARTS, CULTURE, AND HUMANITIES
PACIFIC ENVIRONMENT AND RESOURCES CENTER - 473 PINE ST THIRD FLOOR - SAN FRANCISCO, CA 94104	94-2628924	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS

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PARTNERS IN HOUSING SOLUTIONS 210 E. CLARK AVE SUITE B SANTA MARIA, CA 93455	83-1183210	501(C)(3)	8,000.	0.			HOUSING AFFORDABILITY
PASEO PROJECT INC. PO BOX 1075 TAOS, NM 87571	81-1852200	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
PATHPOINT 315 W HALEY ST STE 202 SANTA BARBARA, CA 93101-3471	95-2371668	501(C)(3)	12,250.	0.			HUMAN SERVICES
PBS FOUNDATION 2100 CRYSTAL DR 3 FL ARLINGTON, VA 22202	20-1476451	501(C)(3)	12,075.	0.			ARTS, CULTURE, AND HUMANITIES
PBS SOCAL 3080 BRISTOL STREET SUITE #400 COSTA MESA, CA 92626	95-3220724	501(C)(3)	5,100.	0.			EDUCATION AND YOUTH DEVELOPMENT
PCPA FOUNDATION 800 S. COLLEGE SANTA MARIA, CA 93454	77-0399484	501(C)(3)	10,100.	0.			ARTS, CULTURE, AND HUMANITIES
PEACE OF MIND DOG RESCUE PO BOX 51554 PACIFIC GROVE, CA 93950	27-1154816	501(C)(3)	17,500.	0.			ENVIRONMENT AND ANIMALS
PEOPLE ASSISTING THE HOMELESS PO BOX 24116 SANTA BARBARA, CA 93121	95-3950196	501(C)(3)	33,400.	0.			HOUSING AND SHELTER
PEOPLE FOR LEISURE AND YOUTH, INC. 615 SOUTH MCCLELLAND STREET SANTA MARIA, CA 93454	77-0469844	501(C)(3)	23,484.	0.			EDUCATION AND YOUTH DEVELOPMENT

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PEOPLE'S SELF-HELP HOUSING CORPORATION - 26 E VICTORIA ST - SANTA BARBARA, CA 93101	95-2750154	501(C)(3)	38,050.	0.			EDUCATION AND YOUTH DEVELOPMENT
PERFORMANCES TO GROW ON PO BOX 212 OJAI, CA 93024	77-0400314	501(C)(3)	9,600.	0.			ARTS, CULTURE, AND HUMANITIES
PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY OAKLAND, CA 94612	94-3136771	501(C)(3)	84,388.	0.			PUBLIC AND SOCIETAL BENEFIT
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVENUE N.W. STE. 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	14,500.	0.			ENVIRONMENT AND ANIMALS
PLANET PROTECTORS 14 W GUTIERREZ ST SANTA BARBARA, CA 93101	92-0331803	501(C)(3)	16,000.	0.			ENVIRONMENT AND ANIMALS
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN STREET - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	211,225.	0.			HEALTH CARE
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST - NEW YORK, NY 10038	13-1644147	501(C)(3)	19,000.	0.			HEALTH CARE
PUBLIC CITIZEN FOUNDATION, INC. 1600 20TH ST NW WASHINGTON, DC 20009	52-1263996	501(C)(3)	5,600.	0.			PUBLIC AND SOCIETAL BENEFIT
QUAIL SPRINGS 35070 HIGHWAY 33 MARICOPA, CA 93252	38-3692928	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS

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RAINFOREST CONNECTION 440 COBIA DR STE 1902 KATY, TX 77494	46-2022575	501(C)(3)	250,000.	0.			ENVIRONMENT AND ANIMALS
REACH 893 MARSH ST #13201 SAN LUIS OBISPO, CA 93401	83-2082676	501(C)(3)	7,500.	0.			WORKFORCE DEVELOPMENT
REDFORD CENTER 1016 LINCOLN BLVD, SUITE 322 SAN FRANCISCO, CA 94129	46-4549706	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - UNIVERSITY OF CALIFORNIA, SANTA BARBARA - SANTA BARBARA, CA	95-6006145	501(C)(3)	722,150.	0.			EDUCATION AND YOUTH DEVELOPMENT
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - 100 STEIN PLAZA, RM 1-124 - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
RESCUE MISSION ALLIANCE 315 N A ST OXNARD, CA 93030-4901	23-7278002	501(C)(3)	6,000.	0.			HUMAN SERVICES
RETETI ELEPHANT 609 GREENWICH ST FL 4 NEW YORK CITY, NY 10014	86-3077874	501(C)(3)	20,000.	0.			ENVIRONMENT AND ANIMALS
RIOS PROMISE INC. 187 3RD ST SOLVANG, CA 93463-2819	47-2092483	501(C)(3)	20,000.	0.			HUMAN SERVICES
ROUTE ONE FARMERS MARKET 168 INVERNESS AVENUE LOMPOC, CA 93436	84-4018801	501(C)(3)	30,000.	0.			FOOD SYSTEMS

