PUBLIC DISCLOSURE COPY

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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.

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

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
SANTA BARBARA FOUNDATION

Taxpayer identification number (TIN)
95-1866094

Number, street, and room or suite no. If a P.O. box, see instructions.
1111 CHAPALA ST STE 200

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SANTA BARBARA, CA 93101-3100

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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	Form 990-T (governmental entities)	15

- 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 JANET MOCKER
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 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SANTA BARBARA FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1111 CHAPALA ST STE 200

City or town, state or province, country, and ZIP or foreign postal code
SANTA BARBARA, CA 93101-3100

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

D Employer identification number
95-1866094

E Telephone number
805-963-1873

G Gross receipts $ 220,648,413.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.SBFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	47
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	949.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	104,034,034.	75,431,278.
9	Program service revenue (Part VIII, line 2g)	741,527.	619,103.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,931,249.	29,458,924.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-130,924.	-183,442.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,575,886.	105,325,863.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	109,030,325.	70,675,220.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,004,592.	6,157,995.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	224,423.
b	Total fundraising expenses (Part IX, column (D), line 25) 2,560,151.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,987,087.	4,761,757.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	120,022,004.	81,819,395.
19	Revenue less expenses. Subtract line 18 from line 12	1,553,882.	23,506,468.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	503,570,797.	548,772,040.
21	Total liabilities (Part X, line 26)	33,244,347.	36,296,180.
22	Net assets or fund balances. Subtract line 21 from line 20	470,326,450.	512,475,860.

Part II Signature Block

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

Sign Here

Signature of officer Date

JACQUELINE CARRERA, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
LAUREN A. HAVERLOCK	LAUREN A. HAVERLOCK		☐	P00545829

Firm's name BAKER TILLY ADVISORY GROUP, LP Firm's EIN 39-0859910

Firm's address 6320 CANOGA AVENUE, 17TH FLOOR
WOODLAND HILLS, CA 91367 Phone no. 818-577-1900

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses $ 73,366,386. including grants of $ 68,258,470.) (Revenue $ 619,103.)
SBF SERVES THE ENTIRE COUNTY OF SANTA BARBARA, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS. IN 2025, 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 2025, 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 $ 1,324,064. including grants of $ 1,242,500.) (Revenue $)
SBF PROVIDED FUNDING OF OVER $1 MILLION IN 2025 TO LOCAL NONPROFIT ORGANIZATIONS PROVIDING SERVICES IN THE AREAS OF BEHAVIORAL HEALTH, HEALTH CARE, FOOD, AND SHELTER & SAFETY THOROUGH ITS COMMUNITY GRANTS PROGRAMS.

4c (Code:) (Expenses $ 1,251,334. including grants of $ 1,174,250.) (Revenue $)
SBF PROVIDED FUNDING OF OVER $1 MILLION IN 2025 TO THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA FOR STUDENT AID. THROUGH THIS COLLABORATION OVER 300 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 75,941,784.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15	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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17	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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	87		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

JANET MOCKER - 805-963-1873

1111 CHAPALA 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	40.00									
PRESIDENT & CEO	4.00			X				503,372.	0.	93,182.
(2) TODD YUBA - VP, FINANCE	40.00									
& ADMINISTRATION (THRU 09/25)	3.00			X				265,845.	0.	51,892.
(3) ELIZABETH THASIAH	40.00									
VP, PROGRAMS	0.00					X		255,340.	0.	61,748.
(4) TAMMY SIMS JOHNSON	40.00									
VP, PHILANTHROPIC SERVICES	1.00					X		242,079.	0.	70,270.
(5) JANET MOCKER	40.00									
SENIOR DIRECTOR OF FINANCE	0.00					X		200,738.	0.	52,060.
(6) JESSICA SANCHEZ - SENIOR	40.00									
DIRECTOR OF DONOR RELATIONS	0.00					X		154,881.	0.	45,873.
(7) CELINE DELPOUX	40.00									
DIRECTOR OF ACCOUNTING	0.00					X		138,387.	0.	25,331.
(8) MATT ROWE	4.00									
CHAIR	0.00	X		X				0.	0.	0.
(10) ANGEL ISCOVICH	3.00									
VICE CHAIR	0.00	X		X				0.	0.	0.
(11) DANNA MCGREW	3.00									
TREASURER	0.00	X		X				0.	0.	0.
(12) MICHAEL PFAU	3.00									
SECRETARY	0.00	X		X				0.	0.	0.
(13) GEORGE ADAM	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(14) ALEXANDRA ALLEN	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(16) RICHARD BESWICK	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(18) RAFAEL GONZALEZ	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(19) KIAH JORDAN	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(20) PAMELA MACAL	2.00									
TRUSTEE	0.00	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			
(21) LOIS MITCHELL	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(22) ROBERT NAKASONE	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(23) ERNESTO PAREDES	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(25) LYNN SCARLETT	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(26) JAMES SELBERT	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(27) ALEX SIMAS	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(28) JASON STILWELL	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(29) TRACY STOUFFER	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(30) ZOHAR ZIV	2.00									
TRUSTEE	0.00	X						0.	0.	0.
1b Subtotal								1,760,642.	0.	400,356.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,760,642.	0.	400,356.

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 15

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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	366,925.
BAKER TILLY LP, 21700 OXNARD STREET, SUITE 300, WOODLAND HILLS, CA 91367	ACCOUNTING	120,715.
DONALD A CAMPBELL & COMPANY INC., 190 SOUTH LASALLE ST. STE 2875, CHICAGO, IL	CASE DEVELOPMENT AND COUNSEL	119,717.
MIRESBALL 2605 STATE ST, SANTA BARBARA, CA 92103	MARKETING CONSULTANT	118,292.
PIP PRINTING, 5735 HOLLISTER AVENUE UNIT A, GOLETA, CA 93117	PRINTING SERVICES	107,262.

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 5

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	57,331.				
	d Related organizations	1d	9,840,648.				
	e Government grants (contributions)	1e	1,064,737.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	64,468,562.				
	g Noncash contributions included in lines 1a-1f	1g	$ 23,177,622.				
	h **Total.** Add lines 1a-1f			75,431,278.			
Program Service Revenue			**Business Code**				
	2a FOUNDATION SUPPORT FEES		561000	619,103.	619,103.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			619,103.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,559,608.		-43,098.	10602706.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	367,008.				
	b Less: rental expenses	6b	585,539.				
	c Rental income or (loss)	6c	-218,531.				
	d Net rental income or (loss)			-218,531.		44,047.	-262,578.
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	133,601,041.				
	b Less: cost or other basis and sales expenses	7b	114,701,725.				
	c Gain or (loss)	7c	18,899,316.				
	d Net gain or (loss)			18,899,316.			18899316.
	8a Gross income from fundraising events (not including $ 57,331. of contributions reported on line 1c). See Part IV, line 18	8a	36,040.				
	b Less: direct expenses	8b	35,286.				
	c Net income or (loss) from fundraising events			754.			754.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a MISCELLANEOUS REVENUE		561000	34,335.			34,335.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			34,335.			
	12 **Total revenue.** See instructions			105325863.	619,103.	949.	29274533.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	68,260,159.	68,260,159.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	160,037.	160,037.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,255,024.	2,255,024.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	914,290.	194,853.	464,929.	254,508.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,043,907.	1,481,268.	1,562,894.	999,745.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	371,944.	131,213.	143,359.	97,372.
9 Other employee benefits	511,108.	175,549.	205,216.	130,343.
10 Payroll taxes	316,746.	103,940.	130,225.	82,581.
11 Fees for services (nonemployees):				
a Management				
b Legal	69,323.	25,937.	18,594.	24,792.
c Accounting	186,248.		186,248.	
d Lobbying	13,436.	13,436.		
e Professional fundraising services. See Part IV, line 17	224,423.			224,423.
f Investment management fees	627,063.	627,063.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	984,803.	856,722.	109,049.	19,032.
12 Advertising and promotion	161,846.	77,624.	8,288.	75,934.
13 Office expenses	149,222.	71,625.	50,803.	26,794.
14 Information technology	276,431.	93,956.	115,855.	66,620.
15 Royalties				
16 Occupancy	366,214.	166,216.	111,181.	88,817.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	304,426.	178,853.	79,910.	45,663.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182,498.	59,277.	68,333.	54,888.
23 Insurance	65,641.	28,984.	23,070.	13,587.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROJECTS	697,319.	697,319.		
b COMMUNITY RELATIONS	482,668.	144,313.	3,740.	334,615.
c DUES AND SUBSCRIPTIONS	113,619.	57,416.	35,766.	20,437.
d UBI TAX	81,000.	81,000.		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	81,819,395.	75,941,784.	3,317,460.	2,560,151.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	82,862,961.	2	100,932,772.
	3	Pledges and grants receivable, net	2,412,538.	3	5,822,221.
	4	Accounts receivable, net	244,277.	4	122,682.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	2,415,355.	7	500,000.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	222,803.	9	261,871.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 18,266,587.			
	b	Less: accumulated depreciation — 10b: 6,629,484.	11,933,985.	10c	11,637,103.
	11	Investments - publicly traded securities	162,117,698.	11	177,124,065.
	12	Investments - other securities. See Part IV, line 11	158,580,982.	12	166,394,443.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	82,779,898.	15	85,976,583.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	503,570,797.	16	548,772,040.
Liabilities	17	Accounts payable and accrued expenses	652,416.	17	438,561.
	18	Grants payable	1,100.	18	15,250.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,653,072.	23	2,561,236.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	29,937,759.	25	33,281,133.
	26	**Total liabilities.** Add lines 17 through 25	33,244,347.	26	36,296,180.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	315,455,443.	27	344,029,864.
	28	Net assets with donor restrictions	154,871,007.	28	168,445,996.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	470,326,450.	32	512,475,860.
	33	Total liabilities and net assets/fund balances	503,570,797.	33	548,772,040.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,325,863.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,819,395.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,506,468.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	470,326,450.
5	Net unrealized gains (losses) on investments	5	15,032,013.
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	3,610,929.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	512,475,860.

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: ☐ Cash ☒ Accrual ☐ 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?	2a		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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?	3a		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	3b		

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 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41277734.	46233781.	28455651.	104034034	75431278.	295432478
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	41277734.	46233781.	28455651.	104034034	75431278.	295432478
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						41853547.
6 **Public support.** Subtract line 5 from line 4.						253578931

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	41277734.	46233781.	28455651.	104034034	75431278.	295432478
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4436010.	5098451.	7633202.	10994942.	10969714.	39132319.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	129,010.				754.	129,764.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	31,384.	11,183.	54,448.	58,153.	34,335.	189,503.
11 **Total support.** Add lines 7 through 10						334884064

12 Gross receipts from related activities, etc. (see instructions) 12 3,313,338.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 75.72 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 81.78 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**	

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

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

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

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

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

Name of organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 10,333,050.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 10,207,248.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 9,700,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 7,210,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 2,632,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 2,630,648.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 2,495,868.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
8		$ 2,204,939.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 2,033,487.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 1,914,431.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
11		$ 1,603,819.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED STOCK	$ 2,257,200.	12/24/25
2	PUBLICLY TRADED STOCK	$ 10,150,248.	07/03/25
7	PUBLICLY TRADED STOCK	$ 790,868.	12/12/25
10	PUBLICLY TRADED STOCK	$ 1,914,431.	10/31/25
		$	
		$	

Name of organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	13,436.	
c Total lobbying expenditures (add lines 1a and 1b)	13,436.	
d Other exempt purpose expenditures	81,805,959.	
e Total exempt purpose expenditures (add lines 1c and 1d)	81,819,395.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount				1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
c Total lobbying expenditures				13,436.	13,436.
d Grassroots nontaxable amount				250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	256	230
2	Aggregate value of contributions to (during year)	60,438,063.	14,996,250.
3	Aggregate value of grants from (during year)	60,817,871.	9,874,612.
4	Aggregate value at end of year	153,968,621.	358,507,239.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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	70,950,833.	65,162,394.	59,847,087.	70,559,968.	65,030,195.
b Contributions	1,724,570.	2,896,292.	1,282,500.	51,530.	1,200.
c Net investment earnings, gains, and losses	9,393,360.	6,474,970.	7,589,590.	-7,247,811.	8,642,504.
d Grants or scholarships	2,932,700.	2,910,935.	2,853,154.	2,926,220.	2,378,331.
e Other expenditures for facilities and programs					
f Administrative expenses	883,468.	671,888.	703,629.	590,380.	735,600.
g End of year balance	78,252,595.	70,950,833.	65,162,394.	59,847,087.	70,559,968.

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

a Board designated or quasi-endowment .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? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,265,379.		3,265,379.
b Buildings	2,000,235.	10,466,405.	5,168,671.	7,297,969.
c Leasehold improvements		1,770,046.	812,940.	957,106.
d Equipment		764,522.	647,873.	116,649.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				11,637,103.

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) PRIVATE EQUITY	32,952,215.	END-OF-YEAR MARKET VALUE
(B) GLOBAL EQUITIES	40,903,394.	END-OF-YEAR MARKET VALUE
(C) LIMITED PARTNERSHIPS	29,130,414.	END-OF-YEAR MARKET VALUE
(D) GLOBAL FIXED INCOME	27,139,363.	END-OF-YEAR MARKET VALUE
(E) REAL ASSETS	18,123,939.	END-OF-YEAR MARKET VALUE
(F) HEDGE FUNDS	6,615,260.	END-OF-YEAR MARKET VALUE
(G) INFRASTRUCTURE	9,573,858.	END-OF-YEAR MARKET VALUE
(H) CLOSELY HELD STOCK	1,956,000.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	166,394,443.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, 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	62,087,167.
(3) VALUE OF INCOME INTEREST IN TRUSTS	23,723,983.
(4) OTHER ASSETS	148,069.
(5) DEPOSITS	17,364.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	85,976,583.

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) OBLIGATIONS TO DONOR DESIGNATED FUNDS	31,935,368.
(3) FUTURE LIABILITIES PAYABLE UNDER CHARITABLE TRUST	
(4) AGREEMENTS	1,345,765.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	33,281,133.

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 ... X

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART X, LINE 2:
SBF AND ITS SUPPORTING ORGANIZATIONS AND AFFILIATES EVALUATE UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WERE CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2025, 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)*

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTMAKING		15,000.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		1,097,500.
SUB-SAHARA AFRICA	0	0	GRANTMAKING		10,000.
SOUTH ASIA	0	0	GRANTMAKING		1,132,524.
NORTH AMERICA (CANADA AND MEXICO)	0	0	INVESTMENTS		2,847,942.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		6,801,909.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		19,561,216.
3 a Subtotal	0	0			31,466,091.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			31,466,091.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 532071 04-01-25

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)
		SOUTH ASIA	EDUCATION AND YOUTH DEVELOPMENT	1132524.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PUBLIC AND SOCIETAL BENEFIT	800,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	FOOD SYSTEMS	225,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	EDUCATION AND YOUTH DEVELOPMENT	62,500.	WIRE	0.		
		NORTH AMERICA (CANADA AND MEXICO)	AGRICULTURAL PROGRAMS	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL ECONOMIC DEVELOPMENT	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	REHABILIATION SERVICES FOR OFFENDERS	10,000.	WIRE	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 7

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)*	[X] 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)*	[X] 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)*	[X] 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)*	[X] 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)*	[X] 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	[X] 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.

