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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
FUND FOR SANTA BARBARA, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
26 WEST ANAPAMU STREET
 City or town, state or country, and ZIP + 4
SANTA BARBARA, CA 93101

D Employer identification number
77-0070742

E Telephone number
(805) 962-9164

G Gross receipts \$ **1,432,563.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

F Name and address of principal officer **GEOFF GREEN**
26 W. ANAPAMU STREET SANTA BARBARA, CA 93101

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

J Website: ▶ **WWW.FUNDFORSANTABARBARA.ORG**

K Type of organization: Corporation Trust Association Other ▶ **L Year of formation:** **1980** **M State of legal domicile:** **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE CASH GRANTS AND FREE CONSULTING TO GRASSROOTS ORGANIZATIONS IN SANTA BARBARA COUNTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	470,271.	305,382.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	148,599.	5,532.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,339.	29,591.
	12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	687,209.	340,505.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	303,058.	266,069.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	188,424.	246,787.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 40,654.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	131,444.	141,619.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	622,926.	654,475.	
19 Revenue less expenses. Subtract line 18 from line 12	64,283.	<313,970.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	2,686,380.	1,971,779.
	22 Net assets or fund balances. Subtract line 21 from line 20	39,706.	49,596.
		2,646,674.	1,922,183.

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]* **Signature of officer** **11/16/09** **Date**

▶ **GEOFF GREEN, EXECUTIVE DIRECTOR** **Type or print name and title**

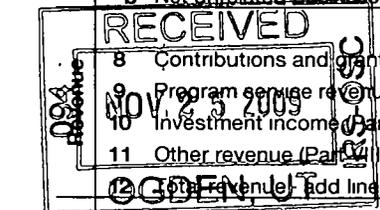
Paid Preparer's Use Only

Preparer's signature ▶ *[Signature]* **Date** **11/16/09** **Check if self-employed** **Preparer's identifying number (see instructions)**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **MCGOWAN GUNTERMANN** **EIN** ▶

▶ **509 E. MONTECITO ST., 2ND FLOOR** **SANTA BARBARA, CA 93103-3293** **Phone no.** ▶ **(805) 962-9175**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No



DF 8 2009

915

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE FUND FOR SANTA BARBARA IS A NONPROFIT COMMUNITY FOUNDATION DEDICATED TO ADDRESSING THE ROOT CAUSES OF SOCIAL, ECONOMIC AND ENVIRONMENTAL CHALLENGES IN SANTA BARBARA COUNTY.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 523,718. including grants of \$ 266,069.) (Revenue \$)

THE FUND'S GRANTMAKING PROGRAM PROVIDES CASH GRANTS TO COMMUNITY ORGANIZATIONS WORKING FOR SOCIAL, ECONOMIC, ENVIRONMENTAL AND POLITICAL CHANGE AT THE GRASSROOTS LEVEL. THE FUND PROVIDES APPROXIMATELY 50 GRANTS PER YEAR, RANGING FROM \$500 TO \$10,000. IN ADDITION, THE FUND PROVIDES FREE TECHNICAL ASSISTANCE, SUPPORT, AND CONSULTING SERVICES TO MORE THAN 200 PROJECTS EACH YEAR IN THE AREAS OF ORGANIZATIONAL DEVELOPMENT, COALITION-BUILDING, BOARD DEVELOPMENT, LOBBYING AND ADVOCACY, EFFECTIVE USE OF MEDIA, FUNDRAISING, STRATEGIC PLANNING AND ORGANIZING STRATEGY. THE FUND ALSO CONVENES ORGANIZATIONS AND POLICY-MAKERS AROUND CRITICAL ISSUES, AND ADVANCES PROGRESSIVE PHILANTHROPY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses \$ 523,718. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
3b			
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)?		X
4a			
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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: N/A		
12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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 in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
GEOFF GREEN -- (805) 962-9164
26 WEST ANAPAMU STREET, SANTA BARBARA, CA 93101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
IGNACIO ALARCON VICE PRESIDENT	2.00	X		X				0.	0.	0.
JO ANN BELL DIRECTOR	1.00	X						0.	0.	0.
JANE BRODY DIRECTOR	1.00	X						0.	0.	0.
RAND CLARK PRESIDENT	2.00	X		X				0.	0.	0.
ELIZABETH FARNUM DIRECTOR	1.00	X						0.	0.	0.
ELSA GRANADOS MEMBER-AT-LARGE	2.00	X		X				0.	0.	0.
MARK HAMILTON DIRECTOR	1.00	X						0.	0.	0.
CAROL KEATOR GRANT MAKING LIAISON	2.00	X						0.	0.	0.
TANIA ISRAEL DIRECTOR	1.00	X						0.	0.	0.
GORDON MORRELL DIRECTOR	1.00	X						0.	0.	0.
KYLE RICHARDS DIRECTOR	1.00	X						0.	0.	0.
MICHAEL SEABAUGH SECRETARY	2.00	X		X				0.	0.	0.
KATE SILSBURY TREASURER	2.00	X		X				0.	0.	0.
MICHAELA SIMPSON DIRECTOR	1.00	X						0.	0.	0.
GEOFF GREEN EXECUTIVE DIRECTOR	40.00			X	X			79,451.	0.	4,158.

