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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**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)**

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

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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	<b>D</b> Employer identification number 77-0070742 <b>E</b> Telephone number (805) 962-9164 <b>G</b> Gross receipts \$ 2,411,784
<b>F</b> Name and address of principal officer GEOFF GREEN 26 WANAPAMU STREET SANTA BARBARA, CA 93101		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.FUNDFORSANTABARBARA.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1980 <b>M</b> State of legal domicile CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities PROVIDE CASH GRANTS AND FREE CONSULTING TO GRASSROOTS ORGANIZATIONS IN SANTA BARBARA COUNTY _____ _____ _____ <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 14 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 14 <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . . <b>5</b> 5 <b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 155 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0 <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> 0		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . 784,684 <b>9</b> Program service revenue (Part VIII, line 2g) . . . . . 0 <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 87,016 <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . -131,707 <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 739,993	<b>Prior Year</b>	<b>Current Year</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 385,013 <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 268,993 <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶54,870 <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 181,707 <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 835,713 <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . . -95,720	<b>Prior Year</b>	<b>Current Year</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . . 2,338,554 <b>21</b> Total liabilities (Part X, line 26) . . . . . 66,270 <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . . 2,272,284	<b>Beginning of Current Year</b>	<b>End of Year</b>

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2012-11-14 Date	
	GEOFF GREEN EXECUTIVE DIRECTOR Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ CHRISLEY N REED CPA	Date	Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (see instructions) P00025230
	Firm's name (or yours if self-employed), address, and ZIP + 4 MCGOWAN GUNTERMANN 111 E VICTORIA ST 2ND FLOOR SANTA BARBARA, CA 931012018		EIN ▶ 95-3680171 Phone no ▶ (805) 962-9175

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 762,884 including grants of \$ 453,478 ) (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 75 GRANTS PER YEAR, RANGING FROM \$500 TO \$10,000 PER YEAR. 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** \$ 762,884

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	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> <input checked="" type="checkbox"/>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>	Yes	
<b>7</b>	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> <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
<b>9</b>	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> <input checked="" type="checkbox"/>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b>	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
<b>c</b>	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> <input checked="" type="checkbox"/>		No
<b>d</b>	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> <input checked="" type="checkbox"/>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b>	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> <input checked="" type="checkbox"/>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b>	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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
<b>16</b>	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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
<b>17</b>	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>		No
<b>18</b>	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>	Yes	
<b>19</b>	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>		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
<b>20b</b>			

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	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> . . . . .	<b>21</b>	Yes	
<b>22</b>	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> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	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> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	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> . . . . .	<b>34</b>		No
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, sub-questions (1a, 1b, etc.), and Yes/No columns. Includes questions about Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response to any question in this Part VI . . . . .

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
GEOFF GREEN
26 WEST ANAPAMU STREET
SANTA BARBARA, CA 93101
(805) 962-9164

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) CAROL KEATOR PRESIDENT	2 00	X		X				0	0	0
(2) KARA POWIS VICE PRESIDENT	2 00	X		X				0	0	0
(3) RUTH ACKERMAN SECRETARY	2 00	X		X				0	0	0
(4) GEOFF SLAFF TREASURER	2 00	X		X				0	0	0
(5) JANE BRODY DIRECTOR	1 00	X						0	0	0
(6) RAMON FUENTES DIRECTOR	1 00	X						0	0	0
(7) VIJAYA JAMMALAMADAKA DIRECTOR	1 00	X						0	0	0
(8) JACK UCCIFERRI DIRECTOR	1 00	X						0	0	0
(9) TANIA ISRAEL DIRECTOR	1 00	X						0	0	0
(10) TED RHODES DIRECTOR	1 00	X						0	0	0
(11) SHEILA DAVIDSON DIRECTOR	1 00	X						0	0	0
(12) JO ANN BELL DIRECTOR	1 00	X						0	0	0
(13) RALPH AMBRUSTER-SANDOVAL DIRECTOR	1 00	X						0	0	0
(14) MARK HAMILTON DIRECTOR	1 00	X						0	0	0
(15) GEOFF GREEN EXECUTIVE DIRECTOR	40 00			X				96,816	0	8,569