PART I, LINE 3:
THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR EXPENDITURES RELATED TO GRANTS AND OTHER ASSISTANCE. INVESTMENTS ARE VALUED AT FAIR MARKET VALUE.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [ ] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [ ] Solicitation of government grants
- **g** [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
JAMIE KNEE - 1521 E VALLEY RD UNIT B, MONTECITO, CA 93108	SERVICES FOR DIRECT MAIL, TELEPHONE, INTERNET, AND		X	241,179.	30,000.	211,179.
TAMARA BERNDT - 1229 MANITOU ROAD, SANTA BARBARA, CA	SERVICES FOR DIRECT MAIL, TELEPHONE, INTERNET, AND		X	126,356.	33,000.	93,356.
KELSEY MALONEY CONSULTING - 4430 CATLIN CIRCLE APT B,	GRANTWRITING SERVICES TO SOLICIT NONGOVERNMENTAL		X	125,789.	5,000.	120,789.
ALANA TILLIM - 4004 VIA LUCERO # 5, SANTA BARBARA, CA	GRANTWRITING SERVICES TO SOLICIT NONGOVERNMENTAL		X	59,215.	5,873.	53,342.
FITCH MARKETING & DESIGN - 5070 SANTA SUSANA AVE, SANTA	SERVICES FOR SPECIAL FUNDRAISING EVENTS		X	8,417.	7,500.	917.
DONALD A CAMPBELL & COMPANY INC. - 190 SOUTH LASALLE ST	DATA ANALYSIS FOR DIRECT MAIL, TELEPHONE, INTERNET,		X	0.	119,717.	-119,717.
MARICELA MORALES - 1537 PATRICIA ST, OXNARD, CA	SERVICES FOR DIRECT MAIL, TELEPHONE, INTERNET, AND		X	0.	23,333.	-23,333.
Total				560,956.	224,423.	336,533.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

SEE PART IV FOR CONTINUATIONS

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VEGAN DINNER	ART AUCTION	2	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	50,752.	25,402.	17,217.	93,371.
	2 Less: Contributions	43,282.	5,632.	8,417.	57,331.
	3 Gross income (line 1 minus line 2)	7,470.	19,770.	8,800.	36,040.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		3,500.		3,500.
	6 Rent/facility costs	2,697.		2,800.	5,497.
	7 Food and beverages	3,645.	983.		4,628.
	8 Entertainment				
	9 Other direct expenses	14,112.	3,395.	4,154.	21,661.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				35,286.
	11 Net income summary. Subtract line 10 from line 3, column (d)				754.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... 13a %

b An outside facility ..... 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: JAMIE KNEE
(I) ADDRESS OF FUNDRAISER: 1521 E VALLEY RD UNIT B, MONTECITO, CA 93108
(II) ACTIVITY: SERVICES FOR DIRECT MAIL, TELEPHONE, INTERNET, AND EMAIL SOL

(I) NAME OF FUNDRAISER: TAMARA BERNDT
(I) ADDRESS OF FUNDRAISER: 1229 MANITOU ROAD, SANTA BARBARA, CA 93101
(II) ACTIVITY: SERVICES FOR DIRECT MAIL, TELEPHONE, INTERNET, AND EMAIL SOL

(I) NAME OF FUNDRAISER: KELSEY MALONEY CONSULTING
(I) ADDRESS OF FUNDRAISER: 4430 CATLIN CIRCLE APT B, CARPENTERIA, CA 93013
(II) ACTIVITY: GRANTWRITING SERVICES TO SOLICIT NONGOVERNMENTAL GRANTS

(I) NAME OF FUNDRAISER: ALANA TILLIM
(I) ADDRESS OF FUNDRAISER: 4004 VIA LUCERO # 5, SANTA BARBARA, CA 93110
(II) ACTIVITY: GRANTWRITING SERVICES TO SOLICIT NONGOVERNMENTAL GRANTS

Part IV **Supplemental Information** *(continued)*

(I) NAME OF FUNDRAISER: FITCH MARKETING & DESIGN
(I) ADDRESS OF FUNDRAISER: 5070 SANTA SUSANA AVE, SANTA BARBARA, CA 93111

(I) NAME OF FUNDRAISER: DONALD A CAMPBELL & COMPANY INC.
(I) ADDRESS OF FUNDRAISER:
190 SOUTH LASALLE ST SUITE 2875, CHICAGO, IL 60603
(II) ACTIVITY: DATA ANALYSIS FOR DIRECT MAIL, TELEPHONE, INTERNET, AND EMAI

(I) NAME OF FUNDRAISER: MARICELA MORALES
(I) ADDRESS OF FUNDRAISER: 1537 PATRICIA ST, OXNARD, CA 93030
(II) ACTIVITY: SERVICES FOR DIRECT MAIL, TELEPHONE, INTERNET, AND EMAIL SOL

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RAINFOREST TRUST PO BOX 841 WARRENTON, VA 20188	13-3500609	501(C)(3)	10,000,000.	0.			ENVIRONMENT AND ANIMALS
JOHNS HOPKINS UNIVERSITY 550 BROADWAY, STE 914 BALTIMORE, MD 21205	52-0595110	501(C)(3)	7,395,005.	0.			EDUCATION AND YOUTH DEVELOPMENT
FOOD AND WATER WATCH 1616 P ST NW STE 300 WASHINGTON, DC 20036	32-0160439	501(C)(3)	4,300,000.	0.			ENVIRONMENT AND ANIMALS
THE LAND TRUST FOR SANTA BARBARA COUNTY - PO BOX 91830 - SANTA BARBARA, CA 93190-1830	95-3797404	501(C)(3)	4,091,500.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST # 1 SANTA BARBARA, CA 93101-1624	77-0496382	501(C)(3)	1,558,300.	0.			BEHAVIORAL HEALTH & HEALTH CARE
SCHOLARSHIP FOUNDATION OF SANTA BARBARA - PO BOX 3620 - SANTA BARBARA, CA 93130-3620	23-7087774	501(C)(3)	1,174,250.	0.			EDUCATION AND YOUTH DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 506.

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

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
SOCIALLY RESPONSIBLE AGRICULTURAL PROJECT INC - 1120 WASHINGTON AVE STE 200 - GOLDEN, CO 80401-1101	20-8688122	501(C)(3)	1,107,500.	0.			FOOD SYSTEMS
RESOURCE MEDIA 925 4TH AVE, 11TH FL SEATTLE, WA 98104-1157	82-0564961	501(C)(3)	1,100,000.	0.			PUBLIC AND SOCIETAL BENEFIT
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	1,079,275.	0.			FOOD SYSTEMS
UNDUE MEDICAL DEBT 2807 JACKSON AVE FL 5 LONG ISLAND CITY, NY 11101-3459	47-1442997	501(C)(3)	1,000,000.	0.			HUMAN SERVICES
FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FL WASHINGTON, DC 20005-5002	23-7420660	501(C)(3)	850,000.	0.			ENVIRONMENT AND ANIMALS
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 4219 CHEADLE HALL - SANTA BARBARA, CA 93106-2013	95-6006145	501(C)(3)	801,565.	0.			BEHAVIORAL HEALTH & HEALTH CARE
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101-1606	95-2319356	501(C)(3)	791,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
LEWIS AND CLARK LAW SCHOOL DEVELOPMENT OFFICE 10015 SW TERWILLIGER BLVD - PORTLAND, OR 97219-7762	93-0386858	501(C)(3)	770,800.	0.			EDUCATION AND YOUTH DEVELOPMENT
A GREENER WORLD PO BOX 115 TERREBONNE, OR 97760-0115	81-2116665	501(C)(3)	750,000.	0.			FOOD SYSTEMS

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
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL-USA - PO BOX 640 - PITTSBORO, NC 27312-0640	56-1704863	501(C)(3)	734,000.	0.			FOOD SYSTEMS
MERCY FOR ANIMALS 1150 CONRAD CT HAGERSTOWN, MD 21740-5905	54-2076145	501(C)(3)	700,000.	0.			ENVIRONMENT AND ANIMALS
MAHARISHI INTERNATIONAL UNIVERSITY 1000 N 4TH ST FAIRFIELD, IA 52556-5201	42-1315493	501(C)(3)	652,110.	0.			EDUCATION AND YOUTH DEVELOPMENT
AFRICA COLLEGE FUND 2004 RADIANCE CIR FAIRFIELD, IA 52556	45-2028199	501(C)(3)	650,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
DIGNITYMOVES 2406 BUSH ST SAN FRANCISCO, CA 94115-3106	87-1111468	501(C)(3)	590,000.	0.			HOUSING AND SHELTER
NORTH AMERICAN MARINE ALLIANCE 222 MAIN ST GLOUCESTER, MA 01930-6021	01-0516646	501(C)(3)	550,000.	0.			ENVIRONMENT AND ANIMALS
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD SANTA BARBARA, CA 93108-2899	95-1525814	501(C)(3)	501,420.	0.			ARTS, CULTURE, AND HUMANITIES
COMMUNITY FOUNDATION OF JACKSON HOLE - PO BOX 574 - JACKSON, WY 83001-0574	83-0308856	501(C)(3)	501,100.	0.			PUBLIC AND SOCIETAL BENEFIT
PROTECT OUR WATER JACKSON HOLE PO BOX 1014 WILSON, WY 83014-1014	46-5538680	501(C)(3)	500,000.	0.			ENVIRONMENT AND ANIMALS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA MUSEUM OF NATURAL HISTORY - 2559 PUESTA DEL SOL - SANTA BARBARA, CA 93105-2936	95-1643378	501(C)(3)	490,407.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102-0689	95-3802238	501(C)(3)	478,284.	0.			BEHAVIORAL HEALTH & HEALTH CARE
YALE UNIVERSITY OFFICE OF DEVELOPMENT PO BOX 803 NEW HAVEN, CT 06503-0803	06-0646973	501(C)(3)	402,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
LEXINGTON OBSERVER INC DBA LOCAL NEWS HUB - PO BOX 343 - LEXINGTON, MA 02420-0009	87-4640985	501(C)(3)	400,000.	0.			ARTS, CULTURE, AND HUMANITIES
UC SANTA BARBARA FOUNDATION DEVELOPMENT OFFICE 4219 CHEADLE HALL 4TH FL - SANTA BARBARA, CA 93106	23-7314834	501(C)(3)	365,937.	0.			EDUCATION AND YOUTH DEVELOPMENT
ASPCA PO BOX 96929 WASHINGTON, DC 20090-6929	13-1623829	501(C)(3)	350,000.	0.			ENVIRONMENT AND ANIMALS
CRANE SCHOOL 1795 SAN LEANDRO LN SANTA BARBARA, CA 93108-2699	95-1643315	501(C)(3)	345,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
COMPASSION IN WORLD FARMING 484 PALOS VERDES BLVD REDONDO BEACH, CA 90277-6514	46-1822635	501(C)(3)	330,000.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA MUSEUM OF ART 1130 STATE ST SANTA BARBARA, CA 93101-2746	95-1664122	501(C)(3)	326,508.	0.			ARTS, CULTURE, AND HUMANITIES

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
CONGREGATION B'NAI B'RITH CORPORATION - 1000 SAN ANTONIO CREEK RD - SANTA BARBARA, CA 93111-1310	95-6006585	501(C)(3)	325,270.	0.			HUMAN SERVICES
FUND FOR SANTA BARBARA, INC. PO BOX 90710 SANTA BARBARA, CA 93190-0710	77-0070742	501(C)(3)	324,750.	0.			PUBLIC AND SOCIETAL BENEFIT
ANIMAL EQUALITY 8581 SANTA MONICA BLVD, #350 SANTA MONICA, CA 90069-4120	47-2420444	501(C)(3)	320,000.	0.			ENVIRONMENT AND ANIMALS
ST. VINCENT'S 4200 CALLE REAL SANTA BARBARA, CA 93110-1454	95-1643367	501(C)(3)	305,000.	0.			CHILD CARE
WORLD ANIMAL PROTECTION 535 8TH AVE, FL 3 NEW YORK CITY, NY 10018-2552	04-2718182	501(C)(3)	300,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
GOVERNMENT ACCOUNTABILITY PROJECT, INC. - 1612 K ST NW STE 808 - WASHINGTON, DC 20006-2809	52-1343924	501(C)(3)	300,000.	0.			PUBLIC AND SOCIETAL BENEFIT
INSIDE CLIMATE NEWS 26 CT ST, STE 1617 BROOKLYN, NY 11242	56-2451141	501(C)(3)	300,000.	0.			ENVIRONMENT AND ANIMALS
CANCER FOUNDATION OF SANTA BARBARA 601 W JUNIPERO ST SANTA BARBARA, CA 93105-4213	95-2158727	501(C)(3)	295,750.	0.			BEHAVIORAL HEALTH & HEALTH CARE
SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA ST, STE 203 - SANTA BARBARA, CA 93101-8820	77-0073674	501(C)(3)	289,267.	0.			ARTS, CULTURE, AND HUMANITIES

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
LOBERO THEATRE FOUNDATION 33 E CANON PERDIDO ST SANTA BARBARA, CA 93101-2246	95-1831068	501(C)(3)	287,139.	0.			ARTS, CULTURE, AND HUMANITIES
THE HUMANE LEAGUE PO BOX 10476 ROCKVILLLE, MD 20849-0476	04-3817491	501(C)(3)	275,000.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA ZOOLOGICAL FOUNDATION - 500 NINOS DR SANTA BARBARA ZOO - SANTA BARBARA, CA 93103-3759	95-2268554	501(C)(3)	257,325.	0.			ENVIRONMENT AND ANIMALS
THE BARACK OBAMA FOUNDATION PO BOX 779056 CHICAGO, IL 60677-9056	46-4950751	501(C)(3)	252,100.	0.			ARTS, CULTURE, AND HUMANITIES
FARM SANCTUARY INC PO BOX 150 WATKINS GLEN, NY 14891-0150	51-0292919	501(C)(3)	250,000.	0.			ENVIRONMENT AND ANIMALS
INSTITUTE FOR AGRICULTURE AND TRADE POLICY - 1700 2ND ST NE #200 - MINNEAPOLIS, MN 55413-1139	36-3501938	501(C)(3)	250,000.	0.			ENVIRONMENT AND ANIMALS
STORYTELLER CHILDREN'S CENTER, INC. - 2020 ALAMEDA PADRE SERRA STE 223 - SANTA BARBARA, CA 93103-1761	77-0283072	501(C)(3)	249,080.	0.			CHILD CARE
PEAC FOUNDATION 26 W MICHELTORENA ST SANTA BARBARA, CA 93101-2510	93-3112428	501(C)(3)	245,849.	0.			EDUCATION AND YOUTH DEVELOPMENT
AFRICA NETWORK FOR ANIMAL WELFARE 1031 33RD ST STE 174 DENVER, CO 80205-2764	42-1722891	501(C)(3)	245,000.	0.			ENVIRONMENT AND ANIMALS

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

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GANNA WALSKA LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 93108-1059	23-7082550	501(C)(3)	228,070.	0.			ENVIRONMENT AND ANIMALS
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117-3265	95-1831116	501(C)(3)	221,442.	0.			DISASTER RELIEF
FAMILY SERVICE AGENCY 123 WEST GUTIERREZ ST SANTA BARBARA, CA 93101-3424	95-3144808	501(C)(3)	216,100.	0.			HUMAN SERVICES
AMERICAN CHEMICAL SOCIETY 1155 SIXTEENTH ST, NW WASHINGTON, DC 20036-4892	53-0196572	501(C)(3)	212,000.	0.			PUBLIC AND SOCIETAL BENEFIT
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 94111-4608	94-1730465	501(C)(3)	200,000.	0.			ENVIRONMENT AND ANIMALS
RAAM RAJ FOUNDATION PO BOX 2092 1900 CAPITAL BLVD FAIRFIELD, IA 52556	46-3205733	501(C)(3)	200,000.	0.			HUMAN SERVICES
GIRLS INCORPORATED OF CARPINTERIA 5315 FOOTHILL RD CARPINTERIA, CA 93013-3099	23-7430292	501(C)(3)	184,233.	0.			EDUCATION AND YOUTH DEVELOPMENT
CALM INC. 1236 CHAPALA ST SANTA BARBARA, CA 93101-3116	23-7097910	501(C)(3)	183,450.	0.			HUMAN SERVICES
SANTA BARBARA BOTANIC GARDEN, INC. 1212 MISSION CANYON RD SANTA BARBARA, CA 93105-2199	95-1644628	501(C)(3)	182,053.	0.			ENVIRONMENT AND ANIMALS

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MISSION SCHOLARS 133 E DE LA GUERRA #366 SANTA BARBARA, CA 93101-2228	99-1559774	501(C)(3)	176,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
MISSOURI RURAL CRISIS CENTER PO BOX 580710 MINNEAPOLIS, MN 55458-0710	43-1432033	501(C)(3)	175,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH ST SANTA BARBARA, CA 93105-4321	95-1684086	501(C)(3)	173,750.	0.			BEHAVIORAL HEALTH & HEALTH CARE
LAGUNA BLANCA SCHOOL 4125 PALOMA DR SANTA BARBARA, CA 93110-2146	95-1641448	501(C)(3)	172,750.	0.			EDUCATION AND YOUTH DEVELOPMENT
CALIFORNIA MARINE SANCTUARY FOUNDATION - PO BOX 8346 - SANTA CRUZ, CA 95061-8346	94-3225675	501(C)(3)	170,000.	0.			ENVIRONMENT AND ANIMALS
COMMUNITY ENVIRONMENTAL COUNCIL PO BOX 90660 SANTA BARBARA, CA 93190-0660	94-1728064	501(C)(3)	161,350.	0.			ENVIRONMENT AND ANIMALS
RE:WILD PO BOX 129 AUSTIN, TX 78767	26-2887967	501(C)(3)	160,000.	0.			ENVIRONMENT AND ANIMALS
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT - 2001 FOREST AVE - DES MOINES, IA 50311-3229	42-1110721	501(C)(3)	150,000.	0.			PUBLIC AND SOCIETAL BENEFIT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - HARVARD LAW SCHOOL DONOR SERVICES PO BOX 41280 - BOSTON, MA 02241-2840	04-2103580	501(C)(3)	150,000.	0.			EDUCATION AND YOUTH DEVELOPMENT

