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EXTENSION GRANTED TO NOVEMBER 15, 2010
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public Inspection

Form **990**

Department of the Treasury
 Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning _____ **and ending** _____

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

Please use IRS label or print or type
 See Specific Instructions

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 \$ **1,496,813.**

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

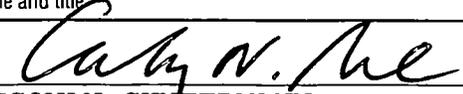
Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE CASH GRANTS AND FREE CONSULTING TO GRASSROOTS ORGANIZATIONS IN SANTA BARBARA COUNTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	305,382.	867,656.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,532.	24,648.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,591.	<82,304.>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	340,505.	810,000.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	266,069.	298,761.
	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)	246,787.	234,924.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,331.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	141,619.	171,501.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	654,475.	705,186.
19 Revenue less expenses Subtract line 18 from line 12	<313,970.>	104,814.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,971,779.	End of Year 2,287,895.
	21 Total liabilities (Part X, line 26)	49,596.	70,020.
	22 Net assets or fund balances Subtract line 21 from line 20	1,922,183.	2,217,875.

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:  Date: **11/01/10**

GEOFF GREEN, EXECUTIVE DIRECTOR
 Type or print name and title

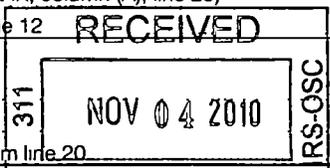
Preparer's signature:  Date: **11/1/10** Check if self-employed

Preparer's identifying number (see instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **MCGOWAN GUNTERMANN**
509 E. MONTECITO ST., 2ND FLOOR
SANTA BARBARA, CA 93103-3293

EIN ▶ _____ Phone no. ▶ **(805) 962-9175**

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



SCANNED NOV 23 2010

6/16 14

Part III Statement of Program Service Accomplishments

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 \$ 566,041. including grants of \$ 298,761.) (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 \$ 566,041.

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>		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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	7		
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	
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	5		
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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
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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
12b			

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

Section A. Governing Body and Management

		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		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 current officer, director, or trustee

(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 PRESIDENT	2.50	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 VICE PRESIDENT	2.00	X		X			0.	0.	0.	
JO BLACK GRANT MAKING LIAISON	2.00	X					0.	0.	0.	
ELSA GRANADOS SECRETARY	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.	
SRI SUBRAMANIAN DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL SEABAUGH DIRECTOR	2.00	X					0.	0.	0.	
KATE SILSBURY TREASURER	2.50	X		X			0.	0.	0.	
KAREN EVANGELISTA DIRECTOR	1.00	X					0.	0.	0.	
PAUL GUIDO DIRECTOR	1.00	X					0.	0.	0.	
GEOFF SLAFF DIRECTOR	1.00	X					0.	0.	0.	
RUTH ACKERMAN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(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			
GEOFF GREEN EXECUTIVE DIRECTOR	40.00			X				84,302.	0.	7,104.
1b Total								84,302.	0.	7,104.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	208,886.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	658,770.				
	g	Noncash contributions included in lines 1a-1f \$		147,098.				
	h	Total. Add lines 1a-1f			867,656.			
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)		53,706.			53,706.	
	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				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			<29,058.>	<29,058.>	
	8 a	Gross income from fundraising events (not including \$ 208,886. of contributions reported on line 1c) See Part IV, line 18	a		85,589.			
		b	Less direct expenses	b	167,893.			
		c	Net income or (loss) from fundraising events			<82,304.>		<82,304.>
	9 a	Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
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	b					
	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. See instructions.			810,000.	<29,058.>	0.	<28,598.>	