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	60,419.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	244,963.			
	g Noncash contributions included in lines 1a-1f \$		4,554.			
	h Total. Add lines 1a-1f		305,382.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		60,561.		60,561.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	(ii) Personal			
		b Less rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		877,958.				
		b Less cost or other basis and sales expenses				
		932,987.				
	c Gain or (loss)					
	d Net gain or (loss)			<55,029.>	<55,029.>	
	8 a Gross income from fundraising events (not including \$ 60,419. of contributions reported on line 1c). See Part IV, line 18	a				
		188,662.				
b Less direct expenses						
c Net income or (loss) from fundraising events			29,591.	29,591.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e			340,505.	<25,438.>	0.	60,561.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	266,069.	266,069.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	83,609.	50,165.	16,722.	16,722.
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	127,475.	98,764.	14,326.	14,385.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	18,710.	16,100.	2,018.	592.
10 Payroll taxes	16,993.	12,271.	2,552.	2,170.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,530.		10,530.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,057.		17,057.	
g Other				
12 Advertising and promotion	11,426.	7,713.		3,713.
13 Office expenses	6,811.	5,560.	1,251.	
14 Information technology				
15 Royalties				
16 Occupancy	50,490.	32,313.	18,177.	
17 Travel	6,642.	4,251.	2,391.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,908.	1,821.	47.	40.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,691.		1,691.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COMMUNITY PROGRAMS	19,098.	19,098.		
b PRINTING AND POSTAGE	6,373.	3,187.	154.	3,032.
c INSURANCE	5,409.	3,462.	1,947.	
d MISCELLANEOUS	2,252.	1,012.	1,240.	
e DUES AND SUBSCRIPTIONS	1,932.	1,932.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	654,475.	523,718.	90,103.	40,654.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	100.	1	100.
	2	Savings and temporary cash investments	240,530.	2	147,329.
	3	Pledges and grants receivable, net	121,875.	3	31,000.
	4	Accounts receivable, net	7,201.	4	10,964.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis	19,101.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	11,203.		
			7,374.	10c	7,898.
	11	Investments - publicly traded securities	2,135,941.	11	1,646,743.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets See Part IV, line 11	173,359.	15	127,745.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,686,380.	16	1,971,779.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable	11,081.	18	28,190.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	28,625.	25	21,406.
	26	Total liabilities. Add lines 17 through 25	39,706.	26	49,596.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	163,095.	27	83,737.
	28	Temporarily restricted net assets	347,638.	28	191,703.
	29	Permanently restricted net assets	2,135,941.	29	1,646,743.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,646,674.	33	1,922,183.	
34	Total liabilities and net assets/fund balances	2,686,380.	34	1,971,779.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization FUND FOR SANTA BARBARA, INC.	Employer identification number 77-0070742
---	---

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 (Please check only **one** organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 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 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 the Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	701,712.	245,490.	494,637.	470,271.	244,963.	2157073.
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 - 3	701,712.	245,490.	494,637.	470,271.	244,963.	2157073.
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)						1200424.
6 Public Support. Subtract line 5 from line 4						956,649.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	701,712.	245,490.	494,637.	470,271.	244,963.	2157073.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,077.	98,110.	54,043.	64,279.	60,561.	324,070.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						2481143.
12 Gross receipts from related activities, etc (see instructions)					12	475,891.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	38.56 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	43.84 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008
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Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

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

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

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization **FUND FOR SANTA BARBARA, INC.** Employer identification number **77-0070742**

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

- A Check if the filing organization belongs to an affiliated group
 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)		16,706.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		18,955.													
c Total lobbying expenditures (add lines 1a and 1b)		35,661.													
d Other exempt purpose expenditures		618,817.													
e Total exempt purpose expenditures (add lines 1c and 1d)		654,478.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns.		123,172.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	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		
If the amount on line 1e, column (a) or (b) is:	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														
g Grassroots nontaxable amount (enter 25% of line 1f)		30,793.													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	102,010.	89,712.	118,439.	123,172.	433,333.
b Lobbying ceiling amount (150% of line 2a, column(e))					650,000.
c Total lobbying expenditures	21,955.	16,100.	18,572.	35,661.	92,288.
d Grassroots non-taxable amount	25,503.	22,428.	29,610.	30,793.	108,334.
e Grassroots ceiling amount (150% of line 2d, column (e))					162,501.
f Grassroots lobbying expenditures	5,500.	6,850.	1,250.	16,706.	30,306.