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
ROYALS THEATRE PRODUCTION FUND 5110 CATHEDRAL OAKS RD SANTA BARBARA, CA 93111	84-2538418	501(C)(3)	7,000.	0.			ARTS, CULTURE, AND HUMANITIES
SAGE TRAIL ALLIANCE PO BOX 4003 SANTA BARBARA, CA 93101	77-0342830	501(C)(3)	31,000.	0.			ENVIRONMENT AND ANIMALS
SAINT MARK UNITED METHODIST CHURCH 3942 LA COLINA RD SANTA BARBARA, CA 93110	95-2487538	501(C)(3)	8,000.	0.			CHILD CARE
SALVATION ARMY - SANTA BARBARA CORPS - P.O. BOX 6190 - SANTA BARBARA, CA 93160	94-1156347	501(C)(3)	6,950.	0.			CHILD CARE
SAN FRANCISCO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 201 ALABAMA STREET - SAN FRANCISCO, CA 94103	94-0836580	501(C)(3)	50,000.	0.			ENVIRONMENT AND ANIMALS
SAN MARCOS HIGH SCHOOL ROYAL BAND BOOSTERS - 4750 HOLLISTER AVE - SANTA BARBARA, CA 93110-1921	77-0086774	501(C)(3)	7,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANCTUARY CENTERS OF SANTA BARBARA, INC. - PO BOX 551 - SANTA BARBARA, CA 93102	95-3066786	501(C)(3)	42,500.	0.			BEHAVIORAL HEALTH
SANSUM CLINIC PO BOX 1200 SANTA BARBARA, CA 93102-1200	95-6419205	501(C)(3)	17,000.	0.			HEALTH CARE
SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH STREET SANTA BARBARA, CA 93105	95-1684086	501(C)(3)	146,000.	0.			HEALTH CARE

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SANTA BARBARA AGRICULTURAL AND FARM EDUCATION FOUNDATION - P.O. BOX 644 - SUMMERLAND, CA 93067	85-3329449	501(C)(3)	8,000.	0.			FOOD SYSTEMS
SANTA BARBARA ARTS COLLABORATIVE INC. - P.O. BOX 1414 - SANTA BARBARA, CA 93101	27-3262168	501(C)(3)	31,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA BLUES SOCIETY PO BOX 30853 SANTA BARBARA, CA 93130	95-3564570	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA BOTANIC GARDEN, INC. 1212 MISSION CANYON RD SANTA BARBARA, CA 93105-2126	95-1644628	501(C)(3)	114,407.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA BOWL FOUNDATION 1122 N MILPAS ST SANTA BARBARA, CA 93103	95-3618955	501(C)(3)	76,450.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA BUCKET BRIGADE P.O. BOX 50640 SANTA BARBARA, CA 93150	83-1156413	501(C)(3)	46,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA CENTER FOR THE PERFORMING ARTS, INC. - 1214 STATE STREET, 6TH FLOOR - SANTA BARBARA, CA 93101	95-3847102	501(C)(3)	1,119,288.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA CHAMBER PLAYERS 489 PINTURA DRIVE SANTA BARBARA, CA 93111	88-1763155	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA CHANNELKEEPER 714 BOND AVE SANTA BARBARA, CA 93103-3131	91-2151460	501(C)(3)	92,400.	0.			ENVIRONMENT AND ANIMALS

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SANTA BARBARA COMMUNITY YOUTH PERFORMING ARTS CENTER - PO BOX 21046 - SANTA BARBARA, CA 93121	77-0543169	501(C)(3)	22,850.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102-0689	95-3802238	501(C)(3)	186,965.	0.			HEALTH CARE
SANTA BARBARA COUNTY ACTION NETWORK - PO BOX 6174 - SANTA MARIA, CA 93456-6174	73-1676916	501(C)(3)	8,100.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA COUNTY EDUCATION OFFICE - PO BOX 6307 - SANTA BARBARA, CA 93160	95-6000940	501(C)(3)	37,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA COUNTY FOOD ACTION NETWORK - 133 EAST DE LA GUERRA #268 - SANTA BARBARA, CA 93101	87-1266678	501(C)(3)	8,500.	0.			FOOD SYSTEMS
SANTA BARBARA COUNTY IMMIGRANT LEGAL DEFENSE CENTER - 1136 E MONTECITO ST - SANTA BARBARA, CA 93103-2635	32-0549576	501(C)(3)	7,000.	0.			HUMAN SERVICES
SANTA BARBARA COUNTY VETERANS COLLABORATIVE, INC. - 606 ALAMO PINTADO RD, STE 3, #193 - SOLVANG, CA 93463	85-4353506	501(C)(3)	35,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA DANCE INSTITUTE 1330 STATE STREET, SUITE 207 SANTA BARBARA, CA 93101	26-4255635	501(C)(3)	12,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA EDUCATION FOUNDATION 133 E DE LA GUERRA, STE 366 SANTA BARBARA, CA 93101	77-0071544	501(C)(3)	166,900.	0.			EDUCATION AND YOUTH DEVELOPMENT

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SANTA BARBARA FESTIVAL BALLET 127 WEST CANON PERDIDO SANTA BARBARA, CA 93101	23-7429689	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA HILLEL 781 EMBARCADERO DEL MAR GOLETA, CA 93117	91-2054237	501(C)(3)	12,300.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA HISTORICAL MUSEUM 136 E DE LA GUERRA ST SANTA BARBARA, CA 93101-2205	95-6005796	501(C)(3)	26,011.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA HUMANE SOCIETY 5399 OVERPASS RD SANTA BARBARA, CA 93111	95-1643377	501(C)(3)	98,011.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA STREET, SUITE 203 - SANTA BARBARA, CA 93101	77-0073674	501(C)(3)	22,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY STE 190 SANTA BARBARA, CA 93109-2344	77-0392953	501(C)(3)	25,350.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MEALS ON WHEELS PO BOX 6099 SANTA BARBARA, CA 93160	51-0139577	501(C)(3)	8,000.	0.			FOOD SYSTEMS
SANTA BARBARA MIDDLE SCHOOL 1321 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103	95-3134383	501(C)(3)	7,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA MUSEUM OF ART 1130 STATE ST SANTA BARBARA, CA 93101-2713	95-1664122	501(C)(3)	420,018.	0.			ARTS, CULTURE, AND HUMANITIES

