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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

Open to Public Inspection

	A F	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and ending	<u>g J</u> l	JN 30, 2013	3
	Вс	heck if oplicable	C Name of organization		D Employer identif	ication number
		Addres change	S SANTA BARBARA HOSPICE FOUNDATION			
		Name change			77-0	0009462
		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone number	er
		Termin- ated	324 LAGUNA SIREET A		805-	-882-1041
	<u>_</u>	Amend	City, town, or post office, state, and ZIP code	-	G Gross receipts \$	20,150,141.
	L.	Applica tion pending	SANIA BARBARA, CA 93101		H(a) Is this a group	
			F Name and address of principal officer DONNA M. DAWSON		for affiliates?	Yes X No
			SAME AS C ABOVE	527	H(b) Are all affiliates in	
			mpt status X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or e: ► N/A	H(c) Group exemption	a list. (see instructions)	
						M State of legal domicile: CA
	_		Summary		101111410111 2500	IN Case of logar dormono, G22
	ce		Briefly describe the organization's mission or most significant activities TO PROV	IDE	FINANCIAL	SUPPORT TO
	Governance		HOSPICE OF SANTA BARBARA, INC.		Dog OFOV of Bo not o	
	ver	3 1	Check this box If the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)	CEIV	ED 3	10
		•	Number of independent voting members of the governing body (Part VI, line 1b)		78 4	9
	Activities &		Fotal number of individuals employed in calendar year 2012 (Part V, line 24)	19	2014 0 5	0
	VIE	6 T	Fotal number of volunteers (estimate if necessary)	1 0	2017 SS 6	10
	Actı	7 a 1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	
	_	<u>d</u>	Net unrelated business taxable income from Form 990-T, line 34	フドル	1, U1 7b	0.
2014					Prior Year	Current Year
20	ne		Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	
rg.	Revenue		Program service revenue (Part VIII, line 2g)		0.	
9	Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		590,935. 0.	
MAR			Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		590,935	
\geq			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	 	1,268,274.	
			Benefits paid to or for members (Part IX, column (A), line 4)		0.	
SCANNED	တ္ဆ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,774.	
2	Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ື່ວ	×		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
Ŭ.) "		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	196,561.	
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,484,609.	
	- S	19 F	Revenue less expenses Subtract line 18 from line 12		<u>-893,674.</u>	
	Assets or Balances	20 T	Fotal assets (Part X, line 16)		inning of Current Year 32,218,408.	End of Year 34,961,216.
	Ass		Fotal liabilities (Part X, line 26)		1,968,638.	
	Fund		Net assets or fund balances Subtract line 21 from line 20	3	30,249,770.	
			Signature Block			
	Unde	r penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the best of n	ny knowledge and belief, it is
	true,	correct,	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h		
			Specture of afficer	<u>.</u>	<u> </u>	2014
	Sign		Signature of officer		Date	
	Here		DONNA M. DAWSON, TREASURER Type or print name and title			
			Print/Type preparer's name Pregarer's signature	Da	ite Check [PTIN
	Paid -		CATHERINE MACAULAY Carbonal Macaulan	y X	-12-14 self-emplo	
	Prep	⊢	Firm's name DAMITZ, BROOKS, NIGHTINGALE		Firm's EIN	77-0076647
	Use (Jnly	Firm's address 200 EAST CARRILLO STREET, SUITE (3/03	3		NOT 062 1028
		tha 101	SANTA BARBARA, CA 93101		Phone no. 8	305-963-1837
	iviay	ine IK	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
•	TO PROVIDE FINANCIAL SUPPORT TO HOSPICE OF SANTA BARBARA, INC.
	TO TROVIDE TIMECTAL BUTTORT TO HODITCE OF DANTA BARBARA, INC.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	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 X No
٠	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	4 465 000
	TO PROVIDE FINANCIAL SUPPORT TO HOSPICE OF SANTA BARBARA, INC., AN
	EXEMPT ORGANIZATION UNDER SECTION 501(C)(3).
	EMERIT ORGANIZATION ONDER BECTON 301/C/(3/:
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 1.167.399.