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	298,761.	298,761.		
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	91,406.	54,844.	18,281.	18,281.
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	117,034.	84,281.	13,109.	19,644.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	10,295.	8,285.	717.	1,293.
10 Payroll taxes	16,189.	10,920.	2,364.	2,905.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,480.		9,480.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,433.		14,433.	
g Other				
12 Advertising and promotion	11,760.	5,880.		5,880.
13 Office expenses	8,337.	6,689.	1,648.	
14 Information technology				
15 Royalties				
16 Occupancy	50,094.	32,059.	18,035.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,876.	5,740.	2,136.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,022.		2,022.	
23 Insurance	7,677.	4,913.	2,764.	
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	43,816.	43,816.		
b PRINTING AND POSTAGE	5,610.	2,805.	477.	2,328.
c TELEPHONE	4,930.	3,155.	1,775.	
d DUES AND SUBSCRIPTIONS	2,313.	2,313.		
e				
f All other expenses	3,153.	1,580.	1,573.	
25 Total functional expenses. Add lines 1 through 24f	705,186.	566,041.	88,814.	50,331.
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	147,329.	2	93,990.
	3	Pledges and grants receivable, net	31,000.	3	312,630.
	4	Accounts receivable, net	10,964.	4	4,954.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 or other basis Complete Part VI of Schedule D	19,731.		
	10b	Less accumulated depreciation	13,225.		
	10c		7,898.	10c	6,506.
	11	Investments - publicly traded securities	1,646,743.	11	1,733,218.
	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	127,745.	15	136,497.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,971,779.	16	2,287,895.	
Liabilities	17	Accounts payable and accrued expenses	9,789.	17	14,695.
	18	Grants payable	28,190.	18	44,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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 to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	11,617.	25	11,325.
	26	Total liabilities. Add lines 17 through 25	49,596.	26	70,020.
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	83,737.	27	19,046.
	28	Temporarily restricted net assets	191,703.	28	859,080.
	29	Permanently restricted net assets	1,646,743.	29	1,339,749.
	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	1,922,183.	33	2,217,875.	
34	Total liabilities and net assets/fund balances	1,971,779.	34	2,287,895.	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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 (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 supported organization(s)

	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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	245,490.	494,637.	470,271.	244,963.	658,772.	2114133.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	245,490.	494,637.	470,271.	244,963.	658,772.	2114133.
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)						667,385.
6 Public support. Subtract line 5 from line 4						1446748.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	245,490.	494,637.	470,271.	244,963.	658,772.	2114133.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	98,110.	54,043.	64,279.	60,561.	53,706.	330,699.
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						2444832.
12 Gross receipts from related activities, etc. (see instructions)					12	588,275.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	59.18 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	38.56 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

- A Check if the filing organization belongs to an affiliated group
 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 (grass roots lobbying)	17,500.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	35,730.													
c	Total lobbying expenditures (add lines 1a and 1b)	53,230.													
d	Other exempt purpose expenditures	651,956.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	705,186.													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns.	130,778.													
<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)	32,695.													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0.													
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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying nontaxable amount	89,712.	118,439.	123,172.	130,778.	462,101.
b	Lobbying ceiling amount (150% of line 2a, column(e))					693,152.
c	Total lobbying expenditures	16,100.	18,572.	35,661.	53,230.	123,563.
d	Grassroots nontaxable amount	22,428.	29,610.	30,793.	32,695.	115,526.
e	Grassroots ceiling amount (150% of line 2d, column (e))					173,289.
f	Grassroots lobbying expenditures	6,850.	1,250.	16,706.	17,500.	42,306.

Schedule C (Form 990 or 990-EZ) 2009

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

	(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 similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total Add 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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	1	
2 Aggregate contributions to (during year)	17,400.	
3 Aggregate grants from (during year)	21,389.	
4 Aggregate value at end of year	38,429.	

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 In Part 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 acquisition, 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 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

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

	Amount
1c	
1d	
1e	
1f	

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 the 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	1,646,743.	2,135,941.			
b Contributions					
c Net investment earnings, gains, and losses	189,632.	<387,748.>			
d Grants or scholarships					
e Other expenditures for facilities and programs	103,157.	101,450.			
f Administrative expenses					
g End of year balance	1,733,218.	1,646,743.			