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SUSTAINABLE AGRICULTURE AND FOOD SYSTEMS FUNDERS - 133 EAST DE LA GUERRA #306 - SANTA BARBARA, CA 93101	83-2593081	501(C)(3)	150,000.	0.			FOOD SYSTEMS
TRANSITION HOUSE 425 E COTA ST SANTA BARBARA, CA 93101-1623	77-0099755	501(C)(3)	145,842.	0.			HOUSING AND SHELTER
HOSPICE OF SANTA BARBARA INC. 2050 ALAMEDA PADRE SERRA, STE 100 SANTA BARBARA, CA 93103-1704	23-7448586	501(C)(3)	144,700.	0.			BEHAVIORAL HEALTH & HEALTH CARE
LEADING FROM WITHIN PO BOX 806 SANTA BARBARA, CA 93102-0806	68-0365504	501(C)(3)	142,063.	0.			EDUCATION AND YOUTH DEVELOPMENT
STATE STREET BALLET 2285 LAS POSITAS RD SANTA BARBARA, CA 93105-4116	86-0717486	501(C)(3)	140,900.	0.			ARTS, CULTURE, AND HUMANITIES
805 UNDOCUFUND PO BOX 1154 LOMPOC, CA 93438-1154	86-2230353	501(C)(3)	138,330.	0.			HUMAN SERVICES
ORGANIC SOUP KITCHEN 315 MEIGS RD STE A #369 SANTA BARBARA, CA 93109-1900	27-1081432	501(C)(3)	137,500.	0.			FOOD SYSTEMS
SANTA BARBARA PUBLIC LIBRARY PO BOX 1019 SANTA BARBARA, CA 93102-1019	46-0750188	SANTA BARBARA	133,500.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA BOWL FOUNDATION 1122 N MILPAS ST SANTA BARBARA, CA 93103-2336	95-3618955	501(C)(3)	126,000.	0.			ARTS, CULTURE, AND HUMANITIES

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VNA HEALTH FOUNDATION 509 E MONTECITO ST STE 200 SANTA BARBARA, CA 93103-3293	77-0342043	501(C)(3)	124,450.	0.			BEHAVIORAL HEALTH & HEALTH CARE
COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA - 2060 ALAMEDA PADRE SERRA, STE 201 - SANTA BARBARA, CA 93103-1713	95-1816010	501(C)(3)	124,195.	0.			ARTS, CULTURE, AND HUMANITIES
CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST STE 100 CARPINTERIA, CA 93013-2496	81-1407122	501(C)(3)	120,751.	0.			CHILD CARE
THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DR - SANTA BARBARA, CA 93109-2394	95-3234551	501(C)(3)	118,542.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA COUNTY IMMIGRANT LEGAL DEFENSE CENTER - 1136 E MONTECITO ST - SANTA BARBARA, CA 93103-2635	32-0549576	501(C)(3)	113,512.	0.			HUMAN SERVICES
SANTA BARBARA OPERA ASSOCIATION 1330 STATE ST STE 209 SANTA BARBARA, CA 93101-2681	77-0347413	501(C)(3)	109,791.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MIDDLE SCHOOL 1321 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103-1809	95-3134383	501(C)(3)	109,750.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA EDUCATION FOUNDATION 1528 CHAPALA ST STE 308 SANTA BARBARA, CA 93101-8821	77-0071544	501(C)(3)	107,750.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA MEALS ON WHEELS PO BOX 6099 SANTA BARBARA, CA 93160-6099	51-0139577	501(C)(3)	100,500.	0.			FOOD SYSTEMS

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GOOD SAMARITAN SHELTER, INC. PO BOX 5908 SANTA MARIA, CA 93456-5908	77-0133375	501(C)(3)	100,500.	0.			DISASTER RELIEF
REGENERATIVE AGRICULTURE ALLIANCE 301 DIVISION ST S NORTHFIELD, MN 55057	83-2083500	501(C)(3)	100,000.	0.			ENVIRONMENT AND ANIMALS
ST. JAMES EPISCOPAL CHURCH 208 CAMINO DE SANTIAGO TAOS, NM 87571-4306	85-0122245	501(C)(3)	100,000.	0.			PUBLIC AND SOCIETAL BENEFIT
GRIST MAGAZINE, INC. PO BOX 12710 SEATTLE, WA 98111	06-1664153	501(C)(3)	100,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA HUMANE SOCIETY 5399 OVERPASS RD SANTA BARBARA, CA 93111-2093	95-1643377	501(C)(3)	99,364.	0.			ENVIRONMENT AND ANIMALS
ENSEMBLE THEATRE COMPANY PO BOX 2307 SANTA BARBARA, CA 93120-2307	95-3408200	501(C)(3)	97,000.	0.			ARTS, CULTURE, AND HUMANITIES
CALIFORNIA COMMUNITY FOUNDATION 717 W TEMPLE ST FL 1 LOS ANGELES, CA 90012-3758	95-3510055	501(C)(3)	96,000.	0.			PUBLIC AND SOCIETAL BENEFIT
MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY - 617 GARDEN ST - SANTA BARBARA, CA 93101-1625	95-1962659	501(C)(3)	94,842.	0.			BEHAVIORAL HEALTH & HEALTH CARE
COMMUNIFY 602 ANACAPA ST SANTA BARBARA, CA 93101-1615	95-2491790	501(C)(3)	93,420.	0.			BEHAVIORAL HEALTH & HEALTH CARE

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FREEDOM SERVICE DOGS 7193 S DILLON CT ENGLEWOOD, CO 80112-4372	84-1068936	501(C)(3)	90,000.	0.			HUMAN SERVICES
LEAP: LEARN. ENGAGE. ADVOCATE. PARTNER. - PO BOX 1332 - GOLETA, CA 93116-1332	95-3007419	501(C)(3)	89,160.	0.			CHILD CARE
OJAI VALLEY SCHOOL 723 EL PASEO RD OJAI, CA 93023-2498	95-1661099	501(C)(3)	88,915.	0.			EDUCATION AND YOUTH DEVELOPMENT
NATIONAL FEDERATION OF THE BLIND INC. - 200 E WELLS ST - BALTIMORE, MD 21230-4998	02-0259978	501(C)(3)	86,370.	0.			BEHAVIORAL HEALTH & HEALTH CARE
CHILDREN AND FAMILY RESOURCE SERVICES - 3970 LA COLINA RD #2 - SANTA BARBARA, CA 93110-4502	82-4121880	501(C)(3)	85,500.	0.			DISASTER RELIEF
WINDWARD FUND 1828 L ST NW, STE 300-C WASHINGTON, DC 20036	47-3522162	501(C)(3)	85,000.	0.			PUBLIC AND SOCIETAL BENEFIT
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST SANTA BARBARA, CA 93101-1415	77-0061994	501(C)(3)	82,207.	0.			ENVIRONMENT AND ANIMALS
UNITED BOYS & GIRLS CLUBS OF GREATER SANTA BARBARA COUNTY - PO BOX 1485 - SANTA BARBARA, CA 93102-1485	23-7087814	501(C)(3)	80,771.	0.			EDUCATION AND YOUTH DEVELOPMENT
CARPINTERIA BOYS AND GIRLS CLUB FOUNDATION INC. - 4849 FOOTHILL RD - CARPINTERIA, CA 93013-3098	95-2485302	501(C)(3)	80,000.	0.			HUMAN SERVICES

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SANTA YNEZ VALLEY FRUIT AND VEGETABLE RESCUE - PO BOX 1651 - SANTA YNEZ, CA 93460-1651	45-1797788	501(C)(3)	78,825.	0.			FOOD SYSTEMS
COURT APPOINTED SPECIAL ADVOCATES OF SANTA BARBARA COUNTY - 2125 S BROADWAY STE 106 - SANTA MARIA, CA 93454-7835	33-0662734	501(C)(3)	78,500.	0.			PUBLIC AND SOCIETAL BENEFIT
CALIFORNIA LUTHERAN UNIVERSITY 60 W OLSEN RD THOUSAND OAKS, CA 91360-2787	95-2962604	501(C)(3)	77,635.	0.			EDUCATION AND YOUTH DEVELOPMENT
FARMERS UNION FOUNDATION 24649 230TH ST, WABASSO, MN 56293	41-6041830	501(C)(3)	75,000.	0.			FOOD SYSTEMS
IOWA TRANS MUTUAL AID FUND PO BOX 4845 DES MOINES, IA 50305	99-1813384	501(C)(3)	75,000.	0.			HUMAN SERVICES
MIGHTY EARTH 1701 RHODE ISLAND AVE NW #03-123 WASHINGTON, DC 20036	84-4785944	501(C)(3)	75,000.	0.			ENVIRONMENT AND ANIMALS
FRIENDSHIP CENTER ADULT DAY SERVICES - 89 EUCALYPTUS LN - SANTA BARBARA, CA 93108-2901	95-3398938	501(C)(3)	74,200.	0.			BEHAVIORAL HEALTH & HEALTH CARE
FREEDOM 4 YOUTH 187 S PATTERSON AVE, STE A SANTA BARBARA, CA 93111-2075	27-4437945	501(C)(3)	74,000.	0.			DISASTER RELIEF
SANTA BARBARA CENTER FOR THE PERFORMING ARTS, INC. - 1214 STATE ST, 6TH FL - SANTA BARBARA, CA 93101-2608	95-3847102	501(C)(3)	70,400.	0.			ARTS, CULTURE, AND HUMANITIES

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MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT - PO BOX 388 - OXNARD, CA 93032-0388	30-0045901	501(C)(3)	70,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
PROTESTANT EPISCOPAL CHURCH IN THE UNITED STATES OF AMERICAN - 815 2ND AVE - NEW YORK, NY 100174503	31-1629166	501(C)(3)	69,750.	0.			PUBLIC AND SOCIETAL BENEFIT
THE PACIFIC PRIDE FOUNDATION, INC. 608 ANACAPA ST STE A SANTA BARBARA, CA 93101-1615	95-3133613	501(C)(3)	68,300.	0.			BEHAVIORAL HEALTH & HEALTH CARE
GIRLS INCORPORATED OF GREATER SANTA BARBARA - PO BOX 236 - SANTA BARBARA, CA 93102-0236	95-6006417	501(C)(3)	68,172.	0.			EDUCATION AND YOUTH DEVELOPMENT
WILDERNESS YOUTH PROJECT INCORPORATED - 2040 ALAMEDA PADRE SERRA STE 224 - SANTA BARBARA, CA 93103-1760	77-0526117	501(C)(3)	65,305.	0.			EDUCATION AND YOUTH DEVELOPMENT
CAMERATA PACIFICA 333 S. SALINAS ST SANTA BARBARA, CA 93103-2962	33-0104649	501(C)(3)	65,000.	0.			ARTS, CULTURE, AND HUMANITIES
CHANNEL ISLANDS YMCA OFFICE 1180 EUGENIA PL STE 104 CARPINTERIA, CA 93013-2000	95-1643379	501(C)(3)	64,175.	0.			CHILD CARE
MOXI, THE WOLF MUSEUM OF EXPLORATION + INNOVATION - 125 STATE ST - SANTA BARBARA, CA 93101-3529	77-0252722	501(C)(3)	64,050.	0.			ARTS, CULTURE, AND HUMANITIES
WHITE BUFFALO LAND TRUST PO BOX 5100 SANTA BARBARA, CA 93150-5100	82-4562776	501(C)(3)	62,750.	0.			ENVIRONMENT AND ANIMALS

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STANFORD UNIVERSITY DEVELOPMENT SERVICES PO BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	61,900.	0.			EDUCATION AND YOUTH DEVELOPMENT
COMMUNITY PARTNERS 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012-1804	95-4302067	501(C)(3)	60,600.	0.			BEHAVIORAL HEALTH & HEALTH CARE
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 50311	42-0680460	501(C)(3)	60,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
EVERY DAY ACTION INC PO BOX 5591 NORTH HOLLYWOOD, CA 91616-5591	85-1609710	501(C)(3)	60,000.	0.			HUMAN SERVICES
SB ACT PO BOX 217 SANTA BARBARA, CA 93102-0217	46-2832064	501(C)(3)	58,000.	0.			DISASTER RELIEF
C.A.R.E.4PAWS PO BOX 60524 SANTA BARBARA, CA 93160-0524	27-0207473	501(C)(3)	57,500.	0.			ENVIRONMENT AND ANIMALS
LOMPOC THEATRE PROJECT CORPORATION 740 N H ST # 238 LOMPOC, CA 93436-4521	46-1337106	501(C)(3)	57,500.	0.			ARTS, CULTURE, AND HUMANITIES
NEW BEGINNINGS COUNSELING CENTER 530 E MONTECITO ST STE 101 SANTA BARBARA, CA 93103-3252	77-0556795	501(C)(3)	57,300.	0.			HUMAN SERVICES
OPENMINDS FOUNDATION 1919 STATE ST STE 303 SANTA BARBARA, CA 93101-8444	88-4179016	501(C)(3)	57,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE

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UNITED WAY OF SANTA BARBARA COUNTY, INC. - 320 E GUTIERREZ ST - SANTA BARBARA, CA 93101-1736	95-1641968	501(C)(3)	56,574.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA WILDLIFE CARE NETWORK, INC. - PO BOX 6594 - SANTA BARBARA, CA 93160-6594	77-0201505	501(C)(3)	56,500.	0.			ENVIRONMENT AND ANIMALS
UNITY SHOPPE, INC. 1209 STATE ST SANTA BARBARA, CA 93101-2607	77-0391064	501(C)(3)	56,400.	0.			HUMAN SERVICES
ALL SAINTS BY THE SEA EPISCOPAL CHURCH - 83 EUCALYPTUS LN - SANTA BARBARA, CA 93108-2901	13-5562208	501(C)(3)	55,600.	0.			PUBLIC AND SOCIETAL BENEFIT
STANDING TOGETHER TO END SEXUAL ASSAULT - 433 E CANON PERDIDO ST - SANTA BARBARA, CA 93101-1519	95-2929455	501(C)(3)	55,500.	0.			BEHAVIORAL HEALTH & HEALTH CARE
LOS PADRES FOREST WATCH, INC. PO BOX 831 SANTA BARBARA, CA 93102-0831	20-1531390	501(C)(3)	53,750.	0.			ENVIRONMENT AND ANIMALS
CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES - 1722 S LEWIS RD - CAMARILLO, CA 93012-8520	77-0195022	501(C)(3)	52,500.	0.			BEHAVIORAL HEALTH & HEALTH CARE
CALIFORNIA TROUT 435 PACIFIC AVE, STE 200 SAN FRANCISCO, CA 94133-4664	23-7097680	501(C)(3)	51,000.	0.			ENVIRONMENT AND ANIMALS
HILLSIDE HOUSE 1235 VERONICA SPRINGS RD SANTA BARBARA, CA 93105-4535	95-1816019	501(C)(3)	50,948.	0.			HUMAN SERVICES

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SANTA BARBARA CHANNELKEEPER 714 BOND AVE SANTA BARBARA, CA 93103-3131	91-2151460	501(C)(3)	50,450.	0.			ENVIRONMENT AND ANIMALS
ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD STE 510 NEWPORT BEACH, CA 92660-2503	33-0378778	501(C)(3)	50,238.	0.			PUBLIC AND SOCIETAL BENEFIT
MPTF CORP 23388 MULHOLLAND DR #220 WOODLAND HILLS, CA 91364-2733	95-4597683	501(C)(3)	50,000.	0.			HUMAN SERVICES
BOB WOODRUFF FOUNDATION 4628 VERNON BLVD, #531 LONG ISLAND CITY, NY 11101-5352	26-1441650	501(C)(3)	50,000.	0.			PUBLIC AND SOCIETAL BENEFIT
COTTAGE REHABILITATION HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102-0689	26-0433816	501(C)(3)	50,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
LA FAMILY HOUSING 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605-2523	95-3920560	501(C)(3)	50,000.	0.			HOUSING AND SHELTER
MIDWEST CENTER FOR INVESTIGATIVE REPORTING INC - 701 DEVONSHIRE DR STE C33 - CHAMPAIGN, IL 61820-7358	27-1652830	501(C)(3)	50,000.	0.			PUBLIC AND SOCIETAL BENEFIT
ANTI-DEFAMATION LEAGUE NATIONAL OFFICE - DEVELOPMENT 605 3RD AVE, 10TH FL - NEW YORK, NY 10158-1300	13-1818723	501(C)(3)	50,000.	0.			PUBLIC AND SOCIETAL BENEFIT
MINNEAPOLIS FOUNDATION 800 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	41-6029402	501(C)(3)	50,000.	0.			PUBLIC AND SOCIETAL BENEFIT