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If Yes, *Complete Schedule O, Part II or the organization engage in diect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, *Complete Schedule O, Part II or the organization engage in diect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, *Complete Schedule C, Part II or the organization engage in diect or indirect political campaign activities on the secure section 501(t)(4), 501(c)(5), or 501(c)(6) (organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-199 If Yes, *Complete Schedule C, Part III or the organization annation are vicinity of the organization maintain any dion or divised funds or any similar funds or accounts I Yes, *Complete Schedule D, Part II of the organization maintain cellections of whotis of arth, instruct its funds or accounts II Yes, *Complete Schedule D, Part II of the organization maintain cellections of whotis of arth, instruct aircusses, or other semilar assessments in preserve open space, the environment, historic land areas, or historic structures? If Yes, *Complete Schedule D, Part II of the organization maintain cellections of whotis of arth, instruct aircusses, or other semilar assessments are a custodian for amounts not lated in Part X, in provide credit counseling, debt management, reddit repair, or debt negotiation services? If Yes, *Complete Schedule D, Part VI organization report an amount for Irres reddit part X, intended to the organization report an amount for intended particles of Part VIII of the organization report an amount for intended particles of Part VIII of the organization report an amount for intended particles of Part VIII of the organization report an amount for other securities of the securities of the tax year? If Yes, *Complete Schedule D, Part VIII of the organization re					
# "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? Is the organization required to complete Schedule C, Part II Section 501(k)(8) organization included in ordinary public office? If "Yes," complete Schedule C, Part II Section 501(k)(8) organization included in ordinary public office? If "Yes," complete Schedule C, Part III B the organization a section 501(k)(4), 501(k)(6), 50				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributions? Dot the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(p(5) organizations. Dot the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as defined in Revenue Procedure 981-99 If "Yes," complete Schedule C, Part III Did the organization analysis of the evenue Procedure 981-99 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any smilar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any smilar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of vivols of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of vivols of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of vivols of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of vivols of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrive or custodial account habitity, serve as a custodian for amounts not lated in Part X, in properties Schedule D, Part VI Did the organization report an amount for Interesting the Schedule D, Part VI Did the organization report an amount for investments a schedule D, Part VI Did the organization report an amount for investments: organization in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part VIII Did the	1				
3 Del the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Del the organization engage in lobbying activities, or have a section 501(i)() election in effect during the tax year? If Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revinue Procedure 93-19 If Yes," complete Schedule C, Part II 6 Del the organization maintain any donor advested flunds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II 7 Del the organization report and amount in Part X, line 21, for secret or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 Yes, "complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part VI 11 If the organization is animal amount for revestments - other securities in Part X, line 10? If Yes," complete Schedule D, Part VI 12 Did the organization report an amount for revestments - other securities in Part X, line 10? If Yes," complete Schedule D, Part VI 13 Did the organization report an amount for other assatis method in Part X, line 10? If Yes," complete Schedule D, Part XI 14 Did the organization report an amount for other assatis in Fart X, line 10? If Yes," complete Schedule D, Part XI 15 Did the organization report an amount for other assatis in Fart X, line 10? If Yes, "complete Schedule D, Part X X 16 Did the organization report an amount for other assatis in Fart X, line 10? If Yes, "complete Schedule D, Part X X 17 Did the organizatio	_			X	
section 501(c)(3) organizations. Dd the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Psc, "complete Schedule C, Part II 1 is the organization as election 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure C, Part II 1 is the organization as adefined in Revenue Procedure of amounts in such funds or accounts for which disnors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which disnors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Psc," complete Schedule D, Part II 1 is the organization receive or hold a conservation easement, including easements to preserve open space. The annual organization receive or hold a conservation easement, including easements to preserve open space. The annual organization receive or hold a conservation easement, including easements to preserve open space. The annual organization receive or hold a conservation easement, including easements to preserve open space. The annual organization receive or hold a conservation easement, including easements to preserve open space. The annual organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 19rt X, li			2		<u> </u>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in flevenue Procedure 98-191 If "Yes," complete Schedule C, Part II 5 Did the organization receives in any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receives in orbid a conservation essement, including easements to pressive open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization ineport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 17 Pres," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and eguipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for land, buildings, and eguipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for rivestments - program related in Part X, line 15 If If Yes, "complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 If If Yes, "complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 If If Yes, "complete Schedule D, Part VIII 12	3				37
dumg the tax year? "I" "os." complete Schedule C, Part II Is the organization a section Solicy(4), 501(6)(6), or 501(6)(6) Buffer amounts as defined in Revenue Procedure 98:19? If "Yes." complete Schedule C, Part III Did the organization manitian any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised to the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical reasons of structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for secrov or custodial account habitity, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization discitly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, III, IV, et X as a spicioable Did the organization report an amount for Investments or purpor and part X, line 10? If "Yes," complete Schedule D, Part X, II Did the organization report an amount for investments: program related in Part X, line 15? If "Yes," complete Schedule D, Part X V Did the organization report an amount for investments: program related in Part X, line 15? If "Yes," complete Schedule D, Part X V Did the organization report an amount for investments: program related in Part X, line 15? If "Yes," complete Schedule D, Part X V Did the organization report an amount for investments: program related in Part X, line			3_	-	X
5 is the organization a section \$01(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on hold a conservation essential to be determined to the organization report an amount in Part X, line 12 fives, "complete Schedule D, Part V III and the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI II	4				
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provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II The Schedule D, Part II The Schedule D, Part II The Organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV The organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? If "Yes," complete Schedule D, Part V The organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V The organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V The Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V The Did the organization report an amount for other liabilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X The 16 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X The 16 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X The 16 Did the organization shalphily for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X The 17 Did the organization shalphily for uncertain tax positions in the state of the tax year? If "Yes," complete Sched	^		_5_	_	<u> X</u>
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Solid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	′		_		7.7
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, X, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for other lasbitities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for other lasbitities in Part X, line 25? If "Yes," complete Schedule D, Part X b Did the organization obtain separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III b Did the organization namitian an office, employees, or agents outside of the United States? If "Yes," and if the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Parts II and IV Did the orga			7		A
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 A X 18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20					
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					<u>X</u>
		, ,			<u>X</u>
	<u>b</u>	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
.	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	OEL		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		Δ.
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 22
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	-	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
0 -	Part V, line 1	34	Х	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26		y
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		- 23
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	2012)

	Check if Schedule O contains a response to any question in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1			Į.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			ĺ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming					
	(gambling) winnings to prize winners?			1c_				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				اا		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	author	ity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a_		X		
b If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a_	_	X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b_		X		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solicit					
	any contributions that were not tax deductible as charitable contributions?		_	<u>6a</u>		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts	l <u>.</u> .				
_	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).					J		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		a	7b		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as req	uirea	7.		x		
a		7d		7c		_		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		.+2	7e		\ X		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		,,,	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		199 as required?	7g				
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D			<i></i> -	, ,			
Ŭ	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		ده ا		
9	Sponsoring organizations maintaining donor advised funds.	,						
	Did the organization make any taxable distributions under section 4966?			9a	Parameter comm			
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter]		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				`		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]				
11	Section 501(c)(12) organizations. Enter					.		
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)	11b			-	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?	12a		L		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				14		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>		
	Note. See the instructions for additional information the organization must report on Schedule O					!		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1					
	organization is licensed to issue qualified health plans	13b		1				
	Enter the amount of reserves on hand	13c	L	<u> </u>		 ,-		
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	<u>.</u>	14b	000	(0040)		
				rorm	ココリ	(2012)		

Form 990 (2012) SANTA BARBARA HOSPICE FOUNDATION 77-0009462 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 10			1					
	If there are material differences in voting rights among members of the governing body, or if the governing			!					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			i					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	}							
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		Х					
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	The second of th		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a		12a	X						
b		12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14	х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b	х	_ _					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<u> </u>					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Ì	į					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure		'						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA	-							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial						
	statements available to the public during the tax year								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨	•						
	DONNA M. DAWSON - 805-882-1041								
	924 LAGUNA STREET, SUITE A, SANTA BARBARA, CA 93101								

	(2012)	