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 77.00 %
- c Term endowment 23.00 %

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		19,731.	13,225.	6,506.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,506.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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 Other losses	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 must 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, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

PART V, LINE 4: ENDOWMENT ASSETS OF \$1,339,749 ARE PERMANENTLY

RESTRICTED BY DONORS. EARNINGS ARE APPROPRIATED FOR EXPENDITURE AT A RATE

OF 5% OF THE AVERAGE MARKET VALUE AT JUNE 30TH OF THE 3 PRIOR YEARS.

APROPRIATED EARNINGS ARE UNRESTRICTED AND USED TO SUPPORT GENERAL PROGRAM

OPERATIONS AND GRANTMAKING. AS OF DECEMBER 31, 2009, UNAPROPRIATED

ACCUMULATED EARNINGS ON PERMANENTLY RESTRICTED ENDOWMENT ASSETS TOTALED

\$393,469.

Part XIV Supplemental Information (continued)

PART X: IN ACCORDANCE WITH FIN 48, THE FUND EVALUATES
UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE
RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLY AND REASONABLY ESTIMABLE.
AS OF DECEMBER 31, 2009, THE FUND HAD NO UNCERTAIN TAX POSITIONS REQUIRING
ACCRUAL.

OTHER INCREASES TO NET ASSETS TOTALING (\$190,877) CONSIST OF UNREALIZED
GAIN ON INVESTMENTS OF (\$179,761) AND NET GAIN ON CHARITABLE REMAINDER
TRUST OF (\$11,117).

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 (event type)	RECEPTIONS (event type)	NONE (total number)	
Revenue	1	286,721.	7,754.		294,475.
	2	208,886.			208,886.
	3	77,835.	7,754.		85,589.
Direct Expenses	4				
	5				
	6				
	7	35,200.			35,200.
	8				
	9	123,646.	9,047.		132,693.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				<82,304.>

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				
Direct Expenses	2				
	3				
	4				
	5				
	6	<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 line 1, column (d), and line 7			

- 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? _____

	Yes	No
9a		
10a		
11		
12		

		Yes	No						
13 Indicate the percentage of gaming activity operated in: <table border="1" style="float:right; margin-left:20px; border-collapse: collapse;"> <tr> <td style="width:10%;">13a</td> <td style="width:10%;"></td> <td style="width:10%;">%</td> </tr> <tr> <td>13b</td> <td></td> <td>%</td> </tr> </table>	13a		%	13b		%			
13a		%							
13b		%							
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: <p>Name ► _____</p> <p>Address ► _____</p>									
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? <p>b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .</p> <p>c If "Yes," enter name and address of the third party:</p> <p>Name ► _____</p> <p>Address ► _____</p>	15a								
16 Gaming manager information. <p>Name ► _____</p> <p>Gaming manager compensation ► \$ _____</p> <p>Description of services provided ► _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>									
17 Mandatory distributions: <p>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</p> <p>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____</p>	17a								

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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.

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
PACIFIC PRIDE FOUNDATION 126 E. HALEY SUITE A-11 SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	35,000.	0.			SAFE SCHOOLS INITIATIVE AND STRATEGIC ALLIANCE FOR MARRIAGE EQUALITY
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA, CA 93101	95-2557063	501(C)(3)	29,000.	0.			YOUTH VIOLENCE RETREAT, EQUALITY IN EDUCATION, EMERGENCY RESPONSE FUNDING
BICI CENTRO 601 E. MONTECITO ST. SANTA BARBARA, CA 93103	77-0395986	501(C)(3)	10,000.	0.			OUTREACH, EDUCATION, AND EMPOWERMENT FOR UNDERSERVED CYCLISTS
CARPINTERIA VALLEY FOUNDATION PO BOX 297 CARPINTERIA, CA 93014	77-0320344	501(C)(3)	10,000.	0.			OPPOSITION TO PAREDON PROJECT
CENTER FOR SUCCESSFUL AGING 1528 CHAPALA STREET, SUITE 205 SANTA BARBARA, CA 93101	80-0422344	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FAMILIES ACT! PO BOX 2152 SANTA BARBARA, CA 93120	38-3767998	501(C)(3)	11,500.	0.			COMMUNITY ORGANIZING, EDUCATION, AND GENERAL SUPPORT

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

3 Enter total number of other organizations **5.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and 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.