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	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 other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	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 carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) non-deductible 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 expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	
2 Aggregate contributions to (during year)	83,000.	
3 Aggregate grants from (during year)	72,582.	
4 Aggregate value at end of year	42,418.	

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items.

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	2,135,941.				
b Contributions					
c Investment earnings or losses	<387,748.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	101,450.				
f Administrative expenses					
g End of year balance	1,646,743.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► 100.00 %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		19,101.	11,203.	7,898.

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 7,898.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

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

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

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

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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART V, LINE 4: ALL ENDOWMENT ASSETS ARE PERMANENTLY RESTRICTED AND ARE PAID OUT ANNUALLY AT A RATE OF 5% OF THE AVERAGE MARKET VALUE AT JUNE 30TH OF THE 3 PRIOR YEARS. ENDOWMENT PAYOUT DOLLARS ARE UNRESTRICTED AND USED TO SUPPORT GENERAL PROGRAM OPERATIONS AND GRANTMAKING.

PART X: PURSUANT TO FSP FIN 48-3, MANAGEMENT HAS ELECTED TO DEFER THE APPLICATION OF FASB INTERPRETATION NO. 48 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TO FISCAL YEARS BEGINNING AFTER DECEMBER 15,

Part XIV Supplemental Information *(continued)*

2008. THE FUND EVALUATES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLY AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2008, THE FUND HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

OTHER CHANGES TO NET ASSETS TOTALING (\$410,521) CONSISTS OF UNREALIZED LOSSES ON INVESTMENTS OF (\$374,603) AND LOSSES ON UNDERLYNG CHARITABLE REMAINDER TRUST INVESTMENT ASSETS OF (\$35,918).

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))	
		BREAD AND ROSES ANNUAL PARTY (event type)	GRANT AWARDS PARTY (event type)	NONE (total number)		
Revenue	1	Gross receipts	185,598.	3,064.		188,662.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	185,598.	3,064.		188,662.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	155,616.	3,455.		159,071.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(159,071)
	9	Net income summary. Combine lines 3 and 8 in column (d)				29,591.

Part III Gaming. Complete if the organization answered "Yes" to 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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?		
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?		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

13a		%
13b		%

14 Provide 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?

15a

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 name and address:

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?

17a

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

Open to Public
Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number
77-0070742

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Part II 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO DE UNIDADA PUPULAR BENITO JUAREZ, INC - PO BOX 41416 - BAKERSFIELD, CA 93384	26-0525829	501(C)(3)	9,934.	0.			EDUCATION AND SELF-EMPOWERMENT PROJECT IN INDIGENOUS COMMUNITIES IN SANTA MARIA
CITIZENS PLANNING FOUNDATION 916 ANACAPA STREET SANTA BARBARA, CA 93101	95-2104424	501(C)(3)	5,890.	0.			501C3/501C4 MERGER ASSISTANCE
CITYPEACE 924 ANACAPA STREET SANTA BARBARA, CA 93101	26-2632139	501(C)(3)	9,600.	0.			GANG TRUCE AND MEDIATION TRAINING
CASA ESPERANZA HOMELESS SHELTER (PEOPLE'S INSTITUTE) - 816 CASIQUES STREET - SANTA BARBARA, CA 93103	77-0502754	501(C)(3)	6,600.	0.			SUPPORT OF CLASSES AND SEMINARS
UNIFIED CARPINTERIANS 5294 EL CARRO LANE CARPINTERIA, CA 931013			7,950.	0.			NATIVE AMERICAN MASCOT IMAGERY PROJECT
GROWING SOLUTIONS RESTORATION EDUCATION INSTITUTE - PO BOX 30081 - SANTA BARBARA, CA 93130	77-0535486	501(C)(3)	5,000.	0.			HEALTHY HABITAT PROGRAM AND LOS PRIETOS BOYS CAMP

2 Enter total number of section 501(c)(3) and government organizations **24.**

3 Enter total number of other organizations **28.**

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: GRANTS ARE DISTRIBUTED AFTER THE COMPLETION OF A RIGOROUS APPLICATION REVIEW PROCESS WHICH INCLUDES AN INITIAL INQUIRY, STAFF FEEDBACK TO A DRAFT PROPOSAL, A FORMAL PROPOSAL, TWO GRANT-MAKING COMMITTEE REVIEW MEETINGS, A SITE VISIT, AND THE VOTE OF THE FULL BOARD OF DIRECTORS. ONCE A GRANT IS MADE, ALL RECIPIENTS ARE CONTACTED ON A REGULAR BASIS BY STAFF. A WRITTEN REPORT IS DUE EVERY 6 MONTHS AND WHEN ALL THE FUNDS ARE EXPENDED. AS NECESSARY, FOLLOW-UP SITE VISITS ARE PERFORMED. ALL GRANT DECISIONS ARE REPORTED TO THE FUND'S DONORS AND THE LARGER COMMUNITY. WHEN TERMS OF A GRANT AGREEMENT ARE VIOLATED, A GRANT MAY BE RESCINDED.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number
77-0070742