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NEO PHILANTHROPY 1001 AVE OF THE AMERICAS, FL 12 NEW YORK CITY, NY 10018-5460	13-3191113	501(C)(3)	50,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SPECIAL OPERATIONS FUND 901 N. STUART ST, STE 1200 ARLINGTON, VA 22203	52-1765222	501(C)(3)	50,000.	0.			HUMAN SERVICES
VIRGINIA TECH FOUNDATION 902 PRICES FORK RD BLACKSBURG, VA 24061	54-0721690	501(C)(3)	50,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
PROTESTANT EPISCOPAL CHURCH IN THE DIOCESE OF LOS ANGELES - 840 ECHO PARK AVE - LOS ANGELES, CA 90026	95-1684078	501(C)(3)	50,000.	0.			HUMAN SERVICES
RURAL COMMUNITY WORKERS ALLIANCE 60731 HWY M GREEN CITY, MO 63545	61-1718871	501(C)(3)	50,000.	0.			WORKFORCE DEVELOPMENT
HABITAT FOR HUMANITY OF SOUTHERN SANTA BARBARA COUNTY - PO BOX 176 - GOLETA, CA 93116-0176	77-0534156	501(C)(3)	49,500.	0.			HOUSING AND SHELTER
CHANNEL ISLANDS RESTORATION PO BOX 40228 SANTA BARBARA, CA 93140-0228	61-1463876	501(C)(3)	49,500.	0.			ENVIRONMENT AND ANIMALS
COUNCIL ON ALCOHOLISM & DRUG ABUSE PO BOX 28 SANTA BARBARA, CA 93102-0028	95-1878858	501(C)(3)	49,200.	0.			BEHAVIORAL HEALTH & HEALTH CARE
OUT OF THE BOX THEATRE COMPANY 5910 BERKELEY RD GOLETA, CA 93117-2147	46-1023027	501(C)(3)	46,500.	0.			ARTS, CULTURE, AND HUMANITIES

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FIGHTING BACK SANTA MARIA VALLEY PO BOX 184 SANTA MARIA, CA 93456-0184	65-1234981	501(C)(3)	45,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
SANCTUARY CENTERS OF SANTA BARBARA, INC. - PO BOX 551 - SANTA BARBARA, CA 93102-0551	95-3066786	501(C)(3)	45,000.	0.			DISASTER RELIEF
SCIENCE HISTORY INSTITUTE 35 CHESTNUT ST PHILADELPHIA, PA 19106	22-2817365	501(C)(3)	45,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
TENNIS PATRONS ASSOCIATION OF SANTA BARBARA, INC. - PO BOX 3886 - SANTA BARBARA, CA 93130-3886	23-7203732	501(C)(3)	43,924.	0.			HUMAN SERVICES
CASA DEL HERRERO PO BOX 5612 SANTA BARBARA, CA 93150-5612	77-0340301	501(C)(3)	42,500.	0.			PUBLIC AND SOCIETAL BENEFIT
FOOD FROM THE HEART PO BOX 3908 SANTA BARBARA, CA 93130-3908	56-2334859	501(C)(3)	42,500.	0.			HUMAN SERVICES
MONTECITO RETIREMENT ASSOCIATION 300 HOT SPRINGS RD SANTA BARBARA, CA 93108-2037	23-7425754	501(C)(3)	41,000.	0.			HUMAN SERVICES
SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION - 1330 STATE ST STE 102 - SANTA BARBARA, CA 93101-2680	95-2104089	501(C)(3)	41,000.	0.			ARTS, CULTURE, AND HUMANITIES
PBS SOCAL 3080 BRISTOL ST, STE 100 COSTA MESA, CA 92626-3060	95-3220724	501(C)(3)	40,725.	0.			ARTS, CULTURE, AND HUMANITIES

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SANTA MARIA VALLEY YMCA 3400 SKYWAY DR SANTA MARIA, CA 93455-2504	95-2158363	501(C)(3)	40,500.	0.			CHILD CARE
AHA! ATTITUDE. HARMONY. ACHIEVEMENT. - 923 OLIVE ST, STE 5 - SANTA BARBARA, CA 93101-1447	20-4418873	501(C)(3)	40,239.	0.			BEHAVIORAL HEALTH & HEALTH CARE
ADVANCING GIRLS' EDUCATION IN AFRICA - 1763 COLUMBIA RD NW, STE 175, PMB 925846 - WASHINGTON, DC 20009	27-0143166	501(C)(3)	40,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
CALIFORNIA RURAL LEGAL ASSISTANCE ATTN: DEVELOPMENT 1020 15TH ST, STE MODESTO, CA 95354-1132	95-2428657	501(C)(3)	40,000.	0.			DISASTER RELIEF
SILVER LAKE FOUNDATION PO BOX 1522 MAMMOTH LAKES, CA 93546-1522	46-1667221	501(C)(3)	40,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
THE OCEAN FOUNDATION 1320 19TH ST NW, STE 401 WASHINGTON, DC 20036-1635	71-0863908	501(C)(3)	40,000.	0.			ENVIRONMENT AND ANIMALS
UNITED STATES CATHOLIC CONFERENCE 3211 4TH ST NE WASHINGTON, DC 20017-1104	53-0196617	501(C)(3)	40,000.	0.			PUBLIC AND SOCIETAL BENEFIT
WESTMONT COLLEGE OFFICE OF ADVANCEMENT 955 LA PAZ RD SANTA BARBARA, CA 93108-1099	95-1684793	501(C)(3)	40,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
PEOPLE ASSISTING THE HOMELESS 816 CACIQUE ST SANTA BARBARA, CA 93103-3622	95-3950196	501(C)(3)	39,500.	0.			HOUSING AND SHELTER

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SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 93103-3254	95-6134271	501(C)(3)	38,226.	0.			HOUSING AND SHELTER
WOMEN'S FUND OF SANTA BARBARA 133 E DE LA GUERRA ST, # 15 SANTA BARBARA, CA 93101-2228	82-5169678	501(C)(3)	38,200.	0.			PUBLIC AND SOCIETAL BENEFIT
PARTNERS IN HOUSING SOLUTIONS 2605 S MILLER ST STE 103 SANTA MARIA, CA 93455-1774	83-1183210	501(C)(3)	38,000.	0.			HOUSING AND SHELTER
CARPINTERIA EDUCATION FOUNDATION, INC. - 5315 FOOTHILL RD - CARPINTERIA, CA 93013-3099	77-0354256	501(C)(3)	38,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
THE UCLA FOUNDATION 10889 WILSHIRE BLVD, STE 1500 LOS ANGELES, CA 90024-4200	95-2250801	501(C)(3)	37,450.	0.			EDUCATION AND YOUTH DEVELOPMENT
CALIFORNIA POLYTECHNIC STATE UNIVERSITY - 1 GRAND AVE - SAN LUIS OBISPO, CA 93407-0001	20-4927897	501(C)(3)	37,142.	0.			EDUCATION AND YOUTH DEVELOPMENT
BREAST CANCER RESOURCE CENTER OF SANTA BARBARA - 55 HITCHCOCK WAY STE 101 - SANTA BARBARA, CA 93105-3149	91-1790842	501(C)(3)	37,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
UNIVERSITY OF SOUTHERN CALIFORNIA 1149 S HILL STREET, STE H-100 LOS ANGELES, CA 90015	95-1642394	501(C)(3)	36,775.	0.			EDUCATION AND YOUTH DEVELOPMENT
DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE - 220 W CANON PERDIDO ST STE 3 - SANTA BARBARA, CA 93101-3725	33-1210731	501(C)(3)	36,750.	0.			BEHAVIORAL HEALTH & HEALTH CARE

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AFRICAN WOMEN RISING 801 COLD SPRINGS RD SANTA BARBARA, CA 93108-1016	26-0140533	501(C)(3)	36,500.	0.			HUMAN SERVICES
BURNON, INC. 1006 E MAIN ST VENTURA, CA 93001-0048	77-0495901	501(C)(3)	36,500.	0.			ARTS, CULTURE, AND HUMANITIES
MENTAL HEALTH & AUTISM INSURANCE PROJECT - 3527 MT DIABLO BLVD, STE 260 - LAFAYETTE, CA 94549	27-1503691	501(C)(3)	36,200.	0.			BEHAVIORAL HEALTH & HEALTH CARE
GATEWAY EDUCATIONAL SERVICES PO BOX 6333 SANTA BARBARA, CA 93160-6333	90-0594912	501(C)(3)	36,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
UNITY CHURCH OF SANTA BARBARA 227 E ARRELLAGA ST SANTA BARBARA, CA 93101-1978	95-1866097	501(C)(3)	35,500.	0.			PUBLIC AND SOCIETAL BENEFIT
ONE805 INC. 2000 STATE ST SANTA BARBARA, CA 93105-3554	83-2571437	501(C)(3)	35,000.	0.			DISASTER RELIEF
THE NEW YORK SHAKESPEARE FESTIVAL D.B.A. THE PUBLIC THEATER - 425 LAFAYETTE ST - NEW YORK, NY 10003-7021	13-1844852	501(C)(3)	35,000.	0.			ARTS, CULTURE, AND HUMANITIES
THACHER SCHOOL, INC. DEVELOPMENT OFFICE 5025 THACHER RD OJAI, CA 93023-9001	95-1642398	501(C)(3)	35,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DR, SIXTH FL RESTON, VA 20191-1554	23-7042029	501(C)(3)	35,000.	0.			EDUCATION AND YOUTH DEVELOPMENT

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OJAI FESTIVALS LTD. PO BOX 185 OJAI, CA 93024-0185	95-2122508	501(C)(3)	35,000.	0.			ARTS, CULTURE, AND HUMANITIES
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DR SACRAMENTO, CA 95833	68-0118991	501(C)(3)	35,000.	0.			DISASTER RELIEF
ROUTE ONE FARMERS MARKET 168 INVERNESS AVE LOMPOC, CA 93436-1353	84-4018801	501(C)(3)	34,500.	0.			DISASTER RELIEF
HEAL THE OCEAN PO BOX 90106 SANTA BARBARA, CA 93190-0106	77-0565183	501(C)(3)	34,500.	0.			ENVIRONMENT AND ANIMALS
THERAPY DOGS OF SANTA BARBARA PO BOX 3534 SANTA BARBARA, CA 93130-3534	47-0879588	501(C)(3)	34,300.	0.			ENVIRONMENT AND ANIMALS
SARAH HOUSE SANTA BARBARA 2612 MODOC RD SANTA BARBARA, CA 93105-4171	77-0224415	501(C)(3)	33,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
GOLETA EDUCATION FOUNDATION PO BOX 1177 GOLETA, CA 93116-1177	77-0223008	501(C)(3)	33,000.	0.			CHILD CARE
SHOWERS OF BLESSING SANTA BARBARA 432 S SAN MARCOS RD SANTA BARBARA, CA 93111-2726	85-4194019	501(C)(3)	32,900.	0.			BEHAVIORAL HEALTH & HEALTH CARE
NATURE CONSERVANCY, INC. 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203-1650	53-0242652	501(C)(3)	32,600.	0.			ENVIRONMENT AND ANIMALS

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THE SALVATION ARMY SOUTHERN CALIFORNIA DIVISIONAL HEADQUARTERS 16941 KEEGAN AVE - CARSON, CA 90	94-1156347	501(C)(3)	32,060.	0.			HOUSING AND SHELTER
QUAIL SPRINGS 35070 HWY 33 MARICOPA, CA 93252	38-3692928	501(C)(3)	31,489.	0.			ENVIRONMENT AND ANIMALS
EASY LIFT TRANSPORTATION, INC. 1522 COOK PL BLDG 333 GOLETA, CA 93117-3124	95-3642272	501(C)(3)	31,279.	0.			HUMAN SERVICES
THE SAN MARCOS HIGH SCHOOL ROYAL PRIDE FOUNDATION - 4750 HOLLISTER AVE - SANTA BARBARA, CA 93110-1998	46-1787939	501(C)(3)	31,250.	0.			EDUCATION AND YOUTH DEVELOPMENT
ALLAN HANCOCK COLLEGE FOUNDATION 800 S COLLEGE SANTA MARIA, CA 93454-6368	95-3143396	501(C)(3)	31,090.	0.			CHILD CARE
AMERICAN INDIAN HEALTH & SERVICES CORP. - 4141 STATE ST STE B-11 - SANTA BARBARA, CA 93110-1898	77-0398793	501(C)(3)	31,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
LEGAL AID FOUNDATION OF SANTA BARBARA COUNTY - 301 E CANON PERDIDO ST - SANTA BARBARA, CA 93101-1517	95-2112634	501(C)(3)	31,000.	0.			HUMAN SERVICES
RUNNERS FOR PUBLIC LANDS 1680 SANTA YNEZ ST VENTURA, CA 93001	83-3209615	501(C)(3)	31,000.	0.			ENVIRONMENT AND ANIMALS
MARIAN REGIONAL MEDICAL CENTER FOUNDATION - 1400 E CHURCH ST - SANTA MARIA, CA 93454-5906	95-3818027	501(C)(3)	30,500.	0.			BEHAVIORAL HEALTH & HEALTH CARE

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PEOPLE'S SELF-HELP HOUSING CORPORATION - 26 E VICTORIA ST - SANTA BARBARA, CA 93101-2606	95-2750154	501(C)(3)	30,075.	0.			HOUSING AND SHELTER
SAVIE HEALTH 1111 E. OCEAN AVE #2 LOMPOC, CA 93436-2500	86-1668790	501(C)(3)	30,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
SANTA BARBARA COUNTY EDUCATION OFFICE - PO BOX 6307 - SANTA BARBARA, CA 93160-6307	95-6000940	501(C)(3)	30,000.	0.			CHILD CARE
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC. - 2050 S BLOSSER RD - SANTA MARIA, CA 93458-7310	95-3253302	501(C)(3)	30,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
LEAGUE OF AMERICAN ORCHESTRAS 520 8TH AVE RM 2203 NEW YORK, NY 10018-6656	23-7300636	501(C)(3)	30,000.	0.			ARTS, CULTURE, AND HUMANITIES
RIDE FOUNDATION 9128 JORDAN AVE CHATSWORTH, CA 91311-5707	92-2462339	501(C)(3)	30,000.	0.			HUMAN SERVICES
J3 FOUNDATION 11693 SAN VINCENTE BLVD LOS ANGELES, CA 90049-5105	35-2781785	501(C)(3)	30,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
TRANSITIONS-MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406-5408	95-3509040	501(C)(3)	29,750.	0.			BEHAVIORAL HEALTH & HEALTH CARE
THE CECILIA FUND PO BOX 92213 SANTA BARBARA, CA 93190-2213	95-6047722	501(C)(3)	28,701.	0.			HUMAN SERVICES

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WE ARE MOVING THE NEEDLE 411 SOUNDVIEW AVE STAMFORD, CT 06902-7120	92-1318071	501(C)(3)	27,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA PARTNERS IN EDUCATION - 3970 LA COLINA RD STE 9 - SANTA BARBARA, CA 93110-2598	77-0549803	501(C)(3)	27,117.	0.			EDUCATION AND YOUTH DEVELOPMENT
EXPLORE ECOLOGY 302 E COTA ST SANTA BARBARA, CA 93101-1622	20-4944165	501(C)(3)	27,100.	0.			ENVIRONMENT AND ANIMALS
RIOS PROMISE INC. 187 3RD ST SOLVANG, CA 93463-2819	47-2092483	501(C)(3)	27,000.	0.			HUMAN SERVICES
WORLD CENTRAL KITCHEN PO BOX 96538 WASHINGTON, DC 20090-6538	27-3521132	501(C)(3)	27,000.	0.			FOOD SYSTEMS
CENTER FOR SUCCESSFUL AGING 228 E ANAPAMU, STE 203 SANTA BARBARA, CA 93101-2091	80-0422344	501(C)(3)	26,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
BRAILLE INSTITUTE OF AMERICA, INC. 741 N VERMONT AVE LOS ANGELES, CA 90029	95-1641426	501(C)(3)	25,500.	0.			HUMAN SERVICES
COALITION FOR HUMANE IMMIGRANT RIGHTS (CHIRLA) - C/O DEVELOPMENT 2533 WEST THIRD ST, STE 101 - LOS ANGELES, CA 90057-1096	95-4421521	501(C)(3)	25,500.	0.			PUBLIC AND SOCIETAL BENEFIT
LOS PADRES FOREST ASSOCIATION PO BOX 1282 GOLETA, CA 93116-1282	77-0011516	501(C)(3)	25,500.	0.			ENVIRONMENT AND ANIMALS