Continuation Sheet for Schedule I (Form 990)

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

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

2009

Open to Public
Inspection

Name of the organization

Employer identification number

FUND FOR SANTA BARBARA, INC.

77-0070742

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUEBLO ACTION FUND 114 EAST HALEY ST, SUITE E SANTA BARBARA, CA 93101	77-0551324	501(C)(4)	10,000.	0.			GENERAL SUPPORT
SANTA BARBARA BIRTH CENTER PO BOX 30667 SANTA BARBARA, CA 93130	27-0179860	501(C)(3)	10,000.	0.			START-UP FUNDING
S.B. INTERNATIONAL FILM FESTIVAL 1528 CHAPALA STREET, SUITE 203 SANTA BARBARA, CA 93101	77-0073674	501(C)(3)	10,000.	0.			SOCIAL JUSTICE AWARD FOR DOCUMENTARY FILM
SANTA YNEZ VALLEY ALLIANCE PO BOX 941 SANTA YNEZ, CA 93460	20-3955851	501(C)(4)	10,000.	0.			OUTREACH PROJECT
STUDIO 8 3 EAST DE LA GUERRA, #8 SANTA BARBARA, CA 93101	53-8902621	UNINCORPORATED	9,500.	0.			PROPOSITION 8 FILM PROJECT
CONSUMER ADVOCACY COALITION 3514 B STATE STREET SANTA BARBARA, CA 93105	95-3255012	501(C)(3)	11,450.	0.			RAISING COMMUNITY MENTAL HEALTH AWARENESS AND NO ON MEASURE 1D AND 1E CAMPAIGNS
CASA ESPERANZA HOMELESS CENTER 816 CACIQUE ST SANTA BARBARA, CA 93103	77-0502754	501(C)(3)	13,000.	0.			10 YEAR PLAN TO END CHRONIC HOMELESSNESS AND TRANSPORTATION TO CENTER
ESPERANZA, LA VOZ DE NUESTRA 1004 NEIL PARK AVE SANTA BARBARA, CA 93103		UNINCORPORATED	8,000.	0.			BUILDING COMMUNITY CONNECTIONS PROGRAM

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

Schedule I-1 (Form 990) 2009

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

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

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 United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SB CAN PO BOX 23453 SANTA BARBARA, CA 93121	91-2171262	501(C)(3)	15,500.	0.			GENERAL OPERATIONS AND UNIVERSITY MOBILE HOME PARK ORGANIZING
BOYS AND GIRLS CLUB OF S.B. 632 E. CANON PERDIDO STREET SANTA BARBARA, CA 93101	23-7087814	501(C)(3)	7,000.	0.			UP-2-US AND TEEN CENTER @ "THE CLUB"
CHILDREN'S CREATIVE PROJECT 3970 LA COLINA RD, SUITE 9 SANTA BARBARA, CA 93110	23-7439807	501(C)(3)	5,000.	0.			STORYTELLER RESIDENCES
NAPLES COALITION PO BOX 1099 GOLETA, CA 93116	56-2636252	501(C)(3)	5,000.	0.			PUBLIC ACCESS PROJECT
SARAH HOUSE PO BOX 20031 SANTA BARBARA, CA 93111	77-0224415	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LOMPOC HOUSING & DEVELOPMENT CORP. 604 EAST OCEAN AVE SUITE E. LOMPOC, CA 93436	77-0254537	501(C)(3)	5,500.	0.			LOMPOC COMMUNITY GARDENS
SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE - PO BOX 1478 - SOLVANG, CA 93464	77-0338060	501(C)(3)	7,092.	0.			MUJERES UNIDAS
GUADALUPE CULTURAL ARTS & EDUCATION CENTER - 1065 GUADALUPE ST - GUADALUPE, CA 93434	77-0569013	501(C)(3)	6,050.	0.			WOMEN'S CONFERENCE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2009