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SANTA BARBARA MUSEUM OF NATURAL HISTORY - 2559 PUESTA DEL SOL - SANTA BARBARA, CA 93105	95-1643378	501(C)(3)	501,971.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST # 1 SANTA BARBARA, CA 93101-1624	77-0496382	501(C)(3)	116,550.	0.			HEALTH CARE
SANTA BARBARA NEW HOUSE 2434 BATH ST SANTA BARBARA, CA 93105	95-2887119	501(C)(3)	16,750.	0.			BEHAVIORAL HEALTH
SANTA BARBARA OPERA ASSOCIATION 1330 STATE ST STE 209 SANTA BARBARA, CA 93101-2681	77-0347413	501(C)(3)	117,924.	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)	17,921.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA POLICE ACTIVITIES LEAGUE - PO BOX 91121 - SANTA BARBARA, CA 93190-1121	77-0523426	501(C)(3)	10,000.	0.			HUMAN SERVICES
SANTA BARBARA PUBLIC LIBRARY PO BOX 1019 SANTA BARBARA, CA 93102	46-0750188	SANTA BARBARA	181,200.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 93103	95-6134271	501(C)(3)	16,309.	0.			HOUSING AND SHELTER
SANTA BARBARA RESPONSE NETWORK 3905 STATE ST #7-271 SANTA BARBARA, CA 93105	30-0703710	501(C)(3)	35,900.	0.			BEHAVIORAL HEALTH

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SANTA BARBARA REVELS INC. PO BOX 41535 SANTA BARBARA, CA 93140-1535	26-1442786	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA SCHOOL OF SQUASH INC. - 1530 CHAPALA ST #F - SANTA BARBARA, CA 93101	20-4496216	501(C)(3)	19,100.	0.			HUMAN SERVICES
SANTA BARBARA STRINGS P.O. BOX 61401 SANTA BARBARA, CA 93160	27-4834458	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION - 1330 STATE ST STE 102 - SANTA BARBARA, CA 93101	95-2104089	501(C)(3)	88,893.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA WILDLIFE CARE NETWORK, INC. - PO BOX 6594 - SANTA BARBARA, CA 93160	77-0201505	501(C)(3)	34,600.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA YOUTH SAILING FOUNDATION - 130 HARBOR WAY - SANTA BARBARA, CA 93109	95-2487510	501(C)(3)	6,500.	0.			HUMAN SERVICES
SANTA BARBARA ZOOLOGICAL FOUNDATION - 500 NINOS DR - SANTA BARBARA, CA 93103	95-2268554	501(C)(3)	136,467.	0.			ENVIRONMENT AND ANIMALS
SANTA CRUZ ISLAND FOUNDATION 4994 CARPINTERIA AVE #15 CARPINTERIA, CA 93013-1937	95-4073657	501(C)(3)	25,128.	0.			ENVIRONMENT AND ANIMALS
SANTA MARIA CIVIC THEATRE PO BOX 161 SANTA MARIA, CA 93456-0161	23-7384826	501(C)(3)	11,000.	0.			ARTS, CULTURE, AND HUMANITIES

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SANTA MARIA PHILHARMONIC SOCIETY PO BOX 375 SANTA MARIA, CA 93456-0375	77-0288378	501(C)(3)	12,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA MARIA POLICE COUNCIL PO BOX 7448 SANTA MARIA, CA 93455	26-0885761	501(C)(3)	14,000.	0.			HUMAN SERVICES
SANTA MARIA VALLEY YMCA 3400 SKYWAY DRIVE SANTA MARIA, CA 93455	95-2158363	501(C)(3)	55,825.	0.			CHILD CARE
SANTA YNEZ VALLEY CHILDREN'S MUSEUM - PO BOX 665 - BUELLTON, CA 93427-0665	85-1229891	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA YNEZ VALLEY CHORALE PO BOX 1902 SANTA YNEZ, CA 93460	95-3658104	501(C)(3)	8,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA YNEZ VALLEY COTTAGE HOSPITAL FOUNDATION - 2050 VIBORG ROAD - SOLVANG, CA 93463	95-3308522	501(C)(3)	20,000.	0.			HEALTH CARE
SANTA YNEZ VALLEY FRUIT AND VEGETABLE RESCUE - PO BOX 1651 - SANTA YNEZ, CA 93460	45-1797788	501(C)(3)	5,150.	0.			FOOD SYSTEMS
SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE - PO BOX 1478 - SOLVANG, CA 93464	77-0338060	501(C)(3)	62,000.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY SENIOR CITIZENS FOUNDATION - PO BOX 1946 - BUELLTON, CA 93427	95-3169593	501(C)(3)	25,000.	0.			FOOD SYSTEMS

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SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM - PO BOX 256 - SOLVANG, CA 93464	77-0564282	501(C)(3)	6,000.	0.			HEALTH CARE
SAVIE HEALTH 1111 E. OCEAN AVE #2 LOMPOC, CA 93436	86-1668790	501(C)(3)	25,214.	0.			HEALTH CARE
SCHOLARSHIP FOUNDATION OF SANTA BARBARA - 2253 LAS POSITAS RD - SANTA BARBARA, CA 93105	23-7087774	501(C)(3)	1,023,650.	0.			EDUCATION AND YOUTH DEVELOPMENT
SCOTTISH RITE LANGUAGE DISORDER CENTER - 16 E CARRILLO ST 4TH FLOOR - SANTA BARBARA, CA 93101-2707	54-1507199	501(C)(3)	11,000.	0.			HUMAN SERVICES
SECURE BEGINNINGS PO BOX 285 OJAI, CA 93024	77-0544181	501(C)(3)	12,435.	0.			HUMAN SERVICES
SEE INTERNATIONAL P.O. BOX 1910 GOLETA, CA 93116-1910	31-1682275	501(C)(3)	30,000.	0.			HEALTH CARE
SENTIENT MEDIA 18 BARTOL ST #1150 SAN FRANCISCO, CA 94133	83-0804345	501(C)(3)	50,000.	0.			ENVIRONMENT AND ANIMALS
SHADOW'S FUND PO BOX 1472 LOMPOC, CA 93438	27-1239123	501(C)(3)	7,500.	0.			ENVIRONMENT AND ANIMALS
SHE-CAN P.O. BOX 876 MILL VALLEY, CA 94942	27-4524093	501(C)(3)	12,857.	0.			HUMAN SERVICES