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SANTA YNEZ VALLEY BOTANIC GARDEN FOUNDATION, INC. - PO BOX 1623 - BUELLTON, CA 93427-1623	26-1197733	501(C)(3)	25,300.	0.			ENVIRONMENT AND ANIMALS
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST - NEW YORK, NY 10038-3804	13-1644147	501(C)(3)	25,300.	0.			BEHAVIORAL HEALTH & HEALTH CARE
COASTAL RANCHES CONSERVANCY 68 HOLLISTER RANCH RD GAVIOTA, CA 93117-9753	68-0554135	501(C)(3)	25,250.	0.			ENVIRONMENT AND ANIMALS
SCOUTING AMERICA, LOS PADRES COUNCIL - 4000 MODOC RD - SANTA BARBARA, CA 93110-1807	95-1696725	501(C)(3)	25,171.	0.			ENVIRONMENT AND ANIMALS
CENTER FOR URBAN AGRICULTURE AT FAIRVIEW GARDENS - 598 N FAIRVIEW AVE - GOLETA, CA 93117-1731	93-1213893	501(C)(3)	25,150.	0.			FOOD SYSTEMS
MUSIC HELPS 2504 BAXTER DR AUSTIN, TX 78745-4302	61-2088527	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
BULAMU HEALTHCARE 1933 WAVERLEY ST PALO ALTO, CA 94301-3848	47-4196766	501(C)(3)	25,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
CARPINTERIA ROTARY CHARITABLE FOUNDATION - 1072 CASITAS PASS RD #210 - CARPINTERIA, CA 93013	77-0578568	501(C)(3)	25,000.	0.			PUBLIC AND SOCIETAL BENEFIT
CHANNEL ISLANDS PARK FOUNDATION 1901 SPINNAKER DR VENTURA, CA 93001-4354	20-5866690	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS

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CHILDREN'S HOSPITAL OF LOS ANGELES 4650 W SUNSET BLVD LOS ANGELES, CA 90027-6062	95-1690977	501(C)(3)	25,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
COLLATERAL REPAIR PROJECT PO BOX 23146 BROOKLYN, NY 11202-3146	20-4928141	501(C)(3)	25,000.	0.			HUMAN SERVICES
ELLWOOD FRIENDS 256 SARATOGA CT GOLETA, CA 93117-2405	77-0543873	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
FISH REEF PROJECT 315 MEIGS RD STE A289 SANTA BARBARA, CA 93109-1900	45-2587074	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
FISHER HOUSE FOUNDATION, INC. 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852-1650	11-3158401	501(C)(3)	25,000.	0.			HUMAN SERVICES
HILARITY FOR CHARITY 9301 WILSHIRE BLVD, STE 516 C/O OLC LOS ANGELES, CA 90210	82-2316072	501(C)(3)	25,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
IMAGINE LOS ANGELES 947 S WINDSOR BLVD LOS ANGELES, CA 90019	20-4637089	501(C)(3)	25,000.	0.			HUMAN SERVICES
JACKSON HOLE COMMUNITY RADIO, INC. PO BOX 588 JACKSON, WY 83001	83-0315227	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
HUMANE AMERICA ANIMAL FOUNDATION 310 N INDIAN HILL BLVD #800 CLAREMONT, CA 91711	95-4761276	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS

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NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD STE 1200 JENKINTOWN, PA 19046-3549	23-7825575	501(C)(3)	25,000.	0.			PUBLIC AND SOCIETAL BENEFIT
WASHINGTON UNIVERSITY CAMPUS BOX 1193 ONE BROOKINGS DR ST. LOUIS, MO 63130-4899	43-0653611	501(C)(3)	25,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
LOMPOC VALLEY PARKS RECREATION AND POOL FOUNDATION, INC - 601 E OCEAN AVE STE 17 - LOMPOC, CA 93436-6929	26-2948190	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
WORLD DANCE FOR HUMANITY 906 N NOPAL ST SANTA BARBARA, CA 93103-2322	46-2890372	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
NATIONAL SKEET SHOOTING ASSOCIATION - 5931 ROFT RD - SAN ANTONIO, TX 78253-9261	75-0108632	501(C)(3)	25,000.	0.			HUMAN SERVICES
WESTMARK SCHOOL 5461 LOUISE AVE ENCINO, CA 91316	95-4616645	501(C)(3)	25,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
WILD UP PO BOX 292075 LOS ANGELES, CA 90029-8575	47-3266537	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE TOWN OF TAOS 400 CAMINO DE LA PLACITA TAOS, NM 87571	85-6000178	TAOS	25,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA YNEZ VALLEY COTTAGE HOSPITAL FOUNDATION - PO BOX 689 - SANTA BARBARA, CA 93102-0689	95-3308522	501(C)(3)	25,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE

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

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SANTA YNEZ VALLEY COMMUNITY AQUATICS FOUNDATION - PO BOX 913 - LOS OLIVOS, CA 93441	47-2264034	501(C)(3)	25,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA COUNTY FOOD ACTION NETWORK - 133 EAST DE LA GUERRA #268 - SANTA BARBARA, CA 93101-2228	87-1266678	501(C)(3)	25,000.	0.			FOOD SYSTEMS
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST PORTLAND, OR 97205-2108	23-7315673	501(C)(3)	25,000.	0.			PUBLIC AND SOCIETAL BENEFIT
CHILDREN'S RESOURCE & REFERRAL OF SANTA BARBARA COUNTY - 2861 AIRPARK DR, 2ND FL - SANTA MARIA, CA 93455-1417	95-2684041	501(C)(3)	24,670.	0.			CHILD CARE
ELINGS PARK FOUNDATION 1298 LAS POSITAS RD SANTA BARBARA, CA 93105-4105	95-3500475	501(C)(3)	24,250.	0.			HUMAN SERVICES
THE TURNER FOUNDATION PO BOX 186 SANTA BARBARA, CA 93102-0186	95-6111806	501(C)(3)	24,000.	0.			HOUSING AND SHELTER
SANTA BARBARA BUCKET BRIGADE PO BOX 50640 SANTA BARBARA, CA 93150-0640	83-1156413	501(C)(3)	24,000.	0.			DISASTER RELIEF
JEWISH FEDERATION OF GREATER SANTA BARBARA - 524 CHAPALA ST - SANTA BARBARA, CA 93101-3412	23-7354759	501(C)(3)	23,850.	0.			PUBLIC AND SOCIETAL BENEFIT
OLIVE CREST 2130 E 4TH ST STE 200 SANTA ANA, CA 92705-3818	95-2877102	501(C)(3)	23,500.	0.			HUMAN SERVICES

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DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR ST, 16TH FL NEW YORK, NY 10006-1751	13-3433452	501(C)(3)	23,142.	0.			BEHAVIORAL HEALTH & HEALTH CARE
LOMPOC VALLEY COMMUNITY HEALTHCARE ORGANIZATION, INC. - PO BOX 368 - LOMPOC, CA 93438-0368	77-0494140	501(C)(3)	23,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
SANTA BARBARA COUNTY ACTION NETWORK - PO BOX 6174 - SANTA MARIA, CA 93456-6174	73-1676916	501(C)(3)	23,000.	0.			PUBLIC AND SOCIETAL BENEFIT
BETHANIA EVANGELICAL LUTHERAN CHURCH - 621 ATTERDAG RD - SOLVANG, CA 93463-2603	77-0008948	501(C)(3)	22,500.	0.			CHILD CARE
SANTA BARBARA FIREFIGHTERS ALLIANCE - PO BOX 3776 - SANTA BARBARA, CA 93130-3776	33-1092681	501(C)(3)	22,500.	0.			DISASTER RELIEF
CLIFF DRIVE CARE CENTER 1435 CLIFF DR SANTA BARBARA, CA 93109-1731	95-2281908	501(C)(3)	22,440.	0.			CHILD CARE
FRIENDS OF GIVAT HAVIVA 500 7TH AVE, 8TH FL NEW YORK, NY 10018-4502	13-2584337	501(C)(3)	22,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA COMMUNITY YOUTH PERFORMING ARTS CENTER - PO BOX 21046 - SANTA BARBARA, CA 93121-1046	77-0543169	501(C)(3)	22,000.	0.			ARTS, CULTURE, AND HUMANITIES
LIGHTS UP THEATER COMPANY 542 ALAN RD SANTA BARBARA, CA 93109-1005	83-2116275	501(C)(3)	21,000.	0.			ARTS, CULTURE, AND HUMANITIES

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PATHLIGHT INTERNATIONAL INC. 3037-T HOPYARD RD PLEASANTON, CA 94588-5261	27-0583447	501(C)(3)	21,000.	0.			HUMAN SERVICES
ARTSPACE INC 751 PASEO NUEVO SANTA BARBARA, CA 93101-3396	77-0233621	501(C)(3)	21,000.	0.			ARTS, CULTURE, AND HUMANITIES
CUYAMA VALLEY FAMILY RESOURCE CENTER - PO BOX 5 - NEW CUYAMA, CA 93254-0005	45-1221069	501(C)(3)	20,500.	0.			FOOD SYSTEMS
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY - 3888 STATE ST STE 203 - SANTA BARBARA, CA 93105-5617	95-3495141	501(C)(3)	20,129.	0.			HUMAN SERVICES
BURLINGTON HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION - 301 NEOSHO ST - BURLINGTON, KS 66839-1925	48-1152997	501(C)(3)	20,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
HOLDERMAN ENDOWMENT FOR LA PATERA SCHOOL - C/O LA PATERA SCHOOL 555 N. LA PATERA LN - GOLETA, CA 93117-1599	95-6205039	501(C)(3)	20,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755-4400	02-0222111	501(C)(3)	20,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
THE PHILANTHROPY WORKSHOP 110 E 25TH ST NEW YORK, NY 10010	98-0592591	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA YNEZ VALLEY SENIOR CITIZENS FOUNDATION - PO BOX 1946 - BUELLTON, CA 93427-1946	95-3169593	501(C)(3)	20,000.	0.			FOOD SYSTEMS

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SANTA BARBARA MOUNTAIN BIKE TRAIL VOLUNTEERS INC - 27 W ANAPAMU ST, UNIT 248 - SANTA BARBARA, CA 93101-3107	77-0342830	501(C)(3)	20,000.	0.			ENVIRONMENT AND ANIMALS
BIG LIFE FOUNDATION USA 1715 NORTH HERON DR RIDGEFIELD, WA 98642-9684	27-3455389	501(C)(3)	20,000.	0.			ENVIRONMENT AND ANIMALS
GLOBAL WELLNESS INSTITUTE 333 SE 2ND AVE STE 2045 MIAMI, FL 33131	46-1219625	501(C)(3)	20,000.	0.			PUBLIC AND SOCIETAL BENEFIT
FOOD FORWARD 7412 FULTON AVE #3 NORTH HOLLYWOOD, CA 91605-4155	90-0678872	501(C)(3)	20,000.	0.			FOOD SYSTEMS
CALIFORNIA AVOCADO FESTIVAL INC. PO BOX 146 CARPINTERIA, CA 93014-0146	77-0159754	501(C)(3)	20,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
APPLES TO ZUCCHINI COOKING SCHOOL PO BOX 30912 SANTA BARBARA, CA 93130-0912	84-4191622	501(C)(3)	20,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
FRIENDS OF SILVER LAKE 212 N MAIN ST PORTERVILLE, CA 93257-3716	92-3052082	501(C)(3)	20,000.	0.			ENVIRONMENT AND ANIMALS
YOUR CHILDREN'S TREES 69 CALAVERAS AVE GOLETA, CA 93117-1332	47-2759212	501(C)(3)	18,830.	0.			ENVIRONMENT AND ANIMALS
SANTA BARBARA COUNTY ANIMAL CARE FOUNDATION INC - PO BOX 307 - SANTA MARIA, CA 93456-0307	68-0498950	501(C)(3)	18,800.	0.			ENVIRONMENT AND ANIMALS

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HELP OF OJAI PO BOX 621 OJAI, CA 93024-0621	95-2872549	501(C)(3)	18,500.	0.			HUMAN SERVICES
MESA PO BOX 481 OJAI, CA 93024-0481	85-2978137	501(C)(3)	18,500.	0.			HUMAN SERVICES
APOSTLES CHURCH 4485 HOLLISTER AVE SANTA BARBARA, CA 93110-1707	95-2474816	501(C)(3)	18,000.	0.			PUBLIC AND SOCIETAL BENEFIT
PBS FOUNDATION 2100 CRYSTAL DR 3 FL ARLINGTON, VA 22202-3784	20-1476451	501(C)(3)	18,000.	0.			ARTS, CULTURE, AND HUMANITIES
WILDLING MUSEUM 1511-B MISSION DR SOLVANG, CA 93463-3605	77-0470520	501(C)(3)	18,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE RIVIERA RIDGE SCHOOL 2130 MISSION RIDGE RD SANTA BARBARA, CA 93103-1751	23-7154063	501(C)(3)	18,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
CASA SERENA, INC. 1515 BATH ST SANTA BARBARA, CA 93101-3024	95-2862385	501(C)(3)	17,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
VILLA MAJELLA OF SANTA BARBARA 5662 CALLE REAL #228 GOLETA, CA 93117-2317	95-3730718	501(C)(3)	17,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
HOPE COMMUNITY CHURCH 560 NORTH LA CUMBRE RD SANTA BARBARA, CA 93110-1513	95-3065173	501(C)(3)	16,800.	0.			CHILD CARE

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SANTA BARBARA HISTORICAL MUSEUM 136 E DE LA GUERRA ST SANTA BARBARA, CA 93101-2205	95-6005796	501(C)(3)	16,560.	0.			ARTS, CULTURE, AND HUMANITIES
THE FRIENDSHIP PADDLE 801 GARDEN ST, STE 300 SANTA BARBARA, CA 93101-1597	20-3483481	501(C)(3)	16,500.	0.			PUBLIC AND SOCIETAL BENEFIT
CHILDREN'S CREATIVE PROJECT 3970 LA COLINA RD STE 9 SANTA BARBARA, CA 93110-2598	23-7439807	501(C)(3)	16,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA POLICE ACTIVITIES LEAGUE - PO BOX 91121 - SANTA BARBARA, CA 93190-1121	77-0523426	501(C)(3)	16,400.	0.			PUBLIC AND SOCIETAL BENEFIT
AMERICAN NATIONAL RED CROSS SANTA BARBARA CHAPTER 2707 STATE ST SANTA BARBARA, CA 93105-3567	95-1643302	501(C)(3)	16,320.	0.			DISASTER RELIEF
ALPHA RESOURCE CENTER OF SANTA BARBARA - 4501 CATHEDRAL OAKS RD - SANTA BARBARA, CA 93110-1340	95-1966996	501(C)(3)	16,320.	0.			HUMAN SERVICES
SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY STE 190 SANTA BARBARA, CA 93109-2344	77-0392953	501(C)(3)	16,200.	0.			ARTS, CULTURE, AND HUMANITIES
FRIENDS OF THE CARPINTERIA PUBLIC LIBRARY - C/O CARPINTERIA LIBRARY 5141 CARPINTERIA AVE - CARPINTERIA, CA 93013-2048	23-7075498	501(C)(3)	16,100.	0.			EDUCATION AND YOUTH DEVELOPMENT
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104-2538	63-1135091	501(C)(3)	16,000.	0.			PUBLIC AND SOCIETAL BENEFIT

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CARPINTERIA ARTS CENTER 855 LINDEN AVE CARPINTERIA, CA 93013-2042	77-0578720	501(C)(3)	15,625.	0.			ARTS, CULTURE, AND HUMANITIES
MOVE SANTA BARBARA COUNTY PO BOX 92047 SANTA BARBARA, CA 93190-2047	81-2914152	501(C)(3)	15,350.	0.			HUMAN SERVICES
SANTA BARBARA SCHOOL OF SQUASH INC. - 1530 CHAPALA ST #F - SANTA BARBARA, CA 93101-3017	20-4496216	501(C)(3)	15,250.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA YNEZ VALLEY HISTORICAL SOCIETY - PO BOX 181 - SANTA YNEZ, CA 93460-0181	95-6121776	501(C)(3)	15,200.	0.			ARTS, CULTURE, AND HUMANITIES
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673-0119	95-3941826	501(C)(3)	15,100.	0.			ENVIRONMENT AND ANIMALS
MARALLIANCE 2000 EDWARDS ST HOUSTON, TX 77007	46-4381820	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
CRESTWOOD CHRISTIAN FELLOWSHIP PO BOX 2521 SANTA MARIA, CA 93457	27-1887482	501(C)(3)	15,000.	0.			PUBLIC AND SOCIETAL BENEFIT
INTERNATIONAL RESCUE COMMITTEE. INC. - 122 E 42ND ST - NEW YORK, NY 10168-1201	13-5660870	501(C)(3)	15,000.	0.			HUMAN SERVICES
INNER-CITY ARTS 720 KOHLER ST LOS ANGELES, CA 90021-1518	95-4239478	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES

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HYDE PARK ARTS CENTER 5020 S CORNELL AVE CHICAGO, IL 60615	36-2887294	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
HOUSING TRUST FUND OF SANTA BARBARA COUNTY, INC. - PO BOX 60909 - SANTA BARBARA, CA 93160-0909	43-2007672	501(C)(3)	15,000.	0.			PUBLIC AND SOCIETAL BENEFIT
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST STE T500 LOS ANGELES, CA 90015-2481	95-2274801	501(C)(3)	15,000.	0.			PUBLIC AND SOCIETAL BENEFIT
CREATIVE VISIONS FOUNDATION C/O GRACE BREUER 1047 FORD DR NIPOMO, CA 93444-6661	39-1902814	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
CHAMBER MUSIC AMERICA PO BOX 22248 BROOKLYN, NY 11202-2248	13-2934575	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
CENTER FOR FAMILY STRENGTHENING 7343 EL CAMINO REAL #346 ATASCADERO, CA 93422-4697	77-0206822	501(C)(3)	15,000.	0.			WORKFORCE DEVELOPMENT
AFTER-SCHOOL ALL-STARS LOS ANGELES 6501 FOUNTAIN AVE LOS ANGELES, CA 90028-7801	91-2162719	501(C)(3)	15,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
LA'S BEST 200 N SPRING ST STE M-120 LOS ANGELES, CA 90012-3744	95-4311058	501(C)(3)	15,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
TROUT UNLIMITED INC. PO BOX 98166 WASHINGTON, DC 20090-8166	38-1612715	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS

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CORAZON LATINO 1429 EAGLE CT SANTA MARIA, CA 93454	92-2729279	501(C)(3)	15,000.	0.			WORKFORCE DEVELOPMENT
SANTA BARBARA STRINGS PO BOX 61401 SANTA BARBARA, CA 93160-1401	27-4834458	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 S GREAT RD - LINCOLN, MA 01773-4800	04-2104702	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
THE SANTA BARBARA CHORAL SOCIETY 1330 STATE ST STE 202 SANTA BARBARA, CA 93101-2681	77-0032197	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
NOTES FOR NOTES INCORPORATED 1900 CHURCH ST, STE 300 NASHVILLE, TN 37203-2285	20-4875556	501(C)(3)	15,000.	0.			ARTS, CULTURE, AND HUMANITIES
SHARE OUR STRENGTH PO BOX 8907 TOPEKA, KS 66608-8904	52-1367538	501(C)(3)	15,000.	0.			FOOD SYSTEMS
SHELTER CARE RESOURCES 940 S A ST OXNARD, CA 93030	81-3502208	501(C)(3)	15,000.	0.			WORKFORCE DEVELOPMENT
SANTA BARBARA AGRICULTURAL AND FARM EDUCATION FOUNDATION - PO BOX 1033 - SUMMERLAND, CA 93067-1033	85-3329449	501(C)(3)	15,000.	0.			FOOD SYSTEMS
SAFE PASSAGE YOUTH FOUNDATION 482 GREENMEADOW AVE THOUSAND OAKS, CA 91361-1125	82-4462446	501(C)(3)	15,000.	0.			WORKFORCE DEVELOPMENT

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READY TO SUCCEED 1514 17TH ST STE 205 SANTA MONICA, CA 90404-3444	83-2282113	501(C)(3)	15,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
PASADENA HUMANE SOCIETY 361 SOUTH RAYMOND AVE PASADENA, CA 91105	95-1643344	501(C)(3)	15,000.	0.			ENVIRONMENT AND ANIMALS
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION - PO BOX 29017 - PORTLAND, OR 97296-9017	23-7083114	501(C)(3)	15,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION - 1996 EASTMAN AVE STE 101 - VENTURA, CA 93003-7789	95-1693538	501(C)(3)	14,500.	0.			BEHAVIORAL HEALTH & HEALTH CARE
MUFFIN MUSIC INC PO BOX 260 BUELLTON, CA 93427-0260	88-1068233	501(C)(3)	14,000.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA DANCE INSTITUTE 1330 STATE ST, STE 207 SANTA BARBARA, CA 93101-2681	26-4255635	501(C)(3)	13,750.	0.			ARTS, CULTURE, AND HUMANITIES
LIFECHRONICLES, INC. PO BOX 31152 SANTA BARBARA, CA 93130-1152	77-0256868	501(C)(3)	13,662.	0.			HUMAN SERVICES
PUBLIC CITIZEN FOUNDATION, INC. 1600 20TH ST NW WASHINGTON, DC 20009-1001	52-1263996	501(C)(3)	13,500.	0.			PUBLIC AND SOCIETAL BENEFIT
SECURE BEGINNINGS PO BOX 285 OJAI, CA 93024-0285	77-0544181	501(C)(3)	13,500.	0.			HUMAN SERVICES

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O-HIGHER ED 5025 THACHER RD OJAI, CA 93023	87-0990197	501(C)(3)	13,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA, CA 93190-1521	20-0905385	501(C)(3)	13,500.	0.			ARTS, CULTURE, AND HUMANITIES
FOODSHARE OF VENTURA COUNTY 4156 NORTH SOUTHBANK RD OXNARD, CA 93036-1002	77-0018162	501(C)(3)	13,500.	0.			FOOD SYSTEMS
ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION - 800 S COLLEGE DR - SANTA MARIA, CA 93454-6368	95-1803920	501(C)(3)	13,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
FREE METHODIST CHURCH 1435 CLIFF DR SANTA BARBARA, CA 93109-1798	38-3808639	501(C)(3)	13,000.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA COUNTY TRAILS COUNCIL - PO BOX 22352 - SANTA BARBARA, CA 93121-2352	95-2496099	501(C)(3)	13,000.	0.			HUMAN SERVICES
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104-4344	63-0598743	501(C)(3)	13,000.	0.			HUMAN SERVICES
THE FILM COLLABORATIVE INC. 3405 CAZADOR ST LOS ANGELES, CA 90065-3403	32-0295081	501(C)(3)	13,000.	0.			ARTS, CULTURE, AND HUMANITIES
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON RD - SANTA PAULA, CA 93060-9108	77-0412509	501(C)(3)	12,800.	0.			BEHAVIORAL HEALTH & HEALTH CARE

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NOMAD TANGO LIMITED 660 ALTO DR SANTA BARBARA, CA 93110-1304	87-2414098	501(C)(3)	12,500.	0.			ARTS, CULTURE, AND HUMANITIES
GIRLS ROCK SB DBA AMPLIFY ARTS PROJECT - PO BOX 5782 - SANTA BARBARA, CA 93150-5782	46-0687975	501(C)(3)	12,500.	0.			ARTS, CULTURE, AND HUMANITIES
A COMPAS INC PO BOX 30594 SANTA BARBARA, CA 93130-0594	20-2176039	501(C)(3)	12,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA ARTS COLLABORATIVE INC. - PO BOX 1414 - SANTA BARBARA, CA 93102-1414	27-3262168	501(C)(3)	12,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA MARIA PHILHARMONIC SOCIETY PO BOX 375 SANTA MARIA, CA 93456-0375	77-0288378	501(C)(3)	12,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANSUM CLINIC PO BOX 1200 SANTA BARBARA, CA 93102-1200	95-6419205	501(C)(3)	12,500.	0.			BEHAVIORAL HEALTH & HEALTH CARE
NATIONAL PUBLIC RADIO, INC 1111 N CAPITOL ST NE WASHINGTON, DC 20002-7502	52-0907625	501(C)(3)	12,250.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA AUDUBON SOCIETY, INC. - PO BOX 6737 - SANTA BARBARA, CA 93160-6737	23-7051362	501(C)(3)	11,774.	0.			ENVIRONMENT AND ANIMALS
ALZHEIMER'S ASSOCIATION CALIFORNIA CENTRAL COAST CHAPTER - 2580 E MAIN ST, STE 201 - VENTURA, CA 93003	77-0006745	501(C)(3)	11,500.	0.			BEHAVIORAL HEALTH & HEALTH CARE

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

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AMERICAN DANCE AND MUSIC, INC. 22 E VICTORIA ST SANTA BARBARA, CA 93101-2606	20-5657230	501(C)(3)	11,500.	0.			ARTS, CULTURE, AND HUMANITIES
WYATT FAMILY FOUNDATION 1111 CHAPALA ST, STE 200 SANTA BARBARA, CA 93101	93-1503406	501(C)(3)	11,729.	0.			OTHER
AABB FOUNDATION 4550 MONTGOMERY AVE STE 700 NORTH T BETHESDA, MD 20814	52-2059102	501(C)(3)	11,340.	0.			BEHAVIORAL HEALTH & HEALTH CARE
NORTHERN SANTA BARBARA COUNTY UNITED WAY - 2045 PREISKER LN, STE G - SANTA MARIA, CA 93454-1155	95-6006513	501(C)(3)	11,250.	0.			PUBLIC AND SOCIETAL BENEFIT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD ST FL 18 - NEW YORK, NY 10004-2427	13-6213516	501(C)(3)	11,000.	0.			PUBLIC AND SOCIETAL BENEFIT
CARPINTERIA COMMUNITY ASSOCIATION PO BOX 32 CARPINTERIA, CA 93014-0032	93-4186261	501(C)(3)	11,000.	0.			PUBLIC AND SOCIETAL BENEFIT
GAVIOTA COAST CONSERVANCY 351 PASEO NUEVO 2ND FL, #1008 SANTA BARBARA, CA 93101-3382	77-0455133	501(C)(3)	11,000.	0.			ENVIRONMENT AND ANIMALS
SANTA MARIA VALLEY DISCOVERY MUSEUM - 705 S MCCLELLAND ST - SANTA MARIA, CA 93454-5122	77-0354168	501(C)(3)	11,000.	0.			ARTS, CULTURE, AND HUMANITIES
PCPA FOUNDATION 800 S. COLLEGE DR SANTA MARIA, CA 93454-6368	77-0399484	501(C)(3)	11,000.	0.			ARTS, CULTURE, AND HUMANITIES

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GREATER SANTA BARBARA ICE SKATING ASSOCIATION - 6985 SANTA FELICIA DR - GOLETA, CA 93117-2397	45-0508885	501(C)(3)	11,000.	0.			HUMAN SERVICES
STUDENT CONSERVATION ASSOCIATION, INC. - PO BOX 830603, DEPT 510 - PHILADELPHIA, PA 19182-0603	91-0880684	501(C)(3)	11,000.	0.			ENVIRONMENT AND ANIMALS
CARPINTERIA VALLEY HISTORICAL SOCIETY - 956 MAPLE ST - CARPINTERIA, CA 93013-2021	95-6137506	501(C)(3)	10,800.	0.			ARTS, CULTURE, AND HUMANITIES
HEARTS THERAPEUTIC EQUESTRIAN CENTER - PO BOX 30662 - SANTA BARBARA, CA 93130-0662	77-0460907	501(C)(3)	10,500.	0.			HUMAN SERVICES
INTERFACE CHILDREN & FAMILY SERVICES - 4001 MISSION OAKS BLVD, STE I - CAMARILLO, CA 93012-5121	95-2944459	501(C)(3)	10,500.	0.			BEHAVIORAL HEALTH & HEALTH CARE
CARPINTERIA COMMUNITY THEATRE INC. 4916 CARPINTERIA AVE CARPINTERIA, CA 93013-1937	95-3565433	501(C)(3)	10,500.	0.			ARTS, CULTURE, AND HUMANITIES
THE ARC OF VENTURA COUNTY 5103 WALKER ST VENTURA, CA 93003-7358	95-2266987	501(C)(3)	10,500.	0.			HUMAN SERVICES
AMERICAN HEART ASSOCIATION PO BOX 840692 DALLAS, TX 75284-0692	13-5613797	501(C)(3)	10,320.	0.			BEHAVIORAL HEALTH & HEALTH CARE
MONTECITO TRAILS FOUNDATION PO BOX 5481 SANTA BARBARA, CA 93150-5481	95-6152328	501(C)(3)	10,150.	0.			ENVIRONMENT AND ANIMALS

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COLBY'S CREW RESCUE 988 PIPER WAY KESWICK, VA 22947-9197	86-2351417	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER ST FL 22 NEW YORK, NY 10038-3533	13-3669731	501(C)(3)	10,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
AMERICAN FEDERATION FOR CHILDREN 1020 19TH ST NW, STE 675 WASHINGTON, DC 20036-6133	52-2111508	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
ARTS MENTORSHIP PROGRAM, INC. PO BOX 390 SANTA BARBARA, CA 93102-0390	45-1567553	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
BAY CITY NEWS FOUNDATION 900 HILLDALE AVE BERKELEY, CA 94708-1418	83-0654488	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
BETTER EVENT CO 5865 NEAL AVE N #205 STILLWATER, MN 55082	93-1651983	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
BISHOP GARCIA DIEGO HIGH SCHOOL 4000 LA COLINA RD SANTA BARBARA, CA 93110-1496	95-2056632	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
BOSTON FOOD FOREST COALITION 218 ADAMS ST, UNIT 220609 DORCHESTER, MA 02122	46-5327936	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
BUEN VECINO 2625 TOWNSGATE RD STE 330 WESTLAKE VILLAGE, CA 91361-5749	86-3650795	501(C)(3)	10,000.	0.			HUMAN SERVICES

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CARTER P BROWN LEGACY PRESERVATION FUND - 6660 AUDUBON - HOLLAND, MI 49423	84-3842278	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
IMAGINE CHILDREN'S MUSEUM 104 DES GEORGES PL TAOS, NM 87571	88-3089976	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
2ND STORY ASSOCIATES 808 LAGUNA ST SANTA BARBARA, CA 93101-1510	26-0417729	501(C)(3)	10,000.	0.			HOUSING AND SHELTER
PERFORMING ARTS SCHOLARSHIP FOUNDATION - PO BOX 5575 - MONTECITO, CA 93150-5575	95-3757549	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
CREATIVE NETWERK PO BOX 22960 SANTA BARBARA, CA 93121-2960	45-2107249	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
EMPOWERS AFRICA 2 BEEKMAN PL, APT 18B NEW YORK, NY 10022-8087	32-0403737	501(C)(3)	10,000.	0.			HUMAN SERVICES
FIRST PRESBYTERIAN CHURCH 21 E CONSTANCE AVE SANTA BARBARA, CA 93105-3513	95-1641439	501(C)(3)	10,000.	0.			CHILD CARE
FRIENDS OF THE CHILDREN -- COACHELLA VALLEY - 49950 JEFFERSON ST, STE 130289 - INDIO, CA 92201	99-3003825	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
GARRY MARSHALL THEATRE 4252 W RIVERSIDE DR BURBANK, CA 91505-4145	38-4039214	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES

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GIVEWELL 1714 FRANKLIN ST #100335 OAKLAND, CA 94612-3488	20-8625442	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
GUNPOWDER POETRY PO BOX 60035 GOLETA, CA 93160-0035	99-3240202	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
HEALING HEROES THROUGH HORSEMANSHIP - 315 JENNER WAY - ARROYO GRANDE, CA 93420	93-2863275	501(C)(3)	10,000.	0.			HUMAN SERVICES
HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012-1815	95-4800735	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
HOMES FOR OUR TROOPS 6 MAIN ST TAUNTON, MA 02780-2733	54-2143612	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
HUMAN RIGHTS WATCH, INC. 11500 W OLYMPIC BLVD STE 608 LOS ANGELES, CA 90064-1525	13-2875808	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
IMMIGRANT HOPE SANTA BARBARA CA, INC. - 935 SAN ANDRES - SANTA BARBARA, CA 93101-4315	46-3416009	501(C)(3)	10,000.	0.			HUMAN SERVICES
CENTER FOR COURAGE & RENEWAL 2435 E NORTH ST, STE 1108-111 GREENVILLE, SC 29615	33-1023228	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
INNOVATION: AFRICA 520 EIGHTH AVE 15TH FL NEW YORK, NY 10018	26-4182808	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS

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REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - UCLA GIFT AND DATA PROCESSING 10920 WILSHIRE BLVD STE 1100 - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
INCLUSIVE ACTION FOR THE CITY 2900 E CESAR E CHAVEZ AVE LOS ANGELES, CA 90033	27-0584116	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
REISENBACH PHILANTHROPIES 1115 BROADWAY 10TH FL NEW YORK, NY 10010-1629	13-3620767	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
JUNIOR LEAGUE OF SANTA BARBARA, INC. - 229 E VICTORIA ST - SANTA BARBARA, CA 93101-2020	95-6001744	501(C)(3)	10,000.	0.			PUBLIC AND SOCIETAL BENEFIT
LAO ELEPHANT INITIATIVE 22417 SHAWNEE RD, PO BOX 612 INDIAN HILLS, CA 80454-0612	82-3412111	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
LOVE LEO RESCUE PO BOX 5272 SANTA MONICA, CA 90409	47-4175366	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
MAYO CLINIC 13400 E. SHEA BLVD SCOTTSDALE, AZ 85259-5499	86-0800150	501(C)(3)	10,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
MISS PORTERS SCHOOL INC ALUMNAE AND DEVELOPMENT OFFICE 60 MAIN ST - FARMINGTON, CT 06032-2288	06-0646786	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
NARA CORPORATION THE POTTERS' STUDIO 1221 8TH ST BERKELEY, CA 94710	94-2435892	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES