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	262,171					
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	1,483,781					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 1,158,653						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	1,745,952					
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____						
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .	106,157			106,157		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	498,134				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	487,108			
			<b>c</b>	Gain or (loss)	11,026			
	<b>d</b>	Net gain or (loss) . . . . .	11,026	11,026				
	<b>8a</b>	Gross income from fundraising events (not including \$ 262,171 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	48,104				
			<b>b</b>	Less direct expenses . . . . . <b>b</b>	189,013			
<b>c</b>			Net income or (loss) from fundraising events . . . . .	-140,909			-140,909	
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b>	Less direct expenses . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code						
<b>11a</b>	GRANT MANAGEMENT FEES	900099	7,149	7,149				
<b>b</b>	RESCINDED GRANTS	900099	6,288	6,288				
<b>c</b>	_____							
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		13,437					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		1,735,663	24,463	0	-34,752		

**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)

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	453,478	453,478		
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	105,385	63,231	21,077	21,077
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	137,734	103,503	13,052	21,179
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	25,206	17,747	3,237	4,222
<b>10</b>	Payroll taxes . . . . .	20,654	14,312	2,806	3,536
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	10,855		10,855	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	15,152		15,152	
<b>g</b>	Other . . . . .				
<b>12</b>	Advertising and promotion . . . . .	4,306	2,153		2,153
<b>13</b>	Office expenses . . . . .	16,333	12,249	4,084	
<b>14</b>	Information technology . . . . .	6,099	3,903	2,196	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	49,846	31,901	17,945	
<b>17</b>	Travel . . . . .				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	11,058	9,367	1,691	
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,242		2,242	
<b>23</b>	Insurance . . . . .	5,432	3,476	1,956	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	DIRECT PROGRAM EXPENSE	38,960	38,960		
<b>b</b>	PRINTING AND POSTAGE	7,207	3,604	900	2,703
<b>c</b>	FUNDING EXCHANGE DUES	5,000	5,000		
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	914,947	762,884	97,193	54,870
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	100	<b>1</b>	100
	<b>2</b> Savings and temporary cash investments . . . . .	72,550	<b>2</b>	85,546
	<b>3</b> Pledges and grants receivable, net . . . . .	248,636	<b>3</b>	148,782
	<b>4</b> Accounts receivable, net . . . . .	5,515	<b>4</b>	5,773
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	21,653		
	<b>b</b> Less accumulated depreciation . . . . .	17,591	5,207	<b>10c</b> 4,062
	<b>11</b> Investments—publicly traded securities . . . . .	1,734,769	<b>11</b>	1,902,191
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	122,751	<b>12</b>	665,621
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	149,026	<b>15</b>	144,336
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,338,554	<b>16</b>	2,956,411	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,276	<b>17</b>	9,928
	<b>18</b> Grants payable . . . . .	50,000	<b>18</b>	45,200
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	10,994	<b>25</b>	9,353
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	66,270	<b>26</b>	64,481
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	14,405	<b>27</b>	777,696
	<b>28</b> Temporarily restricted net assets . . . . .	907,641	<b>28</b>	763,996
	<b>29</b> Permanently restricted net assets . . . . .	1,350,238	<b>29</b>	1,350,238
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,272,284	<b>33</b>	2,891,930	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,338,554	<b>34</b>	2,956,411	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,735,663
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	914,947
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	820,716
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,272,284
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-201,070
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	2,891,930

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	Yes	
<b>b</b>	Were the organization's financial statements audited by an independent accountant?		No
<b>c</b>	If "Yes," to 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	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?		No
<b>b</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		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

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 **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 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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	470,271	244,963	658,772	520,133	487,168	2,381,307
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	470,271	244,963	658,772	520,133	487,168	2,381,307
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						750,136
<b>6 Public Support.</b> Subtract line 5 from line 4						1,631,171

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	470,271	244,963	658,772	520,133	487,168	2,381,307
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,279	60,561	53,706	50,888	106,157	335,591
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						2,716,898
<b>12</b> Gross receipts from related activities, etc. (See instructions)					<b>12</b>	696,524

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	60.040%
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	62.500%

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** 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 **b 10%-facts-and-circumstances test—2010.** 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 **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
-------------------------------------

<b>Explanation</b>
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

Complete if the organization is described below.