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SHOWERS OF BLESSING SANTA BARBARA 432 S SAN MARCOS RD SANTA BARBARA, CA 93111	85-4194019	501(C)(3)	26,300.	0.			HUMAN SERVICES
SILVER LAKE FOUNDATION PO BOX 1522 MAMMOTH LAKES, CA 93546	46-1667221	501(C)(3)	40,000.	0.			HUMAN SERVICES
SLO NOOR FOUNDATION 1428 PHILLIPS LANE, SUITE 203 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	15,000.	0.			HEALTH CARE
SOCIAL GOOD FUND 819 W PEDREGOSA ST SANTA BARBARA, CA 93101	46-1323531	501(C)(3)	7,500.	0.			PUBLIC AND SOCIETAL BENEFIT
SOCIALLY RESPONSIBLE AGRICULTURAL PROJECT INC - 1120 WASHINGTON AVENUE STE 200 - GOLDEN, CO 80401	20-8688122	501(C)(3)	465,000.	0.			ENVIRONMENT AND ANIMALS
SOLVANG SCHOOL DISTRICT EDUCATIONAL FOUNDATION - P.O. BOX 304 - SOLVANG, CA 93464	77-0373606	501(C)(3)	8,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	7,800.	0.			PUBLIC AND SOCIETAL BENEFIT
SPOTLIGHT KID'S CAMP 775 TERRI LANE #B SANTA BARBARA, CA 93105	46-5358752	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
ST. JAMES EPISCOPAL CHURCH 208 CAMINO DE SANTIAGO TAOS, NM 87571	85-0122245	501(C)(3)	10,000.	0.			OTHER

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ST. JOSEPH HIGH SCHOOL 4120 S BRADLEY RD SANTA MARIA, CA 93455	95-2315939	501(C)(3)	7,400.	0.			EDUCATION AND YOUTH DEVELOPMENT
ST. MARK'S-IN-THE-VALLEY EPISCOPAL CHURCH - 2901 NOJOQUI AVENUE - LOS OLIVOS, CA 93441	31-1629166	501(C)(3)	7,850.	0.			OTHER
ST. VINCENT DE PAUL SOCIETY 210 N. AVENUE 21 LOS ANGELES, CA 90031	95-1644622	501(C)(3)	6,877.	0.			HUMAN SERVICES
ST. VINCENT'S 4200 CALLE REAL SANTA BARBARA, CA 93110-1454	95-1643367	501(C)(3)	63,711.	0.			HOUSING AND SHELTER
STANDING TOGETHER TO END SEXUAL ASSAULT - 433 E CAON PERDIDO ST - SANTA BARBARA, CA 93101	95-2929455	501(C)(3)	35,500.	0.			BEHAVIORAL HEALTH
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	61,950.	0.			EDUCATION AND YOUTH DEVELOPMENT
STATE STREET BALLET 2285 LAS POSITAS RD SANTA BARBARA, CA 93105-4116	86-0717486	501(C)(3)	118,300.	0.			ARTS, CULTURE, AND HUMANITIES
STORYTELLER CHILDREN'S CENTER, INC. - 2115 STATE ST - SANTA BARBARA, CA 93105-3555	77-0283072	501(C)(3)	146,426.	0.			EDUCATION AND YOUTH DEVELOPMENT
SUMMER SOLSTICE CELEBRATION, INC. PO BOX 21141 SANTA BARBARA, CA 93121-1141	77-0004190	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES

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TEDDY BEAR CANCER FOUNDATION 3892 STATE ST STE 220 SANTA BARBARA, CA 93105-3185	14-1872081	501(C)(3)	11,500.	0.			HEALTH CARE
TENNIS PATRONS ASSOCIATION OF SANTA BARBARA, INC. - PO BOX 3886 - SANTA BARBARA, CA 93130	23-7203732	501(C)(3)	34,199.	0.			HUMAN SERVICES
THACHER SCHOOL, INC. 5025 THACHER RD OJAI, CA 93023	95-1642398	501(C)(3)	100,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
THE CECILIA FUND PO BOX 92213 SANTA BARBARA, CA 93190-2213	95-6047722	501(C)(3)	26,793.	0.			HUMAN SERVICES
THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DR - SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	142,693.	0.			EDUCATION AND YOUTH DEVELOPMENT
THE INTERNATIONAL DOCUMENTARY ASSOCIATION - 3600 WILSHIRE BLVD STE 1810 - LOS ANGELES, CA 90010	95-3911227	501(C)(3)	21,000.	0.			ENVIRONMENT AND ANIMALS
THE LAND TRUST FOR SANTA BARBARA COUNTY - P.O. BOX 91830 - SANTA BARBARA, CA 93190	95-3797404	501(C)(3)	66,445.	0.			ENVIRONMENT AND ANIMALS
THE NEW YORK SHAKESPEARE FESTIVAL D.B.A. THE PUBLIC THEATER - 425 LAFAYETTE ST - NEW YORK, NY 10003	13-1844852	501(C)(3)	35,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE PACIFIC PRIDE FOUNDATION, INC. 608 ANACAPA ST SUITE A SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	78,000.	0.			BEHAVIORAL HEALTH