SANTA BARBARA HOSPICE FOUNDATION

77-0009462

Page 7

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee													
(A)	(B)			(0	C)			(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an				h an	compensation	compensation	amount of			
	week		fficer and a director/tri			or/trus	tee)	from	from related	other			
	(list any	iecto						the	organizations	compensation			
	hours for related	0.0	93			sated		organization	(W-2/1099-MISC)	from the			
	organizations	ruste	tras		ခ္မ	nge		(W-2/1099-MISC)		organization and related			
	below	l mag	trona		e e	ye St				organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Keyer	Highest compensated employee	Former			organizations			
(1) ALAN MILLER, CPA	1.00												
BOARD CHAIR		X		Х				14,422.	0.	0.			
(2) ROBERT BODINE	0.10			ŀ				_					
TRUSTEE		X					L	0.	0.	0.			
(3) DONNA DAWSON, CPA	1.00												
TREASURER		X		X				0.	0.	0.			
(4) ANDREW GIFFORD	0.10				İ								
TRUSTEE		X			ļ	<u> </u>		0.	0.	0.			
(5) JACKIE MARSTON	0.10									_			
TRUSTEE	1 00	X	_		<u> </u>			0.	0.	0.			
(6) BRUCE MCROY	1.00												
VICE-CHAIR	0 10	X		X				0.	0.	0.			
(7) KURT RANSOHOFF, MD	0.10	3.7							•	•			
TRUSTEE	0.10	X	-	_		\vdash		0.	0.	0.			
(8) GAMBLE PARKS	0.10	х						0.	0.	0			
TRUSTEE (9) MICHAEL STEIN	0.10	Λ						0.	U•	0.			
TRUSTEE	0.10	х						0.	0.	0.			
(10) GEORGE KOLVA	0.10						_	0.	0.				
TRUSTEE	0.10	X						o.	0.	0.			
						_							
						\vdash			<u>-</u>				
	 	_		-		\vdash							
	- 												
	<u> </u>					ш				5 000 (0010)			

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable			
		hours per week	box	, unle	ss pe	erson	is bot	n an	1 '.	compensation		amount o	of
		(list any	├─			T		1	from the	from related		other	ion
		hours for	direct				-			organization (W-2/1099-MI		compensate from the	
		related	ė e	stee			nsate		(W·2/1099-MISC)	(** 2, 1000 1111	·	organizati	
		organizations	Individual trustee or director	Institutional trustee		oyee	ошо		`			and relate	
		below	ividua	ntuto	Officer	e d d	hest c	ē				organizatio	ons
	hours for related organizations below line) line) hours for related organizations below line) hours for related organizations below line) hours for related organization (W-2/1099-MISC) organization (W-2/1099-MISC)												
					_	-	1	_					
		<u> </u>											
				 	_				<u> </u>				
			ļ	<u> </u>									
			ł										
-				-		-	-						
			l			İ							
	Sub-total								14,422.		0.		0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
	Total (add lines 1b and 1c)						<u> </u>		14,422.		0.		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	,000 of reportab	le		0
	compensation from the organization											Yes	No
3	Did the organization list any former officer,	director or tra	ister	e ke	w er	mnlc	WAA	or	highest compensated e	mnlovee on	Γ	1.03	
	line 1a? If "Yes," complete Schedule J for s			o,	,,		,,,,,,	, 0.	riigirioti ooriiporiotioa o	p.oyoo o	1	3	X
4	For any individual listed on line 1a, is the su		le co	omp	ensa	atior	n and	d otl	her compensation from	the organization			
	and related organizations greater than \$150	0,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	e J f	for such individual	-		4	X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr unr	elat	ted organization or indivi	dual for services	; [
	rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or s	uch	pers	son					5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co										npensa	ition from	
	the organization Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir		year I		(0)	
	(A) Name and business	address	NIC	INC	7				(B) Description of s	ervices	Co	(C) empensation	1
			747	7141									
						_							
								-					
								+					
2	Total number of independent contractors (ii	ncluding but n	ot la	mite	d to	tho	se lis	sted	d above) who received m	ore than			
	\$100,000 of compensation from the organiz						0						

Form 990 (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512, 513, or 514 (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 823,268. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 19,326,873 b Less cost or other basis and sales expenses 17,759,935 c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a All other revenue e Total. Add lines 11a-11d Total revenue See instructions. 2,390,206 0 2,390,206,

Form 990 (2012) SANTA BARBARA HOSPICE FOUNDATION
Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respon not include amounts reported on lines 6b.	ise to any question in th		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,167,399.	1,167,399.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 000		0 000	
_	trustees, and key employees	8,228.		8,228.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		-		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees). Management				
	Legal Legal	25,512.		25,512.	
	Lobbying	23,312.	· · · · · ·	25,512.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	194,335.	<u>***</u> ,	194,335.	
-	Other (If line 11g amount exceeds 10% of line 25,	194,000		134,333.	
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				·
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		··- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-		
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,019.		4,019.	
24	Other expenses. Itemize expenses not covered	£ 3%,2	,,,*	700	: - 02
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)			, 4, ¢	
а	FOREIGN INCOME TAX	262.		262.	
b	TAXES AND LICENSES	75.		75.	
С	BANK SERVICE CHARGES	23.		23.	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,399,853.	1,167,399.	232,454.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			1	

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 922,194. 1,315,007. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 28,898,630. 30,808,660. Investments - publicly traded securities 11 11 2,321,723. 2,737,989. Investments - other securities See Part IV, line 11 12 12 13 Investments · program-related See Part IV, line 11 13 Intangible assets 14 14 75,861. 99,560. 15 Other assets See Part IV. line 11 15 32,218,408. 34,961,216. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 34,285. 17,166. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 1,951,472. 25 1,801,531. 1,968,638. 1,835,816. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -5,36<u>3,868.</u> -8,239,49827 Unrestricted net assets 27 Temporarily restricted net assets 28 28 38,489,268. 38,489,268. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 30,249,770. 33 33,125,400. 33 Total net assets or fund balances 32,218,408. 34,961,216. Total liabilities and net assets/fund balances