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations Complete Parts I-A and 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) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the 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 on behalf of or in opposition to candidates for public office 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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	33,383													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	35,712													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	69,095													
<b>d</b>	Other exempt purpose expenditures	845,852													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	914,947													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns	162,242													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	40,561													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
<b>j</b>	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying non-taxable amount	123,172	130,778	150,357	162,242	566,549
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					849,824
<b>c</b> Total lobbying expenditures	35,661	53,230	54,331	69,095	212,317
<b>d</b> Grassroots non-taxable amount	30,793	32,695	37,589	40,561	141,638
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					212,457
<b>f</b> Grassroots lobbying expenditures	16,706	17,500	24,065	33,383	91,654

**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
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**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".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), and Aggregate value at end of year.

- 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), and Number of conservation easements included in (c) acquired after 8/17/06.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds.** Complete if 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
<b>1a</b> Beginning of year balance . . . . .	1,857,520	1,733,218	1,646,743	2,135,941	
<b>b</b> Contributions . . . . .	0	10,489			
<b>c</b> Investment earnings or losses . . . . .	35,950	209,300	189,632	-387,748	
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	87,300	95,487	103,157	101,450	
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,806,170	1,857,520	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  74.760 %
- c** Term endowment  25.240 %

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

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

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

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		21,653	17,591	4,062
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				4,062



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

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

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

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

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

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT ASSETS OF \$1,350,238 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 APPROPRIATED EARNINGS ARE UNRESTRICTED AND USED TO SUPPORT GENERAL PROGRAM OPERATIONS AND GRANTMAKING AS OF DECEMBER 31, 2011, UNAPPROPRIATED ACCUMULATED EARNINGS ON PERMANENTLY RESTRICTED ENDOWMENT ASSETS TOTALLED \$455,932
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	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, 2011, THE FUND HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL THE FUND FILES TAX RETURNS IN CALIFORNIA AND U S FEDERAL JURISDICTIONS THE FUND IS NO LONGER SUBJECT TO U S FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008
		OTHER DECREASES TO NET ASSETS TOTALING (\$201,070) CONSISTS OF UNREALIZED LOSS ON INVESTMENTS OF (\$198,021) AND NET LOSS ON CHARITABLE REMAINDER TRUST OF (\$3,049)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization FUND FOR SANTA BARBARA INC

Employer identification number 77-0070742

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

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

**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>BREAD AND ROSES ANNUAL DINNER</b> (event type)	(b) Event #2 _____ (event type)	(c) Other Events <b>4</b> (total number)	(d) Total Events (Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	303,635		6,640	310,275
	<b>2</b> Less Charitable contributions . . . . .	262,171		0	262,171
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	41,464		6,640	48,104
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	42,701			42,701
	<b>7</b> Food and beverages . . . . .	30,425			30,425
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	115,887			115,887
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 189,013 )
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				-140,909	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**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? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

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

**b** If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers?  Yes  No

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

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

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

Name ▶ .....

Address ▶ .....

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

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

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

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**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 Schedule I-1 (Form 990) if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> 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.

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

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to 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 Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Clothing, Cars, Securities, Real estate, etc.