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
THE RIVIERA RIDGE SCHOOL 2130 MISSION RIDGE RD SANTA BARBARA, CA 93103	23-7154063	501(C)(3)	22,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
THE SAN MARCOS HIGH SCHOOL ROYAL PRIDE FOUNDATION - 4750 HOLLISTER AVE - SANTA BARBARA, CA 93110-1921	46-1787939	501(C)(3)	105,800.	0.			EDUCATION AND YOUTH DEVELOPMENT
THE SANTA BARBARA CHORAL SOCIETY 1330 STATE ST STE 202 SANTA BARBARA, CA 93101-2681	77-0032197	501(C)(3)	16,500.	0.			ARTS, CULTURE, AND HUMANITIES
THE THRIVING INITIATIVE 7127 HOLLISTER AVENUE, SUITE 25A-20 GOLETA, CA 93117	85-0827076	501(C)(3)	6,000.	0.			HEALTH CARE
THE TURNER FOUNDATION P.O. BOX 186 SANTA BARBARA, CA 93102	95-6111806	501(C)(3)	45,000.	0.			HOUSING AND SHELTER
THE UCLA FOUNDATION 405 HILGARD AVENUE LOS ANGELES, CA 90095-1476	95-2250801	501(C)(3)	29,200.	0.			EDUCATION AND YOUTH DEVELOPMENT
THERAPY DOGS OF SANTA BARBARA PO BOX 3534 SANTA BARBARA, CA 93130-3534	47-0879588	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
TRANSFORM THROUGH ARTS INC 7328 DAVENPORT RD GOLETA, CA 93117-2826	92-1716347	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
TRANSITION HOUSE 425 E COTA ST SANTA BARBARA, CA 93101-1662	77-0099755	501(C)(3)	95,193.	0.			CHILD CARE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONS-MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406	95-3509040	501(C)(3)	20,000.	0.			BEHAVIORAL HEALTH
TRIBAL TRUST FOUNDATION PO BOX 5687 SANTA BARBARA, CA 93150-5687	59-3528567	501(C)(3)	5,500.	0.			ARTS, CULTURE, AND HUMANITIES
TRINITY EPISCOPAL CHURCH, SANTA BARBARA - 1500 STATE ST - SANTA BARBARA, CA 93101	95-1750018	501(C)(3)	6,500.	0.			OTHER
TROUT UNLIMITED INC. PO BOX 7400 WOOLLY BUGGER, WV 25438-7400	38-1612715	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
UC SANTA BARBARA FOUNDATION 4219 CHEADLE HALL 4TH FLOOR SANTA BARBARA, CA 93106	23-7314834	501(C)(3)	372,950.	0.			EDUCATION AND YOUTH DEVELOPMENT
UNICEF USA 125 MAIDEN LN NEW YORK, NY 10038	13-1760110	501(C)(3)	6,100.	0.			HUMAN SERVICES
UNITARIAN UNIVERSALIST SERVICE COMMITTEE - 689 MASSACHUSETTS AVE - CAMBRIDGE, MA 02139	04-6186012	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
UNITED BOYS & GIRLS CLUBS OF GREATER SANTA BARBARA COUNTY - 4849 FOOTHILL ROAD - CARPINTERIA, CA 93013	23-7087814	501(C)(3)	49,515.	0.			HUMAN SERVICES
UNITED WAY OF DANE COUNTY FOUNDATION INC - 2059 ATWOOD AVE - MADISON, WI 53704	39-1763471	501(C)(3)	10,000.	0.			EDUCATION AND 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
UNITED WAY OF SANTA BARBARA COUNTY, INC. - 320 E GUTIERREZ ST - SANTA BARBARA, CA 93101-1736	95-1641968	501(C)(3)	66,443.	0.			CHILD CARE
UNITY SHOPPE, INC. 110 W SOLA ST SANTA BARBARA, CA 93101-3007	77-0391064	501(C)(3)	39,250.	0.			FOOD SYSTEMS
UNIVERSITY OF CHICAGO 5235 S. HARPER COURT 4TH FLOOR CHICAGO, IL 60615	36-2177139	501(C)(3)	1,000,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
UNIVERSITY OF SOUTHERN CALIFORNIA 1149 S HILL STREET, STE H-100 LOS ANGELES, CA 90015	95-1642394	501(C)(3)	38,375.	0.			EDUCATION AND YOUTH DEVELOPMENT
US HOLOCAUST MEMORIAL MUSEUM 1880 CENTURY PARK EAST, SUITE 820 LOS ANGELES, CA 90067	52-1309391	501(C)(3)	22,000.	0.			ARTS, CULTURE, AND HUMANITIES
VENTURA COUNTY PUBLIC HEALTH 2220 GONZALES RD SUITE 210-C OXNARD, CA 93003	47-1535937	501(C)(3)	15,750.	0.			HUMAN SERVICES
VENTURA LAND TRUST PO BOX 1284 VENTURA, CA 93002	01-0769456	501(C)(3)	11,000.	0.			ENVIRONMENT AND ANIMALS
VILLA MAJELLA OF SANTA BARBARA 1515 BATH STREET SANTA BARBARA, CA 93101	95-3730718	501(C)(3)	30,000.	0.			HOUSING AND SHELTER
VITALANT FOUNDATION 875 GREENTREE RD PKWY 5 PITTSBURGH, PA 15220	25-1562715	501(C)(3)	10,000.	0.			HEALTH CARE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA HEALTH FOUNDATION 509 E MONTECITO ST STE 200 SANTA BARBARA, CA 93103	77-0342043	501(C)(3)	17,000.	0.			HEALTH CARE
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501(C)(3)	25,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
WE ARE MOVING THE NEEDLE 411 SOUNDVIEW AVENUE STAMFORD, CT 06902	92-1318071	501(C)(3)	25,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
WELCOME HOME MILITARY HEROES PO BOX 1349 ARROYO GRANDE, CA 93421	81-4729792	501(C)(3)	6,000.	0.			PUBLIC AND SOCIETAL BENEFIT
WELLESLEY COLLEGE 106 CENTRAL ST WELLESLEY, MA 02481	04-2103637	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
WESTMONT COLLEGE 955 LA PAZ RD SANTA BARBARA, CA 93108-1099	95-1684793	501(C)(3)	10,200.	0.			EDUCATION AND YOUTH DEVELOPMENT
WHITE BUFFALO LAND TRUST PO BOX 5100 SANTA BARBARA, CA 93150-5100	82-4562776	501(C)(3)	72,750.	0.			ENVIRONMENT AND ANIMALS
WILD SALMON CENTER 721 NW NINTH AVE. SUITE 300 PORTLAND, OR 97209	94-3166095	501(C)(3)	20,000.	0.			FOOD SYSTEMS
WILD UP PO BOX 292075 LOS ANGELES, CA 90029	47-3266537	501(C)(3)	25,000.	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
WILDERNESS YOUTH PROJECT INCORPORATED - 2040 ALAMEDA PADRE SERRA, STE 224 - SANTA BARBARA, CA 93103	77-0526117	501(C)(3)	63,623.	0.			ENVIRONMENT AND ANIMALS
WILDLING MUSEUM 1511-B MISSION DR SOLVANG, CA 93463	77-0470520	501(C)(3)	21,700.	0.			ARTS, CULTURE, AND HUMANITIES
WOMEN'S ECONOMIC VENTURES 21 EAST CANON PERDIDO STREET, SUITE 301 - SANTA BARBARA, CA 93101	95-3674624	501(C)(3)	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)	52,095.	0.			PUBLIC AND SOCIETAL BENEFIT
WORC EDUCATION PROJECT 220 S 27TH ST STE B BILLINGS, MT 59101	45-0356819	501(C)(4)	150,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
WORLD DANCE FOR HUMANITY 906 N NOPAL ST SANTA BARBARA, CA 93103	46-2890372	501(C)(3)	25,000.	0.			HUMAN SERVICES
WORLD TELEHEALTH INITIATIVE 7402 HOLLISTER AVE GOLETA, CA 93117-2583	82-4657634	501(C)(3)	11,000.	0.			HEALTH CARE
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	5,900.	0.			ENVIRONMENT AND ANIMALS
YALE UNIVERSITY PO BOX 803 NEW HAVEN, CT 06503-0803	06-0646973	501(C)(3)	25,000.	0.			EDUCATION AND 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
YOUNG AMERICA'S FOUNDATION 217 STATE STREET SANTA BARBARA, CA 93101	23-7042029	501(C)(3)	33,000.	0.			HUMAN SERVICES
YOUR CHILDREN'S TREES 69 CALAVERAS AVE GOLETA, CA 93117	47-2759212	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
ZUMIX 260 SUMNER ST EAST BOSTON, MA 02128	04-3132674	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES



**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
2023 BREITLING AWARD RECIPIENTS	6	6,000.	0.		
COVID SMALL BUSINESS RELIEF	44	110,000.	0.		
INDIVIDUAL HARDSHIP RELIEF	16	144,574.	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.

SBF PROVIDES ADVISED GRANTS TO VARIOUS 501(C)(3) ORGANIZATIONS. GRANTEES MUST AGREE NOT TO PAY ANY PORTION OF GOODS OR SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES.

**Part IV** Supplemental Information

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**SANTA BARBARA FOUNDATION**

Employer identification number

**95-1866094**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

**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)	401,076.	0.	0.	55,500.	26,227.	482,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD YUBA VP, FINANCE & ADMINISTRATION	(i)	266,785.	0.	0.	27,607.	22,579.	316,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TAMMY SIMS JOHNSON VP, PHILANTHROPIC SERVICES	(i)	194,520.	0.	0.	15,975.	31,362.	241,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JANET MOCKER SENIOR DIRECTOR OF FINANCE	(i)	171,472.	0.	0.	17,247.	25,013.	213,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RUBAYI ESTES VP, PROGRAMS	(i)	140,900.	0.	0.	14,263.	15,332.	170,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

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

**PART I, LINE 8:**

THE 2023 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE COMMITTEE  
SESSION ON FEBRUARY 16, 2023 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 2023 COMPENSATION FOR THE V.P., FINANCE &  
ADMINISTRATION, V.P., PHILANTHROPIC SERVICES, AND SR. DIRECTOR OF FINANCE  
WAS REVIEWED BY THE COMPENSATION COMMITTEE AT ITS MEETING ON APRIL 6, 2023.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	66	3,797,843.	MARKET VALUE
10 Securities - Closely held stock	X	1	738,075.	MARKET VALUE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	2	198.	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>EVENT SUPPLIES</u> )	X	8	4,360.	COST/SELLING PRICE
26 Other ( <u>MEALS</u> )	X	7	1,329.	COST/SELLING PRICE
27 Other ( <u>SUBSCRIPTIONS</u> )	X	2	255.	COST/SELLING PRICE
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

	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 3 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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023



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

SCHEDULE M, PART I, COLUMN (B):

THE TOTALS REPORTED IN COLUMN (B) REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2023.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 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  
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 2023 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE COMMITTEE  
SESSION ON FEBRUARY 16, 2023 BASED ON COMPARABLE DATA FROM VARIOUS SOURCES  
SUCH AS THE COUNCIL ON FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION

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

Schedule O (Form 990) 2023

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

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.

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

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

COMPARABLE POSITIONS BY OTHER COMPARABLE EMPLOYERS.