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA, CA 93101	95-2557063	501(C)(3)	12,800.	0.			PHOTO EXHIBIT OF MARGINALIZED COMMUNITIES IN CALIFORNIA
COMMUNITY SCHOOLS INC (SHAPE OF VOICE) - 27 WEST ANAPAMU STREET, SUITE 839 - SANTA BARBARA, CA 93101	95-2596191	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
SANTA BARBARA NEIGHBORHOOD CLINICS 915 NORTH MILPAS SANTA BARBARA, CA 93103	77-0496372	501(C)(3)	5,000.	0.			HEALTH AND EDUCATION OUTREACH PROGRAMS
UNITY SHOPPE, INC. 1219 STATE STREET SANTA BARBARA, CA 93101	77-0391064	501(C)(3)	5,500.	0.			LOCALIZED FOOD SYSTEM EDUCATION
DOCTORS WITHOUT WALLS 5901 ENCINA ROAD, SUITE C6 GOLETA, CA 93117	33-1210731	501(C)(3)	5,700.	0.			GENERAL OPERATIONS
FOREST WATCH LOS PADRES 23 HITCHCOCK WAY, SUITE 101 SANTA BARBARA, CA 93105	20-1531390	501(C)(3)	6,000.	0.			GENERAL OPERATIONS
ORCUTT AREA SENIORS IN SERVICE, INC. - PO BOX 2637 - ORCUTT, CA 93457	77-0058257	501(C)(3)	6,000.	0.			EDUCATE PREJUDICE AMONG SENIORS
NUCLEAR AGE PEACE FOUNDATION 1187 COAST VILLAGE ROAD SANTA BARBARA, CA 93108	95-3825265	501(C)(3)	7,000.	0.			PEACE LEADERS EDUCATION AND TRAINING

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number
77-0070742

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FAMILY RESOURCE EDUCATIONAL SERVICE HELP (FRESH START) - 545 E. BETTERAVIA - SANTA MARIA, CA 93455	20-8981814	501(C)(3)	7,270.	0.		CIVIC EDUCATION CLASSES				
FUTURE LEADERS OF AMERICA, INC. 402 EAST GUTIERREZ STREET SANTA BARBARA, CA 93101	77-0071036	501(C)(3)	7,500.	0.		SCHOOL DAY CAMP FOR 5TH AND 6TH GRADERS				
SANTA BARBARA COUNTY ACTION NETWORK (SBCAN) - PO BOX 23453 - SANTA BARBARA, CA 93121	91-2171262	501(C)(4)	12,737.	0.		SUSTAINABLE HOUSING OPEN SPACE ADVOCACY AND GENERAL OPERATIONS				
RESTORATIVE JUSTICE RESOURCE CENTER - PO BOX 82 - SANTA BARBARA, CA 93102	56-2169898	501(C)(3)	7,818.	0.		JUVENILE JUSTICE INTERVENTION PROGRAM				
CHANNEL ISLANDS YMCA (IV TEEN CENTER) - 55 HITCHCOCK WAY, SUITE 101 - SANTA BARBARA, CA 93105	95-1643379	501(C)(3)	7,840.	0.		PARENT SCHOOL IMPROVEMENT PROGRAM				
SANTA BARBARA CHANNELS 7000 HOLLISTER AVENUE GOLETA, CA 93117	71-0910704	501(C)(3)	18,000.	0.		MEDIA REFORM AND CITIZEN MCCAW FULL LENGTH FILM				
LA CASA DE LA RAZA 601 EAST MONTECITO STREET SANTA BARBARA, CA 93103	23-7110339	501(C)(3)	9,750.	0.		EMPOWERMENT SEMINAR				
PUEBLO 114 EAST HALLEY, SUITE 3 SANTA BARBARA, CA 93101	77-0551324	501(C)(4)	10,000.	0.		NEIGHBORHOOD COMMITTEE CAMPAIGN FOR LOW INCOME RESIDENTS OF SANTA BARBARA COUNTY				
2	Enter total number of Section 501(c)(3) and government organizations									
3	Enter total number of other organizations									

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number
77-0070742

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable
YSTRIVE FOR YOUTH PO BOX 41641 SANTA BARBARA, CA 93140	20-5700202	501(C)(3)
SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA STREET, SUITE 203 - SANTA BARBARA, CA 93101	77-0073674	501(C)(3)
PUEBLO EDUCATION FUND 114 EAST HALLEY, SUITE 3 SANTA BARBARA, CA 93101	56-3796433	501(C)(3)
CONFLICT SOLUTIONS CENTER 1528 CHAPALA STREET, SUITE 205 SANTA BARBARA, CA 93101	77-0463146	501(C)(3)
COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY - 5638 HOLLISTER AVENUE, SUITE 230 - GOLETA, CA 93117	95-2491790	501(C)(3)
BUELLTON IS OUR TOWN 1220 POPPY VALLEY ROAD BUELLTON, CA 93427		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