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NEWPORT AQUATIC CENTER 1 WHITECLIFFS DR NEWPORT BEACH, CA 92660	95-3699894	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
NORTHWEST CHILDRENS FUND 2100 24TH AVE S 320 SEATTLE, WA 98144-4645	91-1314318	501(C)(3)	10,000.	0.			HUMAN SERVICES
YMCA OF METROPOLITAN LOS ANGELES 4301 W 3RD ST LOS ANGELES, CA 90020-3809	95-1644052	501(C)(3)	10,000.	0.			HUMAN SERVICES
MOSAIC THERAPY COLLECTIVE 533 E MICHELTORENA ST #103 SANTA BARBARA, CA 93103-2260	88-3426274	501(C)(3)	10,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
WELLESLEY COLLEGE OFFICE FOR RESOURCES 106 CENTRAL ST WELLESLEY, MA 02481-8203	04-2103637	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
RISE & SHINE PO BOX 24124 MINNEAPOLIS, MN 55424-0124	61-2202328	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA BARBARA UNIFIED SCHOOL DISTRICT - 720 SANTA BARBARA ST - SANTA BARBARA, CA 93101-2232	77-0069325	SANTA BARBARA	10,000.	0.			HOUSING AFFORDABILITY
SANTA YNEZ VALLEY WESTERN HERITAGE FOUNDATION - PO BOX 298 - SANTA YNEZ, CA 93460-0298	84-2657577	501(C)(3)	10,000.	0.			FOOD SYSTEMS
WATER IS LIFE GLOBAL INC 2720 N HEMLOCK CT STE B BROKEN ARROW, OK 74012	82-5297347	501(C)(3)	10,000.	0.			HUMAN SERVICES

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SKYDOG SANCTUARY 23823 MALIBU RD STE 50 #498 MALIBU, CA 90265-5564	81-3188893	501(C)(3)	10,000.	0.			ENVIRONMENT AND ANIMALS
THE EDIBLE SCHOOLYARD PROJECT 1517 SHATTUCK AVE BERKELEY, CA 94709	94-3248671	501(C)(3)	10,000.	0.			FOOD SYSTEMS
THE UC DAVIS FOUNDATION UC DAVIS GIFT ADMINISTRATION 202 CONSTEAU PL, STE 185 - DAVIS, CA 95618-7761	94-6081352	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
TRIBAL TRUST FOUNDATION 1801 S FLAGLER, APT 707 WEST PALM BEACH, FL 33401	59-6528567	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 20024-2126	52-1309391	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
VILLAGE PROPERTIES TEACHERS FUND 1250 COAST VILLAGE RD MONTECITO, CA 93108-2720	90-0245650	501(C)(3)	10,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
RELIANT 11002 LAKE HART DR, STE 100 ORLANDO, FL 32832-7106	52-1707002	501(C)(3)	10,000.	0.			HUMAN SERVICES
LUTHERAN CHURCH OF OUR SAVIOR 4725 S BRADLEY RD SANTA MARIA, CA 93455-5051	95-6187015	501(C)(3)	9,600.	0.			PUBLIC AND SOCIETAL BENEFIT
BELLOSGUARDO FOUNDATION, INC. 1407 EAST CABRILLO BLVD SANTA BARBARA, CA 93108-2880	47-1833911	501(C)(3)	9,600.	0.			ARTS, CULTURE, AND HUMANITIES

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THE WESTMONT COLLEGE FOUNDATION 955 LA PAZ RD SANTA BARBARA, CA 93108-1099	77-0000241	501(C)(3)	9,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA BIRTH CENTER 2958 STATE ST SANTA BARBARA, CA 93105-3418	27-0179860	501(C)(3)	9,500.	0.			BEHAVIORAL HEALTH & HEALTH CARE
MONTECITO COMMUNITY FOUNDATION PO BOX 5001 SANTA BARBARA, CA 93150-5001	95-6149983	501(C)(3)	9,450.	0.			PUBLIC AND SOCIETAL BENEFIT
GLOBAL 500 ENVIRONMENTAL FORUM PO BOX 1003 OJAI, CA 93024	77-0520079	501(C)(3)	9,250.	0.			ENVIRONMENT AND ANIMALS
CONCERNED RESOURCE & ENVIRONMENTAL WORKERS - PO BOX 1532 - OJAI, CA 93024-1532	77-0374392	501(C)(3)	9,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA YNEZ VALLEY HUMANE SOCIETY/DAWG - 959 E CARRILLO TD - SANTA BARBARA, CA 93103	95-3389449	501(C)(3)	9,000.	0.			ENVIRONMENT AND ANIMALS
CULTURAL AND CREATIVE ARTS CENTER OF THE SANTA MARIA VALLEY - 120 E JONES ST, STE 120 - SANTA MARIA, CA 93454-5101	83-1194567	501(C)(3)	9,000.	0.			ARTS, CULTURE, AND HUMANITIES
MEINERS OAKS PARKS PO BOX 1281 OJAI, CA 93024	92-1574062	501(C)(3)	9,000.	0.			ENVIRONMENT AND ANIMALS
SOLVANG SCHOOL DISTRICT EDUCATIONAL FOUNDATION - PO BOX 304 - SOLVANG, CA 93464-0304	77-0373606	501(C)(3)	8,500.	0.			ARTS, CULTURE, AND HUMANITIES

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UNITE TO LIGHT 1117 STATE ST SANTA BARBARA, CA 93101-2712	27-2942180	501(C)(3)	8,500.	0.			HUMAN SERVICES
SANTA BARBARA YOUTH SAILING FOUNDATION - 130 HARBOR WAY - SANTA BARBARA, CA 93109-2316	95-2487510	501(C)(3)	8,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
SANTA YNEZ VALLEY CHORALE PO BOX 1902 SANTA YNEZ, CA 93460-1902	95-3658104	501(C)(3)	8,500.	0.			ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA CHAMBER PLAYERS 489 PINTURA DR SANTA BARBARA, CA 93111-1827	88-1763155	501(C)(3)	8,200.	0.			ARTS, CULTURE, AND HUMANITIES
BOYS & GIRLS CLUB OF SANTA BARBARA, INC. - 632 E. CANON PERDIDO ST - SANTA BARBARA, CA 93103-3005	95-1641425	501(C)(3)	8,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
COMMUNITY PARTNERS IN CARING 120 E JONES ST STE 123 SANTA MARIA, CA 93454-5101	77-0477176	501(C)(3)	8,000.	0.			HUMAN SERVICES
HARDING SCHOOL FOUNDATION, INC 1625 ROBBINS ST SANTA BARBARA, CA 93101-4734	51-0612127	501(C)(3)	8,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
LEGACY PHILANTHROPY WORKS 521 SANTA BARBARA ST SANTA BARBARA, CA 93101-1611	47-2584632	501(C)(3)	8,000.	0.			ENVIRONMENT AND ANIMALS
SAINT MARK UNITED METHODIST CHURCH ST MARK PRESCHOOL 3942 LA COLINA RD SANTA BARBARA, CA 93110-1595	95-2487538	501(C)(3)	8,000.	0.			CHILD CARE

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SANTA BARBARA FESTIVAL BALLET 127 WEST CANON PERDIDO SANTA BARBARA, CA 93101-3224	23-7429689	501(C)(3)	8,000.	0.			ARTS, CULTURE, AND HUMANITIES
SUMMER SOLSTICE CELEBRATION, INC. PO BOX 21141 SANTA BARBARA, CA 93121-1141	77-0004190	501(C)(3)	8,000.	0.			ARTS, CULTURE, AND HUMANITIES
SOUTH COAST MONTESSORI 7421 MIRANO DR GOLETA, CA 93117-1217	81-4994237	501(C)(3)	7,716.	0.			CHILD CARE
ST. JOSEPH HIGH SCHOOL 4120 S BRADLEY RD SANTA MARIA, CA 93455-3398	95-2315939	501(C)(3)	7,700.	0.			EDUCATION AND YOUTH DEVELOPMENT
LAMBDA LEGAL DEFENSE AND EDUCATION FUND, INC. - 120 WALL ST FL 19 - NEW YORK, NY 10005-3919	23-7395681	501(C)(3)	7,500.	0.			PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA BLUES SOCIETY PO BOX 30853 SANTA BARBARA, CA 93130-0853	95-3564570	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
SAN MARCOS HIGH SCHOOL ROYAL BAND BOOSTERS - 4750 HOLLISTER AVE - SANTA BARBARA, CA 93110-1998	77-0086774	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
TRANSFORM THROUGH ARTS INC 37 DEARBORN PL UNIT 91 GOLETA, CA 93117-3526	92-1716347	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
HOUSE OF PRIDE AND EQUALITY PO BOX 7408 SANTA MARIA, CA 93456-7408	82-0677560	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES

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
ENDOWMENT FOR YOUTH COMMITTEE 606 ALAMO PINTADO RD STE 3274 SOLVANG, CA 93463-2284	77-0202584	501(C)(3)	7,500.	0.			EDUCATION AND YOUTH DEVELOPMENT
COUNTY OF SANTA BARBARA PUBLIC HEALTH DEPARTMENT - 300 N SAN ANTONIO RD - SANTA BARBARA, CA 93110	95-1644629	501(C)(3)	7,500.	0.			BEHAVIORAL HEALTH & HEALTH CARE
SANTA BARBARA COUNTY SEARCH AND RESCUE - 66 S SAN ANTONIO RD - SANTA BARBARA, CA 93110-1720	95-6193608	501(C)(3)	7,387.	0.			DISASTER RELIEF
NATURETRACK FOUNDATION PO BOX 953 LOS OLIVOS, CA 93441-0953	45-3040646	501(C)(3)	7,250.	0.			ENVIRONMENT AND ANIMALS
ST. VINCENT DE PAUL SOCIETY 210 N. AVENUE 21 LOS ANGELES, CA 90031	95-1644622	501(C)(3)	7,022.	0.			HUMAN SERVICES
FUTURE LEADERS OF AMERICA PO BOX 396 SANTA MARIA, CA 93456-0396	77-0071036	501(C)(3)	7,000.	0.			EDUCATION AND YOUTH DEVELOPMENT
NEW DIRECTIONS, INC. 5276 HOLLISTER AVE STE 207 SANTA BARBARA, CA 93111-3068	77-0147768	501(C)(3)	7,000.	0.			HUMAN SERVICES
UNICEF USA 125 MAIDEN LN NEW YORK, NY 10038-4999	13-1760110	501(C)(3)	6,275.	0.			HUMAN SERVICES
JOHN EDWARD PROFANT FOUNDATION 3905 STATE ST, STE 7-128 SANTA BARBARA, CA 93105-3138	95-4788503	501(C)(3)	6,250.	0.			EDUCATION AND YOUTH DEVELOPMENT

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
GLOBAL WHOLE BEING FUND 1311 PARK ST, UNIT 503 ALAMEDA, CA 94501	92-0815214	501(C)(3)	6,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
GEANCO FOUNDATION 5482 WILSHIRE BLVD #186 LOS ANGELES, CA 90036	20-3498204	501(C)(3)	6,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
FIST AND STAR GENERATION 212 SARATOGA CT GOLETA, CA 93117	99-2765074	501(C)(3)	6,000.	0.			HUMAN SERVICES
AAPLE ACADEMY FOUNDATION PO BOX 30636 SANTA BARBARA, CA 93130-0636	27-3799005	501(C)(3)	6,000.	0.			PUBLIC AND SOCIETAL BENEFIT
BRIDGE HOUSE 5345 ARAPAHOE AVE UNIT 5 BOULDER, CO 80303-8150	84-1440292	501(C)(3)	6,000.	0.			HOUSING AND SHELTER
ALANO CLUB OF SANTA BARBARA, INC. 235 E COTA ST SANTA BARBARA, CA 93101-1620	95-2671993	501(C)(3)	6,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
SLO NOOR FOUNDATION 1428 PHILLIPS LN, STE 203 SAN LUIS OBISPO, CA 93401-2551	27-1412176	501(C)(3)	6,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE
C4 LOMPOC - COLLECTIVE CULTURES CREATING CHANGE - 100 E LOCUST AVENUE #102 - LOMPOC, CA 93436-5703	86-2690612	501(C)(3)	6,000.	0.			PUBLIC AND SOCIETAL BENEFIT
LIFE STEPS FOUNDATION 5757 WEST CENTURY BLVD STE 880 LOS ANGELES, CA 90045-6454	95-3909174	501(C)(3)	6,000.	0.			HUMAN SERVICES

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
LEAGUE OF WOMEN VOTERS OF SANTA MARIA - PO BOX 1388 - SANTA MARIA, CA 93456-1388	94-1506251	501(C)(4)	6,000.	0.			PUBLIC AND SOCIETAL BENEFIT
MOTHERS' HELPERS, INC. PO BOX 30994 SANTA BARBARA, CA 93130-0994	61-1605644	501(C)(3)	6,000.	0.			HUMAN SERVICES
THE NATURAL HISTORY MUSEUM; SANTA MARIA, CALIFORNIA - PO BOX 5254 - SANTA MARIA, CA 93456-5254	77-0419354	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
ONE COMMUNITY ACTION PO BOX 5806 SANTA MARIA, CA 93456-5806	82-1489073	501(C)(3)	6,000.	0.			PUBLIC AND SOCIETAL BENEFIT
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037-1193	52-1693387	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS
WOMEN'S ECONOMIC VENTURES 21 E. CANON PERDIDO ST STE 301 SANTA BARBARA, CA 93101-7209	95-3674624	501(C)(3)	6,000.	0.			PUBLIC AND SOCIETAL BENEFIT
MONO LAKE FOUNDATION PO BOX 29 LEE VINING, CA 93541-0029	77-0051124	501(C)(3)	6,000.	0.			ENVIRONMENT AND ANIMALS
SPOTLIGHT KID'S CAMP 775 TERRI LN #B SANTA BARBARA, CA 93105-4431	46-5358752	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
SEE INTERNATIONAL 6500 HOLLISTER AVE, STE 120 GOLETA, CA 93117-5556	31-1682275	501(C)(3)	6,000.	0.			BEHAVIORAL HEALTH & HEALTH CARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA STUDENT HOUSING 777 CAMINO PESCADERO STE J GOLETA, CA 93117-4620	95-3183693	501(C)(3)	6,000.	0.			HOUSING AND SHELTER
ATTERDAG AT HOME, INC. 636 ATTERDAG RD SOLVANG, CA 93463-2604	81-2961607	501(C)(3)	5,976.	0.			FOOD SYSTEMS
GUADALUPE-NIPOMO DUNES CENTER 1065 GUADALUPE ST GUADALUPE, CA 93434-1321	77-0502739	501(C)(3)	5,900.	0.			ENVIRONMENT AND ANIMALS
OLD SPANISH DAYS PO BOX 30460 SANTA BARBARA, CA 93130-0460	95-1541669	501(C)(3)	5,900.	0.			ARTS, CULTURE, AND HUMANITIES
ANGELS FOSTER CARE OF SANTA BARBARA - 3905 STATE ST #7-115 - SANTA BARBARA, CA 93105-3138	16-1749619	501(C)(3)	5,800.	0.			HUMAN SERVICES
SANTA YNEZ VALLEY SENIOR ADVISORY COUNCIL - 1745 MISSION DR - SOLVANG, CA 93463-3603	77-0236226	501(C)(3)	5,800.	0.			HUMAN SERVICES
TRIUMPH FOUNDATION 27811 AVE HOPKINS, UNIT 5 VALENCIA, CA 91355-4572	26-3295161	501(C)(3)	5,750.	0.			BEHAVIORAL HEALTH & HEALTH CARE
GARDEN COURT, INC. 1116 DE LA VINA ST SANTA BARBARA, CA 93101-3114	33-0764192	501(C)(3)	5,540.	0.			HOUSING AND SHELTER
THE CATHOLIC CHURCH OF THE BEATITUDES - 368 MORETON BAY LN, #2 - GOLETA, CA 93117	77-0343375	501(C)(3)	5,500.	0.			PUBLIC AND SOCIETAL BENEFIT

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
TEDDY BEAR CANCER FOUNDATION 2323 DE LA VINA ST, STE 104 SANTA BARBARA, CA 93105-3878	14-1872081	501(C)(3)	5,365.	0.			HUMAN SERVICES
LAGUNA COTTAGES FOR SENIORS 803 LAGUNA ST SANTA BARBARA, CA 93101-1509	95-1770027	501(C)(3)	5,250.	0.			HOUSING AND SHELTER
AFRICA SCHOOLS OF KENYA PO BOX 3391 SANTA BARBARA, CA 93130-3391	26-2292661	501(C)(3)	5,250.	0.			HUMAN SERVICES
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	5,200.	0.			DISASTER RELIEF
SAN MARCOS PARENT-CHILD WORKSHOP INC. - 400-A PUENTE DR - SANTA BARBARA, CA 93110	77-0138239	501(C)(3)	5,160.	0.			CHILD CARE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BREITLING AWARD RECIPIENTS	4	9,300.	0.		
INDIVIDUAL HARDSHIP RELIEF	18	150,737.	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.