THE REASONABLENESS OF THE 2023 COMPENSATION FOR THE V.P., FINANCE & ADMINISTRATION, V.P., PHILANTHROPIC SERVICES, AND SR. DIRECTOR OF FINANCE WAS REVIEWED BY THE COMPENSATION COMMITTEE AT ITS MEETING ON APRIL 6, 2023.

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	3,278,277.
PASSTHROUGH INCOME FROM UBI	319,894.
RETURNED GRANTS	158,373.
BEQUEST RECEIVABLE WRITE-OFF	-10,000.
TOTAL TO FORM 990, PART XI, LINE 9	3,746,544.

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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	309,706.	8,451,465.	SANTA BARBARA FOUNDATION
300 EAST ISLAY STREET, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	0.	2,942,831.	SANTA BARBARA FOUNDATION
SBF PROPERTIES, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	74,801.	2,051,437.	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, I	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, I	SANTA BARBARA FOUNDATION	X	
WYATT FAMILY FOUNDATION - 93-1503406 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION	CALIFORNIA	501(C)(3)	LINE 12A, I	SANTA BARBARA FOUNDATION	X	

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

Schedule R (Form 990) 2023

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

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

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

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

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	250,000.	CASH PAID
(2) HIGHLAND SANTA BARBARA FOUNDATION, INC.	L	231,178.	CASH PAID
(3) ERIC AND KELLY SCHWARTZ CHARITABLE TRUST	L	193,768.	CASH PAID
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer SANTA BARBARA FOUNDATION EIN or SSN 95-1866094

Name and title of officer or person subject to tax TODD YUBA VP FINANCE AND ADMINISTRATION

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes lines 1a-10a for various forms and lines 1b-10b for corresponding amounts.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize MOSS ADAMS LLP to enter my PIN 66091. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95393066091 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 11/07/24

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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.

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>SANTA BARBARA FOUNDATION</b>	Taxpayer identification number (TIN) <b>95-1866094</b>
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. <b>1111 CHAPALA ST STE 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA BARBARA, CA 93101-3100</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **TODD YUBA**  
**1111 CHAPALA ST STE 200 - SANTA BARBARA, CA 93101-3100**

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**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	2,500.
<b>b</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.	<b>3b</b>	\$	78,330.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2024)

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

2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

Department of the Treasury Internal Revenue Service

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

Header section A-F: Name of organization (SANTA BARBARA FOUNDATION), EIN (95-1866094), address (1111 CHAPALA ST STE 200), and book value of assets (474,773,392).

Header section G-L: Organization type (501(c) corporation), filing status, and contact information (TODD YUBA, 805-963-1873).

Part I: Total Unrelated Business Taxable Income table with 11 rows and 2 columns (line number, amount).

Part II: Tax Computation table with 7 rows and 2 columns (line number, amount).

Part III: Tax and Payments table with 5 main rows and sub-rows (1a-1d, 3a-3e) and 2 columns (line number, amount).

<b>Part III Tax and Payments</b> (continued)			
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	78,330.
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	78,330.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	78,330.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 78,330. <b>Refunded</b> .....	<b>11</b>	0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2023 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 _____		X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	
	900001	\$ 219,487.	
	532000	\$ 1,634.	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**  
Provide any additional information. See instructions.

<b>Sign Here</b>	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	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	LAUREN A. HAVERLOCK	LAUREN A. HAVERLOCK	11/07/24	PTIN P00545829
	Firm's name	Firm's EIN		
	MOSS ADAMS LLP	91-0189318		
	Firm's address	Phone no.		
	21700 OXNARD ST. STE 300 WOODLAND HILLS, CA 91367	818-577-1900		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**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](http://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

**2023**

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

<b>A</b> Name of the organization <b>SANTA BARBARA FOUNDATION</b>	<b>B</b> Employer identification number <b>95-1866094</b>
<b>C</b> Unrelated business activity code (see instructions) <b>900001</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

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

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b> 1,132.		1,132.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 1</b> .....	<b>5</b> -321,026.		-321,026.
<b>6</b> Rent income (Part IV) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b> 102,757.	84,087.	18,670.
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>		
<b>11</b> Advertising income (Part IX) .....	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> -217,137.	84,087.	-301,224.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>		
<b>2</b> Salaries and wages .....	<b>2</b>		
<b>3</b> Repairs and maintenance .....	<b>3</b>		
<b>4</b> Bad debts .....	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions .....	<b>5</b>		
<b>6</b> Taxes and licenses .....	<b>6</b>		677.
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b> 120,867.		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b> 120,867.	<b>8b</b>	0.
<b>9</b> Depletion .....	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>		
<b>11</b> Employee benefit programs .....	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>		
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b> .....	<b>14</b>		18,298.
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>		18,975.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>		-320,199.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>		0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>		-320,199.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**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	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> 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 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> 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 .....	309,706.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) <b>STMT 4</b> .....	120,867.			
b Other deductions (attach statement) <b>STMT 5</b> .....	132,567.			
c Total deductions (add lines 3a and 3b, columns A through D) .....	253,434.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT 6</b> .....	62,788,911.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) <b>STMT 7</b> .....	8,405,704.			
6 Divide line 4 by line 5 .....	33.179%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....	102,757.			
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	102,757.			
9 Allocable deductions. Multiply line 3c by line 6 .....	84,087.			
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	84,087.			
11 <b>Total dividends-received deductions</b> 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).	
<b>Totals</b>			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).
<b>Totals</b>		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	B	C	D
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 -0- 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 -0- .....				
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 -0- here and on Part II, line 13 .....