2008
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **FUND FOR SANTA BARBARA, INC.** Employer identification number **77-0070742**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	8	7,480.	ESTIMATED FAIR MARKET
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,070.	ESTIMATED FAIR MARKET
5 Clothing and household goods	X		31,625.	ESTIMATED FAIR MARKET
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	4,554.	FMV ON DATE OF DONATIO
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	X	36	43,850.	ESTIMATED FAIR MARKET
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GIFT CERTIFIC</u>)	X	118	43,600.	ESTIMATED FAIR MARKET
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number
77-0070742

FORM 990, PART VI, SECTION A, LINE 10: THE FUND FOR SANTA BARBARA CIRCULATES THE COMPLETED FORM 990 EACH YEAR TO THE FULL BOARD VIA EMAIL PRIOR TO A REGULARLY SCHEDULED BOARD MEETING TO SOLICIT QUESTIONS, COMMENTS, OR CHANGES. THE 990 IS THEN REVIEWED AT THE CORRESPONDING BOARD MEETING AND A FORMAL VOTE TO "ACCEPT AND FILE" THE FORM 990 IS TAKEN AND RECORDED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C: THE FUND FOR SANTA BARBARA'S CONFLICT OF INTEREST POLICY AND SELF-DEALING POLICY ARE REVIEWED ANNUALLY BY THE FULL BOARD OF DIRECTORS AND GRANT-MAKING COMMITTEE. BOTH DOCUMENTS ARE PROVIDED TO AND REVIEWED WITH ALL NEW BOARD MEMBERS AT THEIR FORMAL ORIENTATION. WHEN GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS, ALL CONFLICTS ARE IDENTIFIED IN WRITING AND READ ALOUD VERBALLY TO BE RECORDED IN THE MINUTES. ALL PARTIES WITH CONFLICTS ABSTAIN FROM THE CORRESPONDING VOTES FOR GRANT APPROVAL. WHEN APPROPRIATE, MEMBERS ARE ASKED TO STEP OUT OF THE ROOM.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY A REVIEW COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE CONSIDERS MULTIPLE FACTORS INCLUDING THE EXECUTIVE DIRECTOR'S PERFORMANCE, FUNDRAISING GOALS, SALARIES AT COMPARABLE ORGANIZATIONS, COMPENSATION SURVEY'S PUBLISHED BY THE CENTER FOR NONPROFIT MANAGEMENT, AND COST OF LIVING. ALL COMPENSATION ADJUSTMENTS ARE RECOMMENDED BY THE EXECUTIVE COMMITTEE AND VOTED ON BY THE FULL BOARD OF DIRECTORS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

FORM 990, PART VI, SECTION C, LINE 18: THE FUND FOR SANTA BARBARA MAKES ITS FORM 990 AND 1023 AVAILABLE TO THE PUBLIC VIA ITS WEBSITE, ON GUIDESTAR.ORG AND BY REQUEST (FOR HARD COPIES).

FORM 990, PART VI, SECTION C, LINE 19: THE FUND FOR SANTA BARBARA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, SELF-DEALING POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE AND BY REQUEST (FOR HARD COPIES).

FORM 990, PAGE 11, PART XI, QUESTION 2C
DESCRIPTION OF COMMITTEE OVERSIGHT ON COMPILATION OF FINANCIAL STATEMENTS
THE FUND'S EXECUTIVE COMMITTEE REVIEWS PROPOSALS OF INDEPENDENT PUBLIC ACCOUNTING FIRMS FOR PREPARATION OF ANNUAL COMPILED FINANCIAL STATEMENTS AND FORM 990. RECCOMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS AND APPROVED PRIOR TO ENGAGING THE FIRM. COMMUNICAITONS WITH THE FIRM ARE MADE BY THE EXECUTIVE DIRECTOR AND MEMBERS OF THE BOARD OF DIRECTORS THROUGHOUT AND AT COMPLETION OF THE ENGAGEMENT.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CRISTINA R.GONZALEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER BOARD MEMBER (RESIGNED FROM BOARD TO ACCEPT CONTRACT POSITION)

(C) AMOUNT OF TRANSACTION \$ 7654.