	990 (2012) SANTA BARBARA HOSPICE FOUNDATION	77-0	0009462	Page 12
<u>`Pa</u>	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,390	<u>),206.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,399	9,853.
3	Revenue less expenses Subtract line 2 from line 1	3		<u>),353.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,249	770.
5	Net unrealized gains (losses) on investments	5	1,885	5,277.
6	Donated services and use of facilities .	6		
7	Investment expenses	7		
8	Pnor period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	33,125	<u>5,400.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	5 · · · · · · · · · · · · · · · · · · ·		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			احدث الثنا
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	- =	<u> </u>
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		3	* . '
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audı	t Liste &	184
	Act and OMB Circular A-133?		3a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	t	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		SAIVIA .	DAKDAKA HUSPI	CE FU	UNDAT	TON				<u> 7-0009</u>	402	<u>. </u>
Part I			rity Status (All organiz					tructions				
he orga	nization is not a	a private foundation	n because it is: (For lines	1 through	11, check	only one b	oox)					
1	A church, co	nvention of church	es, or association of chur	ches desc	rıbed ın se	ection 170	(b)(1)(A)(i).				
2	A school des	cribed in section 1	1 70(b)(1)(A)(ii). (Attach So	hedule E)								
з 🖳	A hospital or	a cooperative hosp	ortal service organization	described	ın section	170(b)(1)	(A)(iri).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(ı	ıi). Enter	the hospital	's nan	ne,
	city, and stat											
5			e benefit of a college or u	niversity ov	wned or o	perated by	a govern	mental un	ıt describ	ed in		·
	section 170	(b)(1)(A)(iv). (Comp	olete Part II)									
6	A federal, sta	ite, or local governr	ment or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 🖳	An organizati	on that normally re	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	public desc	ribed	ın
	section 170(b)(1)(A)(vi). (Compl	lete Part II.)									
8	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔙	An organizati	on that normally re	ceives (1) more than 33	1/3% of its	support f	rom contr	butions, n	nembersh	ıp fees, a	nd gross re	ceipts	from
			unctions - subject to certa									
	income and t	inrelated business	taxable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization	after June 3	30, 19	75
	See section	509(a)(2). (Complet	te Part III)				·					
10 🔲	An organizati	on organized and o	operated exclusively to te	st for publ	c safety S	See sect io	on 509(a)(4	4).				
11 🗓	1		operated exclusively for the					-	y out the	purposes o	of one	or
			zations described in secti									
			g organization and compl				•	`				
	a Type I	b 🔲 1	Type II c T	ype III - Fu	nctionally	integrated	٠ .	X Typ	e III - Noi	n-functional	lv inte	arated
e X	By checking	this box, I certify th	at the organization is not	controlled	directly o	r indirectiv					-	-
			than one or more publicly									
f			itten determination from		-				- (-)(-)		(-)(-)	
	_	rganization, check t				po ., . , po	, 0, 1, p	<i></i>				
g		-	organization accepted ar	ny aift or co	ontribution	from any	of the follo	owina ner	sons?			
9			directly controls, either al			•		•			Yes	No
			supported organization?	iono or tog	04101 11141	pordono	2000IIDCG	() αα (in beleve	, 11g(i)	163	X
		T	on described in (i) above?	,							_	X
		•	a person described in (i)		2					11g(ii)	\vdash	X
h		•	n about the supported or	• •						<u>11g(iii)</u>		_A
"	1 TOVIGE THE IC	Showing information	about the supported of	garnzation	(5)							
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did voi	u notify the	(vi) ls	s the	(vii) Amouni	of ma	notanı
• •	janization	(11) =	(described on lines 1-9	in col. (i) listed in your				organizati	on in col. red in the		port	i iciai y
_			above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S			p 0	
			(see instructions))	Yes	No	Yes	No	Yes	No			
IOSPI	CE OF											
ANTA	BARBAR	23-7448586	501(C)(3)	Х		х		х		1,16	7.3	99.
								7-	<u> </u>		<u> </u>	
	-]								
										<u> </u>		
								[
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otal	1	,				1 4				1.16	7 3	99