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 Acknowledgement 29 0

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule M (Form 990) 2011

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
FUND FOR SANTA BARBARA INC

**Employer identification number**

77-0070742

Identifier	Return Reference	Explanation
	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 SURVEYS 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
	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)
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -201,070
DESCRIPTION OF COMMITTEE OVERSIGHT ON COMPILATION OF FINANCIAL STATEMENTS	FORM 990, PAGE 11, PART XI, QUESTION 2C	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
DESCRIPTION OF VOLUNTEER DUTIES	FORM 990, PAGE 1, PART I, QUESTION 6	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 (130) 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 990

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 77-0070742

**Name:** FUND FOR SANTA BARBARA INC

**Form 990, Special Condition Description:**

**Special Condition Description**

**Software ID:**  
**Software Version:**  
**EIN:** 77-0070742  
**Name:** FUND FOR SANTA BARBARA INC

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA 808 LAGUNA STREET SANTA BARBARA, CA 93101	26-0417729	501(C)(3)	5,000				2ND STORY ASSOCIATES - RENTAL HOUSING MEDIATION TASK FORCE
AB 540 COALITION OF SANTA BARBARA PO BOX 41852 SANTA BARBARA, CA 93140		UNINCORPORATED	5,720				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADSUM EDUCATION FOUNDATION P.O. BOX 90710 SANTA BARBARA, CA 93190	27- 1749421	501(C)(3)	20,000				GENERAL SUPPORT
ADSUM EDUCATION FOUNDATION P.O. BOX 90710 SANTA BARBARA, CA 93190	27- 1749421	501(C)(3)	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHICANO STUDIES INSTITUTE (UCSB) 4518 SOUTH HALL UC SANTA BARBARA SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	10,000				MILPA (MEXICAN IMMIGRANT LABOR AND PRODUCERS ASSOCIATION)
ALTERNATIVE US AT UCSB62825 SANTA CATALINA SANTA BARBARA, CA 93106		UNINCORPORATED	3,000				SOA WATCH CONFERENCE AND ACTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN GI FORUM SANTA MARIA CHAPTER PO BOX 1681 SANTA MARIA, CA 93456	77-0289965	501(C)(3)	1,031				TOUR DE DREAMS
SANTA BARBARA NEWSOURCE 1248 SAN MIGUEL SANTA BARBARA, CA 93109		UNINCORPORATED	9,500				SANTA BARBARA NEWSOURCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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ASOCIACION DE TRADUCTORES DE IDIOMAS INDIGENASPO BOX 43 SANTA MARIA, CA 93458		UNINCORPORATED	6,000				INDIGENOUS LANGUAGES TRANSLATORS ASSOCIATION
CARPINTERIA VALLEY FOUNDATIONPO BOX 297 CARPINTERIA, CA 93014	77-0320344	501(C)(3)	10,000				HYDRAULIC FRACTURING COALITION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CASA ESPERANZA HOMELESS CENTERPO BOX 24116 SANTA BARBARA, CA 93121	77-0502754	501(C)(3)	3,000				BRINGIN OUR COMMUNITY HOME/HOMELESS INMATE DISCHARGE PLANNING PROJECT
CASA ESPERANZA HOMELESS CENTERPO BOX 24116 SANTA BARBARA, CA 93121	77-0502754	501(C)(3)	3,000				GAP FUNDING IN ADVANCE OF BOCH & COMMON GROUND CONSOLIDATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY (CAUSE) 2021 SPERRY AVENUE SUITE 18 VENTURA, CA 93003	77-0578864	501(C)(3)	7,000				SANTA MARIA CIVIC ENGAGEMENT PROJECT
CHILDREN'S CREATIVE PROJECT PO BOX 6307 SANTA BARBARA, CA 93160	23-7439807	501(C)(3)	2,500				MICHAEL KATZ STORYTELLER RESIDENCIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN ASSOCIATES INTERNATIONAL 4207 SE WOODSTOCK BLVD 448 PORTLAND, OR 97206	93-0571928	501(C)(3)	2,500				COMMON GROUND & BOCH MERGER PREPARATION
COALITION FOR GLOBAL DIALOGUE PO BOX 41512 SANTA BARBARA, CA 93140		UNINCORPORATED	2,900				OUR HOUSE DIVIDED - FORUM ON IMMIGRATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COALITION FOR SUSTAINABLE TRANSPORTATION (COAST) PO BOX 2495 SANTA BARBARA, CA 93120	30-0022937	501(C)(3)	10,000				PEDESTRIAN AND TRANSIT ORGANIZING
COMMITTEE FOR SOCIAL JUSTICE PO BOX 24116 SANTA BARBARA, CA 93121		UNINCORPORATED	800				THE PEOPLES INSTITUTE AT CASA ESPERANZA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY COUNSELING AND EDUCATION CENTER 923 OLIVE STREET SANTA BARBARA, CA 93101	77-0071282	501(C)(3)	2,000				SPEAK OUT
CONFLICT SOLUTIONS CENTER 120 EAST JONES STREET SUITE 137 SANTA MARIA, CA 93454	77-0463146	501(C)(3)	9,000				RESTORATIVE JUSTICE PARTNERSHIP INITIATIVE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOCTORS WITHOUT WALLS - SB STREET MEDICINE PO BOX 3751 SANTA BARBARA, CA 93130	33-1210731	501(C)(3)	1,000				GENERAL SUPPORT