(D) DESCRIPTION OF TRANSACTION: CRISTINA GONZALEZ SERVED ON THE BOARD OF DIRECTORS FROM MAY 2005 UNTIL TAKING A LEAVE OF ABSENCE IN MAY 2008 TO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number
77-0070742

WORK AS AN HOURLY CONTRACTOR TO COORDINATE A YOUTH PROGRAM OF THE FUND FOR SANTA BARBARA.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PAGE 1, PART I, QUESTION 6

DESCRIPTION OF VOLUNTEER DUTIES

VOLUNTEER DUTIES INCLUDE:

1. ASSISTANCE WITH FUNDRAISING EVENT (BREAD & ROSES) - FOOD SERVICE, AUCTION ITEM SOLICITATION, GUEST COMFORT, REGISTRATION, CHECK-IN, CHECK-OUT, AUCTION ORGANIZATION, SET UP AND CLEAN UP (75)

2. SERVICE ON THE GRANT-MAKING COMMITTEE - ASSESSING THE GRANT APPLICATIONS, CONDUCTING SITE VISITS, AND MAKING FUNDING RECOMMENDATIONS TO THE BOARD OF DIRECTORS (15)

3. OFFICE SUPPORT - PREPARING MAILINGS, ENTERING DATA, ASSISTING WITH SELECT ADMINISTRATIVE TASKS (10)

SCHEDULE M - NONCASH CONTRIBUTIONS

NON-CASH DONATIONS REPORTED ON SCHEDULE M (ASIDE FROM PUBLICLY TRADED STOCK DONATIONS) ARE REFLECTED IN THE FINANCIAL STATEMENTS AS REVENUE RELATED TO THE ANNUAL BREAD AND ROSES SPECIAL EVENT.

FORM 990, PAGE 6, PART VI, SECTION B, QUESTION 13

WHISTLEBLOWER POLICY

ALTHOUGH THE FUND FOR SANTA BARBARA DID NOT HAVE A WRITTEN WHISTLEBLOWER POLICY AS OF DECEMBER 31, 2008, THE ORGANIZATION'S BOARD OF DIRECTORS HAS SUBSEQUENTLY ADOPTED A FORMAL WRITTEN POLICY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

FORM 990, PAGE 6, PART VI, SECTION B, QUESTION 14

DOCUMENT DESTRUCTION AND RETENTION POLICY

ALTHOUGH THE FUND FOR SANTA BARBARA DID NOT HAVE A WRITTEN DOCUMENT

RETENTION AND DESTRUCTION POLICY AS OF DECEMBER 31, 2008, THE

ORGANIZATION'S BOARD OF DIRECTORS HAS SUBSEQUENTLY ADOPTED A FORMAL

WRITTEN POLICY.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

FUND FOR SANTA BARBARA, INC.

FORM 990 PAGE 10

77-0070742

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

1	Maximum amount See the instructions for a higher limit for certain businesses	250,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only) (c) Elected cost
7	Listed property Enter the amount from line 29	7
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	1,691.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	1,691.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No										
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**FUND FOR SANTA BARBARA, INC.
SUPPLEMENTAL SCHEDULE OF GRANT EXPENSE
FOR THE YEAR ENDED DECEMBER 31, 2008**