ichedule A (f	Form 990 or	990.E71	2012

Page 2

	art II Support Schedule for	Organizations	Docoribod in	Saatiana 17	7/b)/4)/A)/ii/) on/	1 4 70/h\/4\/A\/:	Page 2
Г							
	(Complete only if you checke fails to qualify under the test				on falled to qualify t	under Part III II the	organization
<u></u>		s listed below, piez	ase complete Fait	· · · · · · · · · · · · · · · · · · ·			
	ction A. Public Support	 				r	
	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<u> </u>
3	The value of services or facilities		ļ				
	furnished by a governmental unit to					[
	the organization without charge					<u></u>	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	,	,	<u>6</u> ^			
	governmental unit or publicly	,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3,	* *	,	
	supported organization) included	, ,	4)	1869	, ,		
	on line 1 that exceeds 2% of the	* *	8 5				
	amount shown on line 11,		11.11.7			*4,***	
	column (f)					4	
6	Public support. Subtract line 5 from line 4	(18% · 7) 3 (18% · 7) 3	KĀ Ā	2.4	21 Ym 15		
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	contrition loans, rents, reveltion						
	securities loaris, rents, royalties						
	securities loans, rents, royalties and income from similar sources						
9	•						
9	and income from similar sources Net income from unrelated business						
9	and income from similar sources Net income from unrelated business activities, whether or not the						
	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain				-		
	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital				-		
10-	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		* **				
10-	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	etc (see instruction	L			12	
10- 11 12	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities	etc (see instruction	ons)			12	
10- 11 12	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for	etc (see instruction the organization's	ons)			12	▶ □
10- 11 12 13	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities	etc (see instruction the organization's bere	ons) s first, second, thi			12	>
10- 11 12 13	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop etion C. Computation of Publications.	etc (see instruction the organization's before ic Support Pe	ons) s first, second, the rcentage	rd, fourth, or fifth t		12 n 501(c)(3)	▶ □
10- 11 12 13 Sec 14	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is forganization, check this box and stop	etc (see instruction the organization's berein ic Support Perline 6, column (f) di	ons) s first, second, thi rcentage ivided by line 11,	rd, fourth, or fifth t		12 n 501(c)(3)	▶ □
10- 11 12 13 Sec 14 15	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop etion C. Computation of Publ Public support percentage from 2011	etc (see instruction the organization's between the be	ons) s first, second, this rcentage livided by line 11, illine 14	rd, fourth, or fifth t	tax year as a section	12 n 501(c)(3)	%
10- 11 12 13 Sec 14 15	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop etion C. Computation of Public support percentage for 2012 (Public support percentage from 2011 33 1/3% support test - 2012. If the organization is support test - 2012.	etc (see instruction the organization's of here ic Support Pelline 6, column (f) did in Schedule A, Part organization did no	ons) s first, second, this rcentage ivided by line 11, II, line 14 of check the box of	rd, fourth, or fifth to	tax year as a section	12 n 501(c)(3)	%
10- 11 12 13 Sec 14 15 16a	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stor ection C. Computation of Public support percentage for 2012 (Public support percentage from 2011 133 1/3% support test - 2012. If the of stop here. The organization qualifies	etc (see instruction the organization's of here ic Support Pelline 6, column (f) did Schedule A, Part organization did not as a publicly supp	ons) s first, second, this rcentage ivided by line 11, ill, line 14 of check the box coorted organization	rd, fourth, or fifth to column (f)) in line 13, and line	tax year as a section	12 n 501(c)(3) 14 15 nore, check this box	and
10- 11 12 13 Sec 14 15 16a	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stor ction C. Computation of Public support percentage from 2011 133 1/3% support test - 2012. If the of stop here. The organization qualifies 133 1/3% support test - 2011. If the of	etc (see instruction the organization's phere ic Support Pelline 6, column (f) di Schedule A, Part organization did no as a publicly supporganization did no organization did no organizat	ons) s first, second, this rcentage ivided by line 11, II, line 14 of check the box conted organization of check a box on	rd, fourth, or fifth to column (f)) In line 13, and line Ine 13 or 16a, and	tax year as a section	12 n 501(c)(3) 14 15 nore, check this box	and
10- 11 12 13 Sec 14 15 16a	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop etion C. Computation of Public support percentage from 2011 133 1/3% support test - 2012. If the of stop here. The organization qualifies 133 1/3% support test - 2011. If the of and stop here. The organization qualifies 133 1/3% support test - 2011. If the of and stop here. The organization qualifies	etc (see instruction the organization's phere ic Support Pelline 6, column (f) di Schedule A, Part organization did no as a publicly supporganization did notifies as a publicly s	ons) s first, second, this rcentage ivided by line 11, ill, line 14 of check the box conted organization of check a box on supported organiz	column (f)) In line 13, and line Iline 13 or 16a, and	tax year as a section 114 is 33 1/3% or m	n 501(c)(3) 14 15 nore, check this box or more, check this	and b C
10- 11 12 13 Sec 14 15 16a	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Publ Public support percentage from 2011 33 1/3% support test - 2012. If the of stop here. The organization qualifies 33 1/3% support test - 2011. If the of and stop here. The organization qualifies 10% -facts-and-circumstances tes	etc (see instruction the organization's obere ic Support Perline 6, column (f) di Schedule A, Part organization did no as a publicly supporganization did no ifies as a publicly str - 2012. If the org	rcentage Ivided by line 11, Il, line 14 of check the box corted organization of check a box on supported organization did not an anization did not a first	rd, fourth, or fifth to column (f)) in line 13, and line in line 13 or 16a, and ation check a box on lin	tax year as a section 14 is 33 1/3% or m d line 15 is 33 1/3% ie 13, 16a, or 16b, a	12 n 501(c)(3) 14 15 nore, check this box or more, check this and line 14 is 10% o	and s box r more,
10- 11 12 13 Sec 14 15 16a	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop etion C. Computation of Publ Public support percentage for 2012 (in Public support percentage from 2011 and 33 1/3% support test - 2012. If the content of the support percentage from 2011 and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "face	etc (see instruction the organization's of here ic Support Perline 6, column (f) did schedule A, Part organization did not as a publicly supporganization did not iffes as a publicly strand-circumstanticum the organization did not iffes as a publicly strand-circumstanticum the organization did not iffes as a publicly strand-circumstanticum the organization did not include the organization did n	ons) s first, second, this rcentage ivided by line 11, if II, line 14 of check the box coorted organization of check a box on supported organization did not ces" test, check t	rd, fourth, or fifth to column (f)) in line 13, and line in line 13 or 16a, and ation check a box on lin his box and stop	tax year as a section 14 is 33 1/3% or m d line 15 is 33 1/3% te 13, 16a, or 16b, a here. Explain in Par	12 n 501(c)(3) 14 15 nore, check this box or more, check this and line 14 is 10% o	and s box r more,
10- 11 12 13 Sec 14 15 16a b	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10. Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop etion C. Computation of Publ Public support percentage for 2012 (in Public support percentage from 2011 and 31/3% support test - 2012. If the organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "facts-and-circumstances"	etc (see instruction the organization's of here ic Support Perline 6, column (f) did Schedule A, Part organization did not as a publicly supporganization did not if it is as a publicly strain the organization did not if it is as a publicly strain the organization did not if it is as a publicly strain the organization did not it is as a publicly strain the organization did not it is a publicly strain the organization did not it is a publicly strain the organization did not it is a publicly strain the organization did not it is a publicly strain the organization did not in the organiza	rcentage Invided by line 11, and the check the box of corted organization of check a box on supported organization did not coes test, check to qualifies as a	rd, fourth, or fifth to column (f)) in line 13, and line in line 13 or 16a, and ation check a box on lin his box and stop publicly supporte	tax year as a section 14 is 33 1/3% or m d line 15 is 33 1/3% ie 13, 16a, or 16b, a here. Explain in Pared organization	n 501(c)(3) 14 15 nore, check this box or more, check this and line 14 is 10% of t IV how the organize	and b abox r more, eation
10- 11 12 13 Sec 14 15 16a b	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop etion C. Computation of Publ Public support percentage for 2012 (in Public support percentage from 2011 and 33 1/3% support test - 2012. If the content of the support percentage from 2011 and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "face	etc (see instruction the organization's phere ic Support Pelline 6, column (f) did Schedule A, Part organization did not as a publicly supporganization did not if it is as a publicly strain to the organization did not if it is as a publicly strain the organization did not if it is and circumstantes. The organization did not it is and circumstantes.	rcentage vided by line 11, and the check the box of check and the check are an increased anization did not ces test, check a anization did not anization did not an anization did not an anization did not anization di	rd, fourth, or fifth to column (f)) in line 13, and line in line 13 or 16a, and ation check a box on line his box and stop publicly supporte check a box on line	tax year as a section 14 is 33 1/3% or m d line 15 is 33 1/3% ie 13, 16a, or 16b, a here. Explain in Par id organization ie 13, 16a, 16b, or 1	n 501(c)(3) 14 15 nore, check this box or more, check this and line 14 is 10% o t IV how the organiz	and b abox r more, eation

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

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	ow, please com	piete Part II)				
calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(4) 2011	(a) 2012	(n Total
1 Gifts, grants, contributions, and	(a) 2000	(0) 2003	(6) 2010	(d) 2011	(e) 2012	(f) Total
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,		-				
merchandise sold or services per-					Ì	
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			_			
ization's benefit and either paid to						
or expended on its behalf						
· -			· · · -			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					1	
b Amounts included on lines 2 and 3 received from other than disqualified persons that		İ				
exceed the greater of \$5,000 or 1% of the				,		
amount on line 13 for the year						
c Add lines 7a and 7b				<u> </u>		
8 Public support (Subtract line 7c from line 6)	···					
ection B. Total Support		1	· · · · · · · · · · · · · · · · · · ·	Γ.		
alendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources					ļ	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business						
whether or not the business is						
regularly carried on						
2 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
3 Total support (Add lines 9, 10c, 11, and 12)						
4 First five years. If the Form 990 is for the	ne organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						
ection C. Computation of Public	Support Pe	rcentage			<u>-</u>	
5 Public support percentage for 2012 (lin	e 8, column (f) d	ivided by line 13, o	column (f))		15	
6 Public support percentage from 2011 S		•			16	
ection D. Computation of Invest						
7 Investment income percentage for 2012			ne 13, column (fl)	=*****************	17	
B Investment income percentage from 20			-, >, (-))		18	
Pa 33 1/3% support tests - 2012. If the o		•	on line 14, and line	15 is more than :		7 is not
more than 33 1/3%, check this box and						. 13 115t
b 33 1/3% support tests - 2011. If the or		= -	•	• • •		rnd
line 18 is not more than 33 1/3%, check	_					
Derivate foundation of the organization					_	~