ENVIRONMENTAL EDUCATION GROUP PO BOX 285 SANTA BARBARA, CA 93102	23-7252042	501(C)(3)	3,000				VOICES FROM THE GULF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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FAMILIES ACT123 E PEDREGOSA ST SANTA BARBARA, CA 93101	38- 3767998	501(C)(3)	5,000				WAKE-UP COALITION
FAMILY THERAPY INSTITUTE111 E ARRELLAGA ST SANTA BARBARA, CA 93101	95- 3531862	501(C)(3)	2,500				ACADEMY OF HEALING ARTS (AHA!) - GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FREEDOM WARMING CENTERSPO BOX 21225 SANTA BARBARA, CA 93121		UNINCORPORATED	15,000				GENERAL OPERATIONS
FREEDOM WARMING CENTERSPO BOX 21225 SANTA BARBARA, CA 93122		UNINCORPORATED	3,000				SURVIVAL SANTA BARBARA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDSHIP CLUB OF SAN MARCOS HIGH SCHOOL 4750 HOLLISTER AVENUE SANTA BARBARA, CA 93110		UNINCORPORATED	1,500				LEARN 2 LIVE PROJECT
FUTURE LEADERS OF AMERICA 1528 CHAPALA ST 308 SANTA BARBARA, CA 93101	77-0071036	501(C)(3)	1,025				TAKE THE LEAD PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GAY RIGHTS ADVOCATES FOR CHANGE & EQUALITY (GRACE) 2233 LILY LANE SANTA MARIA, CA 93455		UNINCORPORATED	1,000				GENERAL SUPPORT
GAY STRAIGHT ALLIANCE OF SANTA MARIA HIGH SCHOOL 501 NORTH SCHOOL STREET SANTA MARIA, CA 93454		UNINCORPORATED	1,600				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRLS FOR CHANGE (G4C) 1065 GUADALUPE STREET GUADALUPE, CA 93434		UNINCORPORATED	3,375				G4C IN THE 21ST CENTURY
GOOD SAMARITAN SHELTERPO BOX 5908 SANTA MARIA, CA 93456	77-0133375	501(C)(3)	5,000				FACES OF HOMELESSNESS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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IMPORTA2303 BELLA VISTA SANTA BARBARA, CA 93108	45- 2620272	501(C)(3)	30,000				NON-PARTISAN VOTER REGISTRATION CAMPAIGN
ISLA VISTA TEEN ALLIANCE 889 CAMINO DEL SUR ISLA VISTA, CA 93117		UNINCORPORATED	2,505				TEEN WELLNESS PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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JODI HOUSE INC 625 CHAPALA ST SANTA BARBARA, CA 93101	95- 3836137	501(C)(3)	1,300				CLUB DIVERSITY
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET SUITE 308 SANTA BARBARA, CA 93101	95- 2557063	501(C)(3)	1,000				MULTILINGUAL CAPACITY- BUILDING & TRAINING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY 617 GARDEN ST SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	3,543				PUSHY SHOVEL COMMUNITY PEACE AND FREEDOM GARDEN
ORCUTT AREA SENIORS IN SERVICE INC PO BOX 2637 SANTA MARIA, CA 93457	77-0058257	501(C)(3)	8,000				CELEBRATE OUR WORLD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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PACIFIC PRIDE FOUNDATION 126 EAST HALEY STREET SUITE A-11 SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	3,000				LGBTQ TRAINING FOR THE SANTA BARBARA POLICE DEPARTMENT
PACIFIC PRIDE FOUNDATION 126 EAST HALEY STREET SUITE A-11 SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	5,000				SANTA BARBARA LAVENDER ELDERS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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PALABRA (COLLABORATIVE EFFORT WITH ESPERANZA AND YSTRIVE)PO BOX 2486 SANTA BARBARA, CA 93120	27-2766997	501(C)(3)	10,000				ONE COMMUNITY, ONE VOICE, ONE POWER
PEOPLE FOR A GREEN COMMUNITY PO BOX 6437 SANTA MARIA, CA 93456		UNINCORPORATED	9,300				GREEN COMMUNITY TELEVISION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PIONEER VALLEY HIGH SCHOOL LINK CREW675 PANTHER DRIVE SANTA MARIA, CA 93454		UNINCORPORATED	600				GENERAL OPERATING SUPPORT
PRIMO BOXING 701 EAST HALEY STREET SANTA BARBARA, CA 93103	77-0394549	501(C)(3)	10,000				SAY YES TO KIDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT GUTPILE1025 EAST GUTIERREZ ST SANTA BARBARA, CA 93103		UNINCORPORATED	7,000				EDUCATIONAL VIDEO THE NON-LEAD HUNTER
PUEBLO 500 S BROADWAY SUITE 247 SANTA MARIA, CA 93454	59-3796433	501(C)(3)	10,000				YOUTH VIOLENCE PROGRAMMING IN RESPONSE TO THE GANG INJUNCTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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READY2MOVE700 EAST ANAPAMU ST SANTA BARBARA, CA 93103		UNINCORPORATED	500				CLUB DEVELOPMENT AND SANTA BARBARA HIGH SCHOOL WELLNESS WEEK
SANTA BARBARA BIRTH CENTERPO BOX 30667 SANTA BARBARA, CA 93130	27-0179860	501(C)(3)	1,500				GENERAL SUPPORT