Ag Innovations Network/Buy Fresh, Buy Local Food Guide	\$ 2,500
Buellton Is Our Town/Buellton Urban Growth Boundary Initiative Campaign	\$ 10,000
Centro de Unidad Popular Benito Juárez, Inc.	\$ 9,934
Citizens Planning Foundation/501c3-501c4 Merger	\$ 5,890
City@Peace/Gang Truce Follow Up & Mediation Training	\$ 9,600
Community Action Commission of Santa Barbara County/ Los Compadres Program \$10,000 (Year 1) \$8,000 (Year 2) \$6,000 (Year 3)	\$ 24,000
Conflict Solutions Center – Community Mediation Program/ Restorative Justice Partnership Initiative \$8,320 (Year 1) \$5,000 (Year 2 & 3)	\$ 18,320
Doctors Without Walls/Medical Malpractice Insurance	\$ 5,700
Dr. Martin Luther King Jr. Event and Essay Contest (First United Methodist)	\$ 2,094
Esperanza/Organizational Supplies	\$ 1,100
Families ACT! (Umbrella: ILRC)/Dual Diagnosis Task Force	\$ 3,000
Family Resource Educational Service Help (FRESH Start)/Civic Education Classes	\$ 7,270
FUQIT (Friendly Undergrad Queers in It Together)/No On Prop 4 and 8 Rally	\$ 900
Future Leaders of America, Inc./Future Leaders of America Master Achievers	\$ 7,500
Growing Solutions Restoration Education Institute/Healthy Habitat Program	\$ 5,000
Isla Vista Teen Center (Umbrella: Channel Islands YMCA)/ Parent School Improvement Program	\$ 7,840
Just Communities Central Coast/ Change Agent Network for Dismantling Oppression (CLI CAN DO)	\$ 7,800
Just Communities Central Coast/Golden States of Grace	\$ 5,000
La Casa de La Raza/Mariposa Personal Empowerment for Young Latina Women	\$ 9,750
Los Padres ForestWatch/General Operations	\$ 6,000
National Alliance on Mental Health/Lompoc/Family to Family Education Class	\$ 3,950
Nuclear Age Peace Foundation/Peace Leaders	\$ 7,000
Orcutt Area Seniors in Service, Inc./Celebrate Our World	\$ 6,000
OUTRageous Film Festival/Screening of "Persuit of Equality"	\$ 3,000
PUEBLO/Neighborhood Committee Campaign	\$ 10,000
Restorative Justice Resource Center/SB Restorative Justice Neighborhood Initiative	\$ 7,818
Santa Barbara Channels/Making Media Reform Real at the Local Level	\$ 8,000
Santa Barbara County Action Network (SB CAN)/General Operations	\$ 5,000
Santa Barbara County Action Network /Sustainable Housing Advocacy	\$ 7,737
Santa Barbara Docs (Umbrella: Santa Barbara Channels)/"Citizen McCaw"	\$ 10,000
Shape of Voice/General Operations (Umbrella: Community Schools, Inc)	\$ 5,000
The Independent Living Resource Center Inc./Consumer Advocacy Coalition	\$ 3,000
The People's Institute (Umbrella: Casa Esperanza Homeless Shelter)	\$ 1,500
Unified Carpentierians/Native American Mascot-Imagery	\$ 4,950
Unified Carpentierians/Native American Mascot-Imagery Project Start-Up	\$ 3,000
Unity Shoppe, Inc./Backyard Harvest	\$ 5,500
WillBridge of Santa Barbara/Homeless Foot Washing Event	\$ 3,000
ySTRIVE for Youth/4REAL (Real Employment Achievement Learning) Project	\$ 10,000
Santa Barbara International Film Festival	\$ 10,000
PUEBLO Education Fund	\$ 10,000
Santa Barbara Neighborhood Clinics	\$ 5,000
*TOTAL GRANT-MAKING FOR 2008	\$ 278,653

Minus \$12,584 in returned grants (Independent Living Resource Center (ILRC) / SB County Network of Mental Health Clients Start-Up \$4,500; UCSB Resource Center for Sexual & Gender Diversity / Youth Advocacy & Leadership Institute (YALI) \$1,722, Families ACT \$2,550, Minara \$32; UC Regents \$39, Transitions Mental Health \$3,541) for a net of \$266,069 (including \$24,000 in future multi-year commitments)

FUND FOR SANTA BARBARA 1-04685
 Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
15% RATE CAPITAL GAINS (LOSSES)					
300. TEVA PHARMACEUTICAL INDS LTD	VAR	01/03/2008	14,453.00	8,340.37	6,112.63
100. COSTCO WHOLESALE CORPORATION	VAR	01/04/2008	6,602.90	3,974.69	2,628.21
9.5 GNMA POOL #567570 6.500%					
3/15/32	04/09/2002	01/15/2008	9.50	9.58	-0.08
442.91 GNMA POOL #658132 6.000%					
10/15/36	12/11/2006	01/15/2008	442.91	450.11	-7.20
100. BP PLC	06/06/2001	01/16/2008	6,600.72	5,307.00	1,293.72
50. W.W. GRAINGER, INC.	01/02/2004	01/16/2008	3,797.99	2,393.09	1,404.90
200. UNITED PARCEL SERVICE INC CL B	08/27/2001	01/16/2008	13,741.01	11,216.00	2,525.01
100. APACHE CORPORATION	11/20/2006	01/24/2008	9,350.48	6,503.86	2,846.62
300. QUEST DIAGNOSTICS INC	10/27/2006	01/24/2008	14,792.69	14,910.01	-117.32
400. SYSCO CORPORATION	VAR	01/24/2008	10,960.11	11,141.47	-181.36
400. TEXAS INSTRUMENTS INCORPORATED	03/23/2006	01/24/2008	12,055.37	12,167.17	-111.80
100. UNITED HEALTH GROUP INC	07/26/2006	02/01/2008	4,988.88	5,053.61	-64.73
50. COSTCO WHOLESALE CORPORATION	VAR	02/07/2008	3,240.44	1,890.53	1,349.91
50. AMERICAN INTERNATIONAL GROUP, INC.	11/01/2006	02/11/2008	2,248.46	3,338.14	-1,089.68
9.97 GNMA POOL #567570 6.500%					
3/15/32	04/09/2002	02/15/2008	9.97	10.05	-0.08
1436.91 GNMA POOL #658132 6.000%	12/11/2006	02/15/2008	1,436.91	1,460.26	-23.35
50. SIGMA ALDRICH CORP	11/30/2004	02/28/2008	2,795.47	1,500.55	1,294.92
557.66 GNMA POOL #567570 6.500%	04/09/2002	03/15/2008	557.66	562.19	-4.53
1554.89 GNMA POOL #658132 6.000%	12/11/2006	03/15/2008	1,554.89	1,580.16	-25.27
8.9 GNMA POOL #567570 6.500%					
3/15/32	04/09/2002	04/15/2008	8.90	8.97	-0.07
1150.97 GNMA POOL #658132 6.000%	12/11/2006	04/15/2008	1,150.97	1,169.67	-18.70
500. NOVARTIS AG	VAR	04/21/2008	24,523.19	20,271.86	4,251.33
200. STAPLES INC	11/30/2004	04/21/2008	4,399.73	4,290.07	109.66
300. TEVA PHARMACEUTICAL INDS LTD	VAR	04/21/2008	14,087.89	6,532.31	7,555.58
200. UNITED HEALTH GROUP INC	07/31/2006	04/21/2008	7,515.96	9,540.84	-2,024.88
550. STAPLES INC	VAR	05/01/2008	12,559.77	9,970.96	2,588.81
300. MICROSOFT CORPORATION	VAR	05/05/2008	8,760.63	8,554.03	206.60
100. 3M CO	12/28/2004	05/08/2008	7,662.92	8,290.93	-628.01
Totals					