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

SANTA BARBARA HOSPICE FOUNDATION T7-0009462

Pa	rt I	Organizations Maintaining Donor Advise	d Funds or	Other Similar Fund	ds or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line				
				or advised funds	Ι ((b) Funds and other accounts
1	Total	number at end of year				
2		gate contributions to (during year)			†	
3		egate grants from (during year)				4
4		egate value at end of year				
5		e organization inform all donors and donor advisors in v	voting that the	assets held in donor adv	used fun	nde
•		e organization's property, subject to the organization's			rioca ian	Yes No
6		e organization inform all grantees, donors, and donor a	•		 Se used c	
•		aritable purposes and not for the benefit of the donor of				
		missible private benefit?	donor adviso	, or for any other purpos	se conte	Yes No
Pai	rt II	Conservation Easements. Complete if the org	anization answ	rered "Yes" to Form 990	Part IV	
1		pse(s) of conservation easements held by the organization			, , , ,	
•		Preservation of land for public use (e.g., recreation or e	-		netoricali	lly important land area
	H	Protection of natural habitat	ducation	Preservation of a ce		• '
	\vdash	Preservation of open space	l	Fleservation of a ce	er tillea Til	Stone structure
2		lete lines 2a through 2d if the organization held a qualifi	ad conconvetic	on contribution in the form	m of a oo	annonyation assemble to the last
_			eu conservant	ar contribution in the for	iii oi a co	inservation easement on the last
	uay o	f the tax year				Hold at the End of the Tay Voca
_	Total	number of conservation easements				Held at the End of the Tax Year
a		acreage restricted by conservation easements				2a
0		-		l (a)		2b
ن		er of conservation easements on a certified historic structure of conservation assembles in all indicates and a certified historic structure.		• •	_4	2c
d		er of conservation easements included in (c) acquired a	itter 6/17/06, a	nd not on a historic struc	cture	
•		in the National Register				2d
3		er of conservation easements modified, transferred, rele	easea, extingu	sned, or terminated by t	ne organ	lization during the tax
	year J			_ u k		
4		er of states where property subject to conservation eas			-	
5		the organization have a written policy regarding the peri		g, inspection, nandling o	ı	
_		ons, and enforcement of the conservation easements it				Yes No
6		and volunteer hours devoted to monitoring, inspecting,				· · · · · · · · · · · · · · · · · · ·
7		nt of expenses incurred in monitoring, inspecting, and e	-		• ,	
8		each conservation easement reported on line 2(d) above	e satisty the re	quirements of section 17	/U(n)(4)(B	
_		ection 170(h)(4)(B)(ii)?				└ Yes
9		t XIII, describe how the organization reports conservation				
		e, if applicable, the text of the footnote to the organization	ion's financial s	statements that describe	s the org	janization's accounting for
Dai	t III	organizations Maintaining Collections of	Art Histor	ical Traccurac or (Othor 9	Cimilar Assats
1 41		Complete if the organization answered "Yes" to Form 9		=	Other .	Similar Assets.
1-	If the					
ıa		organization elected, as permitted under SFAS 116 (AS				
		cal treasures, or other similar assets held for public exh	-	•	rance or	public service, provide, in Part XIII,
_		xt of the footnote to its financial statements that describ			-4	
D		organization elected, as permitted under SFAS 116 (AS				
		ires, or other similar assets held for public exhibition, ed	ucation, or res	earcn in furtherance of p	oublic ser	vice, provide the following amounts
		g to these items				
		evenues included in Form 990, Part VIII, line 1				S
_		ssets included in Form 990, Part X	-			> \$
2		organization received or held works of art, historical trea			ıal gaın, _l	provide
		lowing amounts required to be reported under SFAS 11	6 (ASC 958) re	elating to these items		
		lues included in Form 990, Part VIII, line 1				\$
b	Asset	s included in Form 990, Part X				▶ \$

4-	t III Organizations Maintaining C	Collections of A			or Si				2 Page 2
3	Using the organization's acquisition, accessi								
3	(check all that apply)	on, and other record	s, check any or the	tollowing that are a	signific	cant us	se or its	collection	i items
	Public exhibition			haaaa aaaaaaa					
a		d		hange programs					
b	Scholarly research	е	Other						
C	Preservation for future generations						_		
4	Provide a description of the organization's co						e in Pan	XIII	
5	During the year, did the organization solicit o				ar asse	ets	_	٦.,	<u> </u>
Par	to be sold to raise funds rather than to be mit to be sold to raise funds rather than to be mit to be sold to raise funds rather than to be mit to be sold to raise funds rather than to be mit to be sold to raise funds rather than to be mit to be sold to raise funds rather than to be mit to be sold to raise funds rather than to be mit to be sold to raise funds rather than to be mit to be mit to be sold to raise funds rather than to be mit to b							Yes	No_
Гаі	t IV Escrow and Custodial Arran reported an amount on Form 990, Pai		ete if the organizatio	n answered "Yes" to) Form	1 990, 1	Part IV, I	ine 9, or	
па	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	is or other assets no	it inclu	ided	_	٦.,	<u>г</u>
	on Form 990, Part X?						L	Yes	L No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		Г	<u> </u>			
					\vdash			Amount	
	Beginning balance	•		•		1c	<u></u>	 -	
	Additions during the year					1d			
	Distributions during the year	•				<u>1e</u>		-	
f	Ending balance			-	L	1f		7	
	Did the organization include an amount on Fo						<u></u>	J Yes	No
Par	If "Yes," explain the arrangement in Part XIII								
Га	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years back	1		ars back		years back
1a	Beginning of year balance	30,249,770.	32,805,887.	27,850,176.			9,302.	31,	<u>776,845.</u>
	Contributions				 		9,580.		2,108.
	Net investment earnings, gains, and losses	4,080,886.	-1,252,275.	6,362,127.		3,82	9,386.	-4.	166,679.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	1,167,399.	1,268,274.	1		-	3,289.	1,	<u>562,892.</u>
	Administrative expenses	37,857.	35,568.	40,013.			5,643.		50,080.
	End of year balance	33,125,400.	30,249,770.	····		<u>27,85</u>	0,176.	25,	<u>999,302.</u>
2	Provide the estimated percentage of the curr	rent year end balanc		a)) held as					
a	Board designated or quasi-endowment	0/	_%						
	Permanent endowment > 100.00	%							
С	Temporarily restricted endowment	%							
•	The percentages in lines 2a, 2b, and 2c should be a sh	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the or	ganıza	tion	Г	
	by								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations		- 0-11-1- 50					3a(ii)	X_
	If "Yes" to 3a(ii), are the related organizations	•						3b	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm								
<u> </u>								(D D1	
	Description of property	(a) Cost or of basis (investing		, , ,	occum precia	ulated		(d) Book	value
	Land	Dasis (IIIVestii	long basis	(Other)	יאיפטופ	20011	\dashv		
	Land	-							
	Buildings								
	Leasehold improvements		· · · · · · ·			-	-+-	.	
	Equipment							-	
	Other Add lines 1a through 1e (Column (d) must e	qual Form 900 Pa→	Y column (P) has 1	0(c))			+		0.
_ ucal	, rica integral a uniquent le (Columni (u) must e	guari Ulli 330, Fdll i	n, column (b), lille 1	U(U) /					· ·