**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 .....

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
AETHER REAL ASSETS II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-1,504.
CROW HOLDINGS REALTY PARTNERS VIII, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-401.
TCV X (A), L.P. - ORDINARY BUSINESS INCOME (LOSS)	-19,686.
NEWBURY EQUITY PARTNERS (AKA NEWBURY SECONDARY FUND LP) - ORDINARY BUSINESS	-90.
MERCER PIP LP - ORDINARY BUSINESS INCOME (LOSS)	-1,092.
MERCER PIP-II LP - ORDINARY BUSINESS INCOME (LOSS)	-4,310.
QUELLOS BLACKROCK REAL ASSETS II ( PARALLEL), L.P. - ORDINARY BUSINESS INCOM	15,555.
AETHER REAL ASSETS V LP - ORDINARY BUSINESS INCOME (LOSS)	-189,473.
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS)	3,407.
KOHLBERG TE INVESTORS IX, LP - ORDINARY BUSINESS INCOME (LOSS)	-18,265.
DBL PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-665.
AEW PARTNERS REAL ESTATE FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS)	-14,031.
IFM GLOBAL INFRASTRUCTURE (US), LP - ORDINARY BUSINESS INCOME (LOSS)	5.
ARTEMIS REAL ESTATE PARTNERS FUND IV, - ORDINARY BUSINESS INCOME (LOSS)	-19,237.
ARA FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-24,991.
THE RISE FUND III, L.P. - ORDINARY BUSINESS INCOME (LOSS)	3,515.
THE RISE FUND III FIRPTA AIV II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-405.
BEDROCK CLEAN ENERGY LLC - ORDINARY BUSINESS INCOME (LOSS)	-49,358.
<b>TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5</b>	<b>-321,026.</b>

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	18,298.
<b>TOTAL TO SCHEDULE A, PART II, LINE 14</b>	<b>18,298.</b>

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19	92,083.	92,083.	0.	0.
12/31/21	2,508.	0.	2,508.	2,508.
12/31/22	216,979.	0.	216,979.	216,979.
NOL CARRYOVER AVAILABLE THIS YEAR			219,487.	219,487.

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		120,867.	
- SUBTOTAL -	1		120,867.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			120,867.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INTEREST EXPENSE		33,941.		
OPERATING EXPENSE		98,626.		
- SUBTOTAL -	1	132,567.	1.00	132,567.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				132,567.

FORM 990-T (A) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		2,788,911.	
- SUBTOTAL -	1		2,788,911.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			2,788,911.

FORM 990-T (A)

AVERAGE ADJUSTED BASIS OF OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE ADJUSTED BASIS		8,405,704.	
- SUBTOTAL -	1		8,405,704.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			8,405,704.

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

Name <b>SANTA BARBARA FOUNDATION</b>	Employer identification number <b>95-1866094</b>
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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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>12.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>12.</b>

**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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				-791.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	1,911.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	1,120.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	12.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	1,120.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	1,132.

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

# Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

**SANTA BARBARA FOUNDATION**

Social security number or taxpayer identification no.

**95-1866094**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	AETHER REAL ASSETS							
	V LP							4. C
	KOHLBERG TE							
	INVESTORS IX, LP							8. C
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .....							12.

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

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

**Social security number or taxpayer identification no.**

**SANTA BARBARA FOUNDATION**

**95-1866094**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	KOHLBERG TE INVESTORS IX, LP							-791.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) .....								-791.

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

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**SANTA BARBARA FOUNDATION**

**95-1866094**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**  
**1b**  
**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 10</b>						

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**  
**4**  
**5**  
**6**  
**7** **1,911.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**8**  
**9** **1,911.**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

**11** ( )  
**12**  
**13**  
**14**  
**15**  
**16**  
**17**

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18a**  
**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
<b>25 If section 1245 property:</b>			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the <b>smaller</b> of line 24 or 25a	25b	
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the <b>smaller</b> of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the <b>smaller</b> of line 24 or 27b	27c	
<b>28 If section 1254 property:</b>			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the <b>smaller</b> of line 24 or 28a	28b	
<b>29 If section 1255 property:</b>			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**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](http://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

**2023**

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

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

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance _____	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions) .....	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	0.		

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....		<b>1</b>			
<b>2</b> Salaries and wages .....		<b>2</b>			
<b>3</b> Repairs and maintenance .....		<b>3</b>			
<b>4</b> Bad debts .....		<b>4</b>			
<b>5</b> Interest (attach statement). See instructions .....		<b>5</b>			
<b>6</b> Taxes and licenses .....		<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>				
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>	
<b>9</b> Depletion .....		<b>9</b>			
<b>10</b> Contributions to deferred compensation plans .....		<b>10</b>			
<b>11</b> Employee benefit programs .....		<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII) .....		<b>12</b>			
<b>13</b> Excess readership costs (Part IX) .....		<b>13</b>			
<b>14</b> Other deductions (attach statement) .....	<b>SEE STATEMENT 8</b>	<b>14</b>			2,033.
<b>15 Total deductions.</b> Add lines 1 through 14 .....		<b>15</b>			2,033.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....		<b>16</b>			-2,033.
<b>17</b> Deduction for net operating loss. See instructions .....		<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....		<b>18</b>			-2,033.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**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 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> 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 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> 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).	
<b>Totals</b>			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).
<b>Totals</b>		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 -0- 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 -0- .....				
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 -0- 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)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		2,033.
TOTAL TO SCHEDULE A, PART II, LINE 14		2,033.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 9		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	1,634.	0.	1,634.	1,634.
NOL CARRYOVER AVAILABLE THIS YEAR			1,634.	1,634.

FORM 4797	PROPERTY HELD MORE THAN ONE YEAR	STATEMENT 10				
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AETHER REAL ASSETS II, L.P.						1,033.
NEWBURY EQUITY PARTNERS (AKA NEWBURY SEC QUELLOS BLACKROCK REAL ASSETS II ( PARAL						-11.
AETHER REAL ASSETS V LP						1,371.
NORTHGATE IV, LP						-472.
						-10.
TOTAL TO 4797, PART I, LINE 2						1,911.