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Part I Questions Regarding Compensation

		Yes	No
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.		
	☐ First-class or charter travel ☒ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ 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 **1b**	X	
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? **2**	X	
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.		
	☐ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☒ Form 990 of other organizations ☒ 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**	X	
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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	(i)	455,118.	46,964.	1,290.	58,500.	34,682.	596,554.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD YUBA - VP, FINANCE	(i)	246,139.	11,381.	8,325.	26,506.	25,386.	317,737.	0.
& ADMINISTRATION (THRU 09/25)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH THASIAH	(i)	240,997.	9,257.	5,086.	25,840.	35,908.	317,088.	0.
VP, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TAMMY SIMS JOHNSON	(i)	225,284.	8,336.	8,459.	24,558.	45,712.	312,349.	0.
VP, PHILANTHROPIC SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANET MOCKER	(i)	189,382.	0.	11,356.	20,024.	32,036.	252,798.	0.
SENIOR DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JESSICA SANCHEZ - SENIOR	(i)	144,781.	0.	10,100.	15,868.	30,004.	200,753.	0.
DIRECTOR OF DONOR RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CELINE DELPOUX	(i)	124,766.	5,000.	8,621.	13,700.	11,631.	163,718.	0.
DIRECTOR OF ACCOUNTING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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 7:
DISCRETIONARY BONUSES WERE AWARDED.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	1	3,500.	FUNDRAISING AUCTION
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	175	23,171,935.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (MERCHANDISE)	X	6	1,659.	COST/SELLING PRICE
26	Other (MEALS)	X	2	528.	COST/SELLING PRICE
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment 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?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, COLUMN (B):
THE TOTALS REPORTED IN COLUMN (B) REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2025.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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 AUDIT COMMITTEE 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 2025 CEO COMPENSATION WAS SET BY THE BOARD DURING AN EXECUTIVE SESSION ON MARCH 6, 2025 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 COMPENSATION CONSULTANTS.

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 COMPARABLE POSITIONS BY OTHER COMPARABLE EMPLOYERS.

THE REASONABLENESS OF THE 2025 COMPENSATION FOR THE V.P., FINANCE & ADMINISTRATION, V.P., PHILANTHROPIC SERVICES, V.P., PROGRAMS, AND SR.

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

DIRECTOR OF FINANCE WAS REVIEWED BY THE COMPENSATION COMMITTEE AT ITS MEETING ON FEBRUARY 6, 2025.

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	3,534,781.
PASSTHROUGH INCOME FROM UBI	43,098.
RETURNED GRANTS	33,050.
TOTAL TO FORM 990, PART XI, LINE 9	3,610,929.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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	1,059,306.	7,980,213.	SANTA BARBARA FOUNDATION
300 EAST ISLAY STREET, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	0.	2,686,796.	SANTA BARBARA FOUNDATION
SBF PROPERTIES, LLC 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CALIFORNIA	26,722.	2,000,335.	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	(g) No
HIGHLAND SANTA BARBARA FOUNDATION, INC. - 45-3962008, 2101 CEDAR SPRINGS ROAD 1200, DALLAS, TX 75201	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION	DELAWARE	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	

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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)	ERIC AND KELLY SCHWARTZ CHARITABLE TRUST	C	7,210,000.	CASH PAID
(2)	ERIC AND KELLY SCHWARTZ CHARITABLE TRUST	L	229,620.	CASH PAID
(3)	WYATT FAMILY FOUNDATION	B	11,729.	CASH PAID
(4)	WYATT FAMILY FOUNDATION	C	2,630,648.	CASH PAID
(5)	WYATT FAMILY FOUNDATION	L	142,244.	CASH PAID
(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.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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.

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

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
SANTA BARBARA FOUNDATION

Taxpayer identification number (TIN)
95-1866094

Number, street, and room or suite no. If a P.O. box, see instructions.
1111 CHAPALA ST STE 200

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SANTA BARBARA, CA 93101-3100

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	Form 990-T (governmental entities)	15

- 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 JANET MOCKER
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 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	167,330.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

EXTENDED TO NOVEMBER 16, 2026

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)

SANTA BARBARA FOUNDATION

Number and street. If a P.O. box, see instructions. | Room or suite no.

1111 CHAPALA ST STE 200

City or town | State or province | Country | ZIP or foreign postal code

SANTA BARBARA | CA | | 93101-3100

C Book value of all assets at end of year 548,772,040.

D Employer identification number

95-1866094

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

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

J Enter the number of attached Schedules A (Form 990-T) 1

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

L The books are in care of JANET MOCKER Telephone number 805-963-1873

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5 a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	0.
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15			5b	
6 a	Payments: Preceding year's overpayment credited to the current year	6a	167,330.		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
k	Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k			
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k			7	167,330.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	167,330.
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 5,000. **Refunded**			11	162,330.
	For Refunded amount, also complete and attach Form 8050. See instructions.				

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

		Yes	No
1	At any time during the 2025 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
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	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.		
5	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	$ 1,016,216.
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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

Signature of officer | Date | PRESIDENT & CEO (Title)

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LAUREN A. HAVERLOCK	LAUREN A. HAVERLOCK			P00545829

Firm's name BAKER TILLY ADVISORY GROUP, LP — Firm's EIN 39-0859910

Firm's address 6320 CANOGA AVENUE, 17TH FLOOR WOODLAND HILLS, CA 91367 — Phone no. 818-577-1900

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2025

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

A Name of the organization: SANTA BARBARA FOUNDATION

B Employer identification number: 95-1866094

C Unrelated business activity code (see instructions): 900001

D Sequence: 1 of 1

E Describe the unrelated trade or business: QUALIFYING INVESTMENT ACTIVITIES

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance 1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	31,411.		31,411.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-74,509.		-74,509.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	121,737.	77,689.	44,048.
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	78,639.	77,689.	950.

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SEE STATEMENT 2			14	25,381.
15	**Total deductions.** Add lines 1 through 14			15	25,381.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-24,431.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-24,431.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2025**

LHA 523741 01-13-26

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ 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	**Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A ☐ 1111 CHAPALA STREET, SANTA BARBARA, CA 93101
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property	367,008.			
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) STMT 4	112,720.			
b	Other deductions (attach statement) STMT 5	121,496.			
c	Total deductions (add lines 3a and 3b, columns A through D)	234,216.			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT	62,611,160.			
5	Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 7	7,872,118.			
6	Divide line 4 by line 5	33.170%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	121,737.			
8	**Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				121,737.
9	Allocable deductions. Multiply line 3c by line 6	77,689.			
10	**Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				77,689.
11	**Total dividends - received deductions** included in line 10				0.

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

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

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
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)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
AETHER REAL ASSETS II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	3,394.
TCV X (A), L.P. - ORDINARY BUSINESS INCOME (LOSS)	-23,523.
NEWBURY EQUITY PARTNERS (AKA NEWBURY SECONDARY FUND LP) - ORDINARY BUSINESS	25.
NEWBURY EQUITY PARTNERS (AKA NEWBURY SECONDARY FUND LP) - INTEREST INCOME	4.
NEWBURY EQUITY PARTNERS (AKA NEWBURY SECONDARY FUND LP) - OTHER INCOME (LOSS	-3.
MERCER PIP LP - ORDINARY BUSINESS INCOME (LOSS)	-579.
MERCER PIP-II LP - ORDINARY BUSINESS INCOME (LOSS)	-194.
QUELLOS BLACKROCK REAL ASSETS II (PARALLEL), L.P. - ORDINARY BUSINESS INCOM	-10.
AETHER REAL ASSETS V LP - ORDINARY BUSINESS INCOME (LOSS)	145,610.
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS)	2,688.
NORTHGATE IV, LP - INTEREST INCOME	5.
NORTHGATE IV, LP - DIVIDEND INCOME	126.
NORTHGATE IV, LP - OTHER INCOME (LOSS)	-128.
KOHLBERG TE INVESTORS IX, LP - ORDINARY BUSINESS INCOME (LOSS)	-15,270.
DBL PARTNERS IV, LP - INTEREST INCOME	7.
DBL PARTNERS IV, LP - DIVIDEND INCOME	51.
DBL PARTNERS IV, LP - OTHER INCOME (LOSS)	-1,313.
BIRCH HILL EQUITY PARTNERS (GLOBAL) VI, LP - ORDINARY BUSINESS INCOME (LOSS)	1,495.
AEW PARTNERS REAL ESTATE FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS)	2,900.
AEW PARTNERS REAL ESTATE FUND IX, LP - INTEREST INCOME	7,042.
AEW PARTNERS REAL ESTATE FUND IX, LP - OTHER INCOME (LOSS)	-60,414.
ARTEMIS REAL ESTATE PARTNERS FUND IV, - ORDINARY BUSINESS INCOME (LOSS)	-43,980.
ARA FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-32,912.
THE RISE FUND III, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-2,208.
THE RISE FUND III FIRPTA AIV II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	4.
BEDROCK CLEAN ENERGY LLC - ORDINARY BUSINESS INCOME (LOSS)	-32,588.
GREEN CITIES V LP - ORDINARY BUSINESS INCOME (LOSS)	-22,195.
RETHINK IMPACT III, LP - OTHER INCOME (LOSS)	-2,543.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-74,509.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	22,125.
DEPLETION	3,256.
TOTAL TO SCHEDULE A, PART II, LINE 14	25,381.

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.
12/31/22	216,979.	0.	216,979.	216,979.
12/31/23	320,199.	0.	320,199.	320,199.
12/31/24	479,038.	0.	479,038.	479,038.
NOL CARRYOVER AVAILABLE THIS YEAR			1,016,216.	1,016,216.

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

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		112,720.	
- SUBTOTAL -	1		112,720.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			112,720.

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

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INTEREST EXPENSE		31,780.		
OPERATING EXPENSE		89,716.		
- SUBTOTAL -	1	121,496.	1.00	121,496.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				121,496.

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

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		2,611,160.	
- SUBTOTAL -	1		2,611,160.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			2,611,160.

FORM 990-T (A) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		7,872,118.	
- SUBTOTAL -	1		7,872,118.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			7,872,118.

SCHEDULE D (Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2025

Name: SANTA BARBARA FOUNDATION

Employer identification number: 95-1866094

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instr). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** or **Box G** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** or **Box H** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** or **Box I** checked				49.

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	5	
6 Unused capital loss carryover (attach computation)	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	7	49.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** or **Box J** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** or **Box K** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** or **Box L** checked				3,973.

11 Enter gain from Form 4797, line 7 or 9	11	27,389.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	13	
14 Capital gain distributions	14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	15	31,362.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	49.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	31,362.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	31,411.

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

Form **8949**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **12A**

Name(s) shown on return: SANTA BARBARA FOUNDATION

Social security number or taxpayer identification no.: 95-1866094

Before you check Box A, B, C, G, H, or I below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They 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 and Form(s) 1099-DA 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, C, G, H, or I 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 **was not** reported to the IRS
- ☒ **(C)** Short-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(G)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(H)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(I)** Short-term digital asset transactions not reported to you on **Form 1099-DA** or **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.** (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
AETHER REAL ASSETS								
V LP							19.	C
NORTHGATE IV, LP							30.	C

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: SANTA BARBARA FOUND

Social security number or taxpayer identification no.: 95-1866094

Before you check Box D, E, F, J, K, or L below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They 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 and Form(s) 1099-DA 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, F, J, K, or L 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 **was not** reported to the IRS
- ☒ **(F)** Long-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(J)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(K)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(L)** Long-term digital asset transactions not reported to you on **Form 1099-DA** or **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.** (f) Code(s)	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) & combine the result with column (g)	
AETHER REAL ASSETS V LP							35.	C
KOHLBERG TE INVESTORS IX, LP							3,093.	C
AEW PARTNERS REAL ESTATE FUND IX, LP C/O							262.	C
THE RISE FUND III, L.P.							583.	C
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** or **Box J** above is checked), **line 9** (if **Box E** or **Box K** above is checked), or **line 10** (if **Box F** or **Box L** above is checked)							3,973.	

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

Form **4797**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0184

2025

Attachment Sequence No. **27**

Name(s) shown on return: SANTA BARBARA FOUNDATION

Identifying number: 95-1866094

1a Enter the gross proceeds from sales or exchanges reported to you for 2025 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
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	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	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)
SEE STATEMENT 8						

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	27,389.
	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	8	
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	9	27,389.

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	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 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	18a	
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	18b	

For Paperwork Reduction Act Notice, see separate instructions. Form **4797** (2025) Created 4/16/25

LHA 518011 12-18-25

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		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** 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				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** 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 **smaller** 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 **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** 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 **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
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 **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the **smaller** 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		

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 8

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NEWBURY EQUITY PARTNERS (AKA NEWBURY SEC						22.
NORTHGATE IV, LP						2,135.
AEW PARTNERS REAL ESTATE FUND IX, LP C/O						13,536.
ARTEMIS REAL ESTATE PARTNERS FUND IV,						11,696.
TOTAL TO 4797, PART I, LINE 2						27,389.

SCHEDULE D (Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2025

Name

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instr). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** or **Box G** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** or **Box H** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** or **Box I** checked				49.

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	**4**	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	**5**	
6 Unused capital loss carryover (attach computation)	**6**	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	**7**	49.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** or **Box J** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** or **Box K** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** or **Box L** checked				3,973.

11 Enter gain from Form 4797, line 7 or 9	**11**	27,389.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	**12**	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	**13**	
14 Capital gain distributions	**14**	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	**15**	31,362.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	**16**	49.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	**17**	31,362.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	**18**	31,411.

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

Form **8949**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **12A**

Name(s) shown on return: SANTA BARBARA FOUNDATION

Social security number or taxpayer identification no.: 95-1866094

Before you check Box A, B, C, G, H, or I below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They 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 and Form(s) 1099-DA 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, C, G, H, or I 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 **was not** reported to the IRS
- ☒ **(C)** Short-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(G)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(H)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(I)** Short-term digital asset transactions not reported to you on **Form 1099-DA** or **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.** (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
AETHER REAL ASSETS							
V LP							19.
NORTHGATE IV, LP							30.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: SANTA BARBARA FOUND

Social security number or taxpayer identification no.: 95-1866094

Before you check Box D, E, F, J, K, or L below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They 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 and Form(s) 1099-DA 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, F, J, K, or L 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 **was not** reported to the IRS
- ☒ **(F)** Long-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- ☐ **(J)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- ☐ **(K)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- ☐ **(L)** Long-term digital asset transactions not reported to you on **Form 1099-DA** or **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. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
AETHER REAL ASSETS V LP							35.
KOHLBERG TE INVESTORS IX, LP							3,093.
AEW PARTNERS REAL ESTATE FUND IX, LP C/O							262.
THE RISE FUND III, L.P.							583.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** or **Box J** above is checked), **line 9** (if **Box E** or **Box K** above is checked), or **line 10** (if **Box F** or **Box L** above is checked)							3,973.

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

Form **4797**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0184

2025

Attachment Sequence No. **27**

Name(s) shown on return: SANTA BARBARA FOUNDATION

Identifying number: 95-1866094

1a Enter the gross proceeds from sales or exchanges reported to you for 2025 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
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	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	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)
SEE STATEMENT 9						

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	27,389.
	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	8	
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	9	27,389.

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	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 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	18a	
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	18b	

For Paperwork Reduction Act Notice, see separate instructions. Form **4797** (2025) Created 4/16/25

LHA 518011 12-18-25

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		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** 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				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** 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 **smaller** 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 **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** 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 **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
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 **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the **smaller** 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		

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 9

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NEWBURY EQUITY PARTNERS (AKA NEWBURY SEC						22.
NORTHGATE IV, LP						2,135.
AEW PARTNERS REAL ESTATE FUND IX, LP C/O						13,536.
ARTEMIS REAL ESTATE PARTNERS FUND IV,						11,696.
TOTAL TO 4797, PART I, LINE 2						27,389.