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SANTA BARBARA CHANNELKEEPER714 BOND AVENUE SANTA BARBARA, CA 93103	91-2151460	501(C)(3)	16,000				CLEAN WATER ADVOCACY AND ENFORCEMENT PROGRAM
SANTA BARBARA COUNTY ACTION NETWORKPO BOX 23453 SANTA BARBARA, CA 93121	91-2171262	501(C)(3)	30,000				GENERAL SUPPORT

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SANTA BARBARA COUNTY ACTION NETWORK PO BOX 23453 SANTA BARBARA, CA 93121	91-2171262	501(C)(3)	5,000				GENERAL SUPPORT
SANTA BARBARA COUNTY EDUCATION OFFICE PO BOX 6307 SANTA BARBARA, CA 93110	95-6000940	501(C)(3)	8,000				SB COUNTY NETWORK OF PROMOTORES DE SALUD

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SANTA BARBARA FOUNDATION 1111 CHAPALA ST SUITE 200 SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	2,500				RECIDIVISM REDUCTION IN THE COUNTY JAIL
SANTA BARBARA INTERNATIONAL FILM FESTIVAL 1528 CHAPALA STREET 203 SANTA BARBARA, CA 93101	77-0073674	501(C)(3)	10,000				SOCIAL JUSTICE AWARD FOR DOCUMENTARY FILM