Schedule D (Form 990) 2012 SANTA BARBA	RA HOSPICE FO	UNDATION_	77	7-0009462 Page 3
Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	1 504 050			
(A) GOLDEN TREE OFFSHORE FUND	1,584,978.		EAR MARKET	
(B) ARTIS PARTNERS, LTD.	13,250.	END-OF-Y	EAR MARKET	VALUE
(C) JOHNSTON INTERNATIONAL	1 120 761			
(D) EQUITY FUND I, L.P.	1,139,761.	END-OF-Y	EAR MARKET	' VALUE
<u>(E)</u>				
<u>(F)</u>				
(G)				
(H)				
			.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,737,989.			
Part VIII Investments - Program Related. Se			1 1 2 2	
(a) Description of investment type	(b) Book value	(c) Method of V	aluation: Cost or en	d-of-year market value
(1)			· -	
(2)				
(3)				
(4)				
(5)	· · ·		_	
			<u> </u>	
(8)				
(9)				
(10)		\$~ ey		2007.00.18.19
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	* / ~ *	
Part IX Other Assets. See Form 990, Part X, line				
	Description			(b) Book value
			_	
(2)				
(3)				
(4)		-		
(5)				
(6)				·
(7)				
(8)				
(9)				
(10)		- A - A - 3		
Total. (Column (b) must equal Form 990, Part X, col (B) line				
Part X Other Liabilities. See Form 990, Part X, II		W.) Daaleealee	 	
1. (a) Description of liability	(b) Book value	ĺ	3
(1) Federal income taxes			,	
(2) DUE TO HOSPICE OF SANTA BE				
(3) INC.		1,801,531.		
(4)				
(5)				,
(6)	1		1. 7. 26	,
(7)			, ,	
(8)				,
(8)				· 1
(8) (9) (10) (11)				, A
(8) (9) (10)		1,801,531.		

	dule D (Form 990) 2012 SANTA BARBARA HOSPICE FOUND			<u>77-</u>	0009462 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	<u>ith Revenue per R</u>	eturr	1
1	Total revenue, gains, and other support per audited financial statements			1_	4,080,886.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	_ 1,885,277.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	1,885,277.
3	Subtract line 2e from line 1			3	2,195,609.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	194,597.		
С	Add lines 4a and 4b			4c	194,597.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,390,206.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	
1	Total expenses and losses per audited financial statements			1	1,205,256.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•			<u> </u>
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d		1	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,205,256.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			\ \ \	1,203,2301
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	194,597.	1.3	
	Add lines 4a and 4b	_ 40_	104,007.	4c	194,597.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,399,853.
_	t XIII Supplemental Information				1,399,033.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	linoo 1	Lo and 4. Dort IV. Issae 11	b and	Oh Dort V Ivo 4 Dort
	e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				20, Fait V, line 4, Fait
	RT V, LINE 4: THE ORGANIZATION'S ENDOWMENT				NIDC
LAI	TO V, DINE 4. THE ORGANIZATION S ENDOWMENT	CON	SISIS OF THE	F U.	מעוז
ਛ ਵਾਰ	ABLISHED TO SUPPORT HOSPICE OF SANTA BARBA	א כד	TNC		
ו כים	ADDITIONED TO SUPPORT HOSPICE OF SANTA BARBA	IKA,	INC.		
ם אם	OF Y IINE 2. THE OPCINITANTONIC TROPESOR	0.0	ת מנום דהמה ש	Λ P.	D17T D147
PAF	RT X, LINE 2: THE ORGANIZATION'S IRS FORM 9	90	IS SUBJECT T	U K	FATEM
7 NTT	PYAMINATION DV PEDEDAL AND CHAME AUMIODIM	17 E) (1	MILE ODGANI	17 3 m	TON TO NOT
TATAT	EXAMINATION BY FEDERAL AND STATE AUTHORIT	TES	. THE ORGANI	ZAT	ION IS NOT
7A T.77	DE OF ANY ACMINIMING MUAM MOULD TROPADATE		G MAY DYDMDM		3.MII.C. MII.T.
AWA	RE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE	T.T.	5 TAX-EXEMPT	ST.	ATUS. THE
OD (INNITAMION TO NOW ALLAND OF ANY ACCUSTOS OF		1DD 01107000	m^	may 017
OK(SANIZATION IS NOT AWARE OF ANY ACTIVITIES T	'HA'I'	ARE SUBJECT	TO	TAX ON
***	TEL AMED DUGINEGG INGOVE TUGICE OF COURSE	w			
TINE	ELATED BUSINESS INCOME, EXCISE OR OTHER TA	<u>XES</u>			
				Sched	dule D (Form 990) 2012

Schedule D (Form 990) 2012 SANTA BARBARA HOSPICE FOUNDATION Part XIII Supplemental Information (continued)	77-0009462 Page 5
Part Am Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NOT INCLUDED ON FORM 990, PART VIII	194,597.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NOT INCLUDED ON FORM 990, PART VIII	194,597.
	·····