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

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

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 United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDERNESS YOUTH PROJECT 5386 HOLLISTER, SUITE D SANTA BARBARA, CA 93111	77-0526117	501(C)(3)	5,750.	0.			LA CUESTA PROGRAM AND YOUTH LEADERSHIP COUNCIL
TOASTMASTERS INTERNATIONAL PO BOX 9052 MISSION VIEJO, CA 92690	95-1300076	501(C)(3)	5,000.	0.			YOUTH LEADERSHIP AT LOS PRIETOS BOYS CAMP
FAMILY THERAPY INSTITUTE 111 E. ARRELLAGA ST SANTA BARBARA, CA 93101	95-3531862	501(C)(3)	5,000.	0.			ACADEMY OF HEALING ARTS GENERAL SUPPORT
ALLIANCE WITH MEXICAN IMMIGRANT LABOR - 4516 SOUTH HALL, UCSB - SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	7,200.	0.			MEXICAN IMMIGRANT ASSOCIATION OF FARMERS
NOOZHAWK PO BOX 101 SANTA BARBARA, CA 93102		UNINCORPORATED	5,000.	0.			GREENHAWK SUSTAINABLE LIVING ONLINE MEDIA PROJECT
PUEBLO 114 EAST HALEY ST, SUITE E SANTA BARBARA, CA 93101	59-3796433	501(C)(3)	6,250.	0.			RENTAL HOUSING ROUNDTABLE - JUSTICE FOR RENTERS PROGRAM
AMERICAN INDIAN MOVEMENT PO BOX 204 SANTA BARBARA, CA 93102		UNINCORPORATED	6,050.	0.			SANTA BARBARA CHAPTER PUBLIC TRANSIT AD CAMPAIGN AND AIM TV

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2009

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

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	41	18,830.	EST. FAIR MARKET VAL
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		724.	EST. FAIR MARKET VAL
5	Clothing and household goods	X		9,145.	EST. FAIR MARKET VAL
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	4	10,513.	FMV ON DATE OF DONAT
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	70	43,991.	EST. FAIR MARKET VAL
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GIFT CERTIFIC)	X	133	53,895.	EST. FAIR MARKET VAL
26	Other ▶ (PRINTING AND)	X	2	10,000.	EST. FAIR MARKET VAL
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.		

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

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

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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. COMMUNICATIONS 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 EMPLOYEE POSITION)

(C) AMOUNT OF TRANSACTION \$ 25570.

(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

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

WORK AS AN HOURLY EMPLOYEE TO COORDINATE A YOUTH PROGRAM OF THE FUND FOR
SANTA BARBARA. CRISTINA GONZALEZ FORMALLY RESIGNED FROM THE BOARD OF
DIRECTORS ON MAY 18, 2009.

(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
AND OTHER DIRECT EXPENSES RELATED TO THE ANNUAL BREAD AND ROSES EVENT.

\$3,000 OF DONATED FACILITES IS EXCLUDED FROM THE FORM THE FORM 990.

- 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 FUND FOR SANTA BARBARA, INC.	Employer identification number 77-0070742
	Number, street, and room or suite no. If a P.O. box, see instructions. 26 WEST ANAPAMU STREET	For IRS use only
	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.

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 is for.

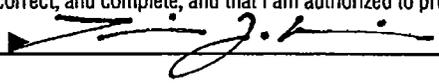
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND 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  Title **CPA** Date **09/13/2010**

COPY

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, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- ▶ calendar year **2009** 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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