FUND FOR SANTA BARBARA 1-04685
 Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
250. AMERICAN INTERNATIONAL GROUP, INC.	VAR	05/09/2008	10,213.66	16,465.90	-6,252.24
100. SAP AKTIENGESSELLSCHAFT	04/02/2007	05/09/2008	4,869.40	4,507.49	361.91
100. BG GROUP PLC ADR NEW	04/04/2007	05/15/2008	12,649.01	7,214.12	5,434.89
10.56 GNMA POOL #567570 6.500%					
3/15/32					
1005.39 GNMA POOL #658132 6.000%					
12/11/2006					
25. BG GROUP PLC ADR NEW	04/04/2007	05/16/2008	3,222.01	1,803.53	1,418.48
200. MICROSOFT CORPORATION	VAR	05/19/2008	5,948.90	5,296.20	652.70
200. BANK OF AMERICA CORPORATION	05/30/2003	06/12/2008	5,913.42	8,039.55	-2,126.13
60. GOLDMAN SACHS GROUP INC	VAR	06/12/2008	10,107.64	11,494.55	-1,386.91
11.86 GNMA POOL #567570 6.500%					
3/15/32					
771.39 GNMA POOL #658132 6.000%					
04/09/2002					
10/15/36					
50. ROCHE HLDG LTD SPONS	12/11/2006	06/15/2008	771.39	783.93	-12.54
50. COSTCO WHOLESALE CORPORATION	04/26/2007	06/26/2008	4,264.83	4,821.57	-556.74
9.77 GNMA POOL #567570 6.500%					
08/04/2003					
3/15/32					
450.4 GNMA POOL #658132 6.000%					
12/11/2006					
10/15/36					
9.76 GNMA POOL #567570 6.500%					
04/09/2002					
3/15/32					
478.29 GNMA POOL #658132 6.000%					
12/11/2006					
10/15/36					
9.82 GNMA POOL #567570 6.500%					
04/09/2002					
3/15/32					
464.94 GNMA POOL #658132 6.000%					
12/11/2006					
10/15/36					
65. GOLDMAN SACHS GROUP INC	03/01/2006	09/24/2008	8,329.39	9,323.46	-994.07
100. AMERICAN EXPRESS CO	11/17/2006	09/30/2008	3,432.16	5,978.21	-2,546.05
100. BANK OF AMERICA CORPORATION	08/04/2003	10/01/2008	3,612.95	4,016.10	-403.15
200. PRICE T ROWE GROUP INC	VAR	10/01/2008	10,763.76	3,941.72	6,822.04
400. NOKIA AB ADR	VAR	10/08/2008	6,843.30	8,356.95	-1,513.65
400. OMNICOM GROUP INC.	VAR	10/09/2008	13,015.51	16,424.10	-3,408.59
200. TARGET CORP	VAR	10/09/2008	8,327.92	12,425.16	-4,097.24
Totals					

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	FUND FOR SANTA BARBARA, INC.	77-0070742
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 26 WEST ANAPAMU STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

GEOFF GREEN

- The books are in the care of ▶ 26 WEST ANAPAMU STREET - SANTA BARBARA, CA 93101
Telephone No. ▶ (805) 962-9164 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2008 or
 ▶ tax year beginning _____, and ending _____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

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- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	FUND FOR SANTA BARBARA, INC.		77-0070742
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	26 WEST ANAPAMU STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	SANTA BARBARA, CA 93101		

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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• 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**

5 For calendar year **2008**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO COMPLETE AND FILE AN ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Geoff Green* Title *CPA* Date *8/13/09*

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