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

≗ Employer Identification number 77-0009462 Open to Public Inspection (h) Purpose of grant or assistance HOSPICE SERVICES X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States 。 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000 Part II can be dupircated if additional space is needed (d) Amount of cash grant 1,167,399 SANTA BARBARA HOSPICE FOUNDATION (c) IRC section if applicable 501(C)(3) 23-7448586 Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 2050 ALAMEDA PADRE SERRA, STE 100 HOSPICE OF SANTA BARBARA, INC. or government SANTA BARBARA, CA 93103 Name of the organization Department of the Treasury Internal Revenue Service Part II

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

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

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

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed LINE 2: SANTA BARBARA HOSPICE FOUNDATION OPERATES ORGANIZATION DESCRIBED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) EXCLUSIVELY TO SUPPORT HOSPICE OF SANTA BARBARA, INC., A CHARITABLE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, SCHEDULE I, 232102 12-18-12 Part III

Page 2

77-0009462

SANTA BARBARA HOSPICE FOUNDATION

Schedule I (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Inspection Employer identification number

SANTA BARBARA HOSPICE FOUNDATION

77-0009462 FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS MAILED TO EACH BOARD MEMBER ONE WEEK PRIOR TO THE REGULARLY SCHEDULED BOARD MEETING IMMEDIATELY PRECEDING THE ANTICIPATED FILING DATE OF THE RETURN. TIME FOR DISCUSSION AND REVIEW OF THE RETURN IS SCHEDULED FOR THIS MEETING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION OBTAINED CONFLICT OF INTEREST STATEMENTS FROM EACH TRUSTEE UPON THEIR ELECTION TO THE BOARD. ALL BOARD MEMBERS RECEIVE A COPY OF THE WRITTEN CONFLICT OF INTEREST POLICY ANNUALLY. EACH BOARD MEMBER SHALL REVIEW THE POLICY AND SUBMIT FOR THE RECORD ANY EXISTING CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15B: THE BOARD OF TRUSTEES, WITH MR. MILLER ABSENT, APPROVED PAYMENT OF ACCOUNTING FEES TO ALAN MILLER BASED UPON REGULAR AND CUSTOMARY HOURLY FEES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE ORGANIZATION'S OFFICE UPON REQUEST. FORM 990, PART VI, LINE 8 DOCUMENTATION OF BOARD OF TRUSTEES' MEETINGS THE DIRECTOR OF OPERATIONS OF HOSPICE OF SANTA BARBARA, INC. DOCUMENTS

Name of the organization	Employer identification number
SANTA BARBARA HOSPICE FOUNDATION	77-0009462
BOARD AT THE SUBSEQUENT MEETING.	
FORM 990, PART XII, LINE 2C	
AUDIT COMMITTEE	
THERE WERE NO CHANGES TO THE OVERSIGHT OR SELE	CTION PROCESS DURING THE
VEAD	
IEAR.	
	-

Schedule O (Form 990 or 990-EZ) (2012)

232212 01-04-13

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 77-0009462 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. Part I 👙 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) SANTA BARBARA HOSPICE FOUNDATION ► Attach to Form 990. Name of the organization

(a)	(q)	(0)	(p)	(e)	()
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
Part II organization of Related Tax-Exempt Organizations (Complete if organizations during the tax year.)	ions (Complete if the organization a	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	rt IV, line 34 becaus	e it had one or more re	lated tax-exempt

(a)	(q)	(0)	(p)	(e)	(J)	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?	(2(b) 13) ed
)		(f)		501(c)(3))		Yes	No
HOSPICE OF SANTA BARBARA, INC 23-7448586							
2050 ALAMEDA PADRE SERRA, SUITE 100							
SANTA BARBARA, CA 93103	HOSPICE SERVICES	CALIFORNIA	501(C)(3)	LINE 9	N/A		×
	-						

77-0009462

Page 2

Schedule R (Form 990) 2012 SANTA BARBARA HOSPICE FOUNDATION

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

(J) (K) General or Percentage managing ownership partner? Yes No		
(J) Ineral or anaging artner?		
% <u>9 %</u> 32 <u>8 ×</u> €	 	
(i) (j) (l) (l) (l) (l) (l) (l) (l) (l) (l) (l		
(h) Disproportionate allocations?		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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

	1				,								
	_	13) 13)	Š	٥N									
	ر ت	512(t	e	Yes									
	(h)	Percentage 512(b)(13)					-	 		 	-		
	(6)	Share of	assets		-								
	(4)	Share of total	2										
	(e) Type of entity C corp, S corp, or trust)												
	(p)	C Corp, S corp. (d) Type of entity (C corp, S corp. or trust)											
	(၁)	Legal domicile	foreign	country)									
	(q)	Primary activity				_							
organizations treated as a corporation or trust during the tax year)	(e)	Name, address, and EIN											

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				oN soy
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	ın Parts II:IV?	_
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
 b Gift, grant, or capital contribution to related organization(s) 				Tb X
c Gift, grant, or capital contribution from related organization(s)				ك
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e ×
6 Dundonde from coloted accommented				
. Dividends noin related organization(s)				4
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
 Exchange of assets with related organization(s) 				1- X
J Lease of facilities, equipment, or other assets to related organization(s)				1 _i
k Lease of facilities, equipment, or other assets from related organization(s)				*
l Performance of services or membership or fundraising solicitations for related organization(s)	inization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			ŧ.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			
				10 X
p Reimbursement paid to related organization(s) for expenses				X dt
q Reimbursement paid by related organization(s) for expenses				1q X
Ather transfer of each or execute to soluted executation(s)				> -
				-
s for inform	ho must complete th	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(2)				
(3)				
(4)				
(5)				
9				
232163 12-10-12			Schedu	Schedule R (Form 990) 2012

Page 4

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) Part VI

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

age hip		l	1	l			
(k) ercenta wnersl							
0 0 C	<u> </u>		<u>-</u>			 	
(j) General or managing partner?							!
(h) (i) (j) (k) Olspapor Code V-UBI General or Percentage allocations? of Schedule K-1 parine? Ownership of Schedule K-1 parine?							
(h) Olspropor tonate allocations?							
(g) Share of end-of-year assets							
(f) Share of total income							
(e) Are all Are all 501(c)(3) 0/gs 2							
(d) Are all Predominant income parties ser (related, unrelated, 501(c)(3) excluded from tax under section 512-514) yes No							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

Schedule R	(Form 990) 2	2012 nental Infor	SANTA	BARBARA	HOSPICE	<u>FOUNDATION</u>	77-0009462 P	age 5
Part VII								
	Complete t	his part to pro	vide addition	al information fo	r responses to c	questions on Schedule	R (see instructions).	
								
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