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SANTA BARBARA POLICE ACTIVITIES LEAGUE (PAL) YOUTH LEADERSHIP COUNCIL 1300 SANTA BARBARA ST SANTA BARBARA, CA 93101		UNINCORPORATED	2,022				1ST ANNUAL BIG & LITTLE PAL BREAK CAMP
SANTA BARBARA YOUTH & FAMILIES PROJECT 26 W ANAPAMU STREET SANTA BARBARA, CA 93101		UNINCORPORATED	33,792				GENERAL SUPPORT

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SANTA MARIA VALLEY FUTURE SEARCH COLLABORATIVE 110 S LINCOLN AVE SUITE 103 SANTA MARIA, CA 93458	95-6006513	501(C)(3)	10,000				FAMILIAS UNIDAS BUSCANDO ESPERANZA
SANTA YNEZ VALLEY ALLIANCE PO BOX 941 SANTA YNEZ, CA 93460	20-3955851	501(C)(4)	2,500				VALLEY BLUEPRINT EVALUATION

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SARAH HOUSEPO BOX 20031 SANTA BARBARA, CA 93111	77- 0224415	501(C)(3)	2,500				GENERAL SUPPORT
AHA ACADEMY OF HEALING ARTS111 E ARRELLAGA ST SANTA BARBARA, CA 93101		UNINCORPORATED	723				THE ACE ACADEMY - ACE TENNIS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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UCSB OFFICE OF STUDENT LIFE 2260 STUDENT RESOURCE BUILDING UNIV OF CAL SANTA BARB, CA 93106		UNINCORPORATED	800				ISLA VISTA ELEMENTARY BUSINESS CLUB
THE FOUNDATION FOR SBCC721 CLIFF DRIVE SANTA BARBARA, CA 93109	77-0297279	501(C)(3)	9,500				TRANSITIONS PROGRAM

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COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY 5681 HOLLISTER AVENUE SUITE 230 GOLETA, CA 93117	95-2491790	501(C)(3)	1,400				THE GOOD LIFE - JUNIOR HIGH MENTORING PROGRAM
TRUE NATURE SOCIETY - QUAIL SPRINGS 35070 HIGHWAY 33 MARICOPA, CA 93252	38-3692928	501(C)(3)	2,500				GREEN FOR ALL - THE NEXT AMERICAN ECONOMY COMMUNITY EVENT

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SBCANPO BOX 23453 SANTA BARBARA, CA 93121	91- 2171262	501(C)(3)	15,000				UNIVERSITY PARK HOMEOWNERS ASSOCIATION - MOBILE HOMEOWNERS PROJECT
VILLAGE FARMERS MARKET ASSOCIATION4397 AQUARIUS RD LOMPOC, CA 93436	27- 4680044	501(C)(3)	3,092				VANDENBERG VILLAGE FARMERS MARKET

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DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTYPO BOX 1536 SANTA BARBARA, CA 93102	95-3495141	501(C)(3)	1,950				WHAT IS LOVE GROUP - PSA ON TEEN DATING VIOLENCE
WILLIAM JAMES ASSOCIATIONPO BOX 7196 SANTA MARIA, CA 93456	23-7320163	501(C)(3)	10,000				POETIC JUSTICE PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE 545 NORTH ALISAL ROAD SOLVANG, CA 93463	77-0338060	501(C)(3)	2,000				YOUTH ACTION ADVISORY COUNCIL TO THE SYV COALITION TO PROMOTE DRUG FREE YOUTH
YOUTH CINEMEDIAPO BOX 90423 SANTA BARBARA, CA 93190	27-0755841	501(C)(3)	10,000				GENERAL SUPPORT

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YOUTH CINEMEDIAPO BOX 90423 SANTA BARBARA, CA 93190	27- 0755841	501(C)(3)	10,000				MEDIA CLASSES AT LOS PRIETOS BOYS CAMP