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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
SANTA BARBARA FOUNDATION

Doing business as

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

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

D Employer identification number
95-1866094

E Telephone number
(805) 963-1873

G Gross receipts $ 82,706,936

F Name and address of principal officer:
JACQUELINE CARRERA
1111 CHAPALA STREET SUITE 200
SANTA BARBARA, CA 93101

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SBFOUNDATION.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1928

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC CAPITAL TO BUILD EMPATHETIC, INCLUSIVE AND RESILIENT COMMUNITIES.SBF IS A COMMUNITY FOUNDATION ESTABLISHED IN 1928 TO ENRICH THE LIVES OF THE PEOPLE OF SANTA BARBARA COUNTY THROUGH PHILANTHROPY. AS ONE OF THE LARGEST PRIVATE SOURCES OF FUNDING FOR AREA NONPROFITS, AGENCIES AND COLLEGE BOUND STUDENTS, SBF BUILDS AND FACILITATES PHILANTHROPY THROUGH DONOR PARTNERSHIPS; INVESTS IN NONPROFITS; AND IDENTIFIES AND STRATEGICALLY ADDRESSES IMPORTANT COMMUNITY NEEDS.

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	39
6	Total number of volunteers (estimate if necessary)	**6**	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	15,915
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	93,357

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,917,025	23,257,441
9	Program service revenue (Part VIII, line 2g)	0	522,973
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,101,126	6,077,630
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	865,626	-189,138
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,883,777	29,668,906
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,437,980	28,302,151
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,991,787	3,450,553
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,816,108		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,821,607	7,120,650
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	36,251,374	38,873,354
19	Revenue less expenses. Subtract line 18 from line 12	-10,367,597	-9,204,448

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	372,582,050	392,665,597
21	Total liabilities (Part X, line 26)	24,381,182	28,901,481
22	Net assets or fund balances. Subtract line 21 from line 20	348,200,868	363,764,116

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** 2020-11-10
Signature of officer Date

JANET MOCKER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-10		P00545829

Firm's name ▶ MOSS ADAMS LLP — Firm's EIN ▶ 91-0189318

Firm's address ▶ 10960 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024 — Phone no. (310) 477-0450

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC CAPITAL TO BUILD EMPATHETIC, INCLUSIVE AND RESILIENT COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a	(Code: See Additional Data)	(Expenses $	31,300,912	including grants of $	25,308,722)	(Revenue $ 522,973)
4b	(Code: See Additional Data)	(Expenses $	1,764,319	including grants of $	1,426,561)	(Revenue $)
4c	(Code: See Additional Data)	(Expenses $	1,937,846	including grants of $	1,566,868)	(Revenue $)
4d	Other program services (Describe in Schedule O.)	(Expenses $		including grants of $	)	(Revenue $)
4e	**Total program service expenses ▶**		35,003,077			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	72		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	No
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
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**		No

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

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

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ 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, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JANET MOCKER 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101 (805) 963-1873

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

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

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

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

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

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,125,000	0	230,724

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SDF RESILIENCE INC PO BOX 50196 SANTA BARBARA, CA 93150	CONSULTING SERVICES (TPRC)	2,098,254
JOSEPH COLE PO BOX 5476 SANTA BARBARA, CA 93150	CONSULTING SERVICES (TPRC)	445,532
PARADISE POINT RESORT 1404 W VACATION ROAD SAN DIEGO, CA 92109	CONFERENCE SERVICES	323,024
MEKETA INVESTMENT GROUP 5796 ARMADA DRIVE SUITE 110 CARLSBAD, CA 92008	INVESTMENT MANAGEMENT/CONSULTING FEES	295,000
YOUNG CONSTRUCTION 9 ASHLEY AVENUE SANTA BARBARA, CA 93103	CONSTRUCTION SERVICES	189,907

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 15

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,257,441			
	g Noncash contributions included in lines 1a - 1f: $	1g	7,472,720			
	h **Total.** Add lines 1a-1f		23,257,441			
Program Service Revenue		Business Code				
	2a ADMINISTRATIVE FEE	561000	522,973	522,973		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.		522,973			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,728,733		84,114	3,644,619
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					

		(i) Real	(ii) Personal				
6a Gross rents	6a	394,690					
b Less: rental expenses	6b	604,272					
c Rental income or (loss)	6c	-209,582					
d Net rental income or (loss)				-209,582		-68,199	-141,383

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	54,782,655					
b Less: cost or other basis and sales expenses	7b	52,433,758					
c Gain or (loss)	7c	2,348,897					
d Net gain or (loss)				2,348,897			2,348,897

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						

Miscellaneous Revenue	Business Code				
11a MISCELANIOUS REVENUE	515100	20,444	20,444		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		20,444			
12 **Total revenue.** See instructions		29,668,906	543,417	15,915	5,852,133

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,297,851	28,297,851		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,300	4,300		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	570,696	121,834	289,709	159,153
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	1,939,445	573,085	790,391	575,969
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	171,504	53,410	78,181	39,913
9 Other employee benefits	617,983	173,155	264,953	179,875
10 Payroll taxes	150,925	42,259	64,898	43,768
11 Fees for services (non-employees):				
a Management	417,985	105,771		312,214
b Legal	12,371	3,764	3,689	4,918
c Accounting	59,673		59,673	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	397,226	397,226		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,586,882	3,559,985	26,897	
12 Advertising and promotion	145,237	56,789	6,817	81,631
13 Office expenses	136,545	41,185	58,725	36,635
14 Information technology	213,409	80,458	87,729	45,222
15 Royalties				
16 Occupancy	286,929	93,228	110,323	83,378
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	674,261	545,584	85,180	43,497
20 Interest	17,474	17,474		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	163,452	48,181	63,558	51,713
23 Insurance	481,827	456,713	19,048	6,066
24 Other expenses. Itemize expenses not covered 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 O.)				
a COMMUNITY RELATIONS	261,124	124,666	4,616	131,842
b DUES AND SUBSCRIPTIONS	145,450	85,354	39,782	20,314
c DIRECT PROGRAM ACTIVITI	120,805	120,805		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	38,873,354	35,003,077	2,054,169	1,816,108
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		161,790	1	94,016
	2	Savings and temporary cash investments		33,623,795	2	33,984,452
	3	Pledges and grants receivable, net		46,973,983	3	45,176,463
	4	Accounts receivable, net		1,322,875	4	931,191
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		5,941,223	7	5,950,389
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		132,285	9	116,650
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,226,941			
	b	Less: accumulated depreciation	10b 3,925,031	14,028,686	10c	14,301,910
	11	Investments—publicly traded securities		157,897,809	11	94,154,197
	12	Investments—other securities. See Part IV, line 11		34,975,068	12	117,162,187
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		77,524,536	15	80,794,142
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		372,582,050	16	392,665,597
Liabilities	17	Accounts payable and accrued expenses		469,097	17	537,573
	18	Grants payable		95,417	18	38,141
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,166,187	23	3,667,110
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		20,650,481	25	24,658,657
	26	**Total liabilities.** Add lines 17 through 25		24,381,182	26	28,901,481
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		226,254,305	27	230,790,268
	28	Net assets with donor restrictions		121,946,563	28	132,973,848
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		348,200,868	32	363,764,116
	33	Total liabilities and net assets/fund balances		372,582,050	33	392,665,597

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,668,906
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,873,354
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,204,448
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	348,200,868
5	Net unrealized gains (losses) on investments	5	21,460,271
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-214
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,307,639
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	363,764,116

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 95-1866094

Name: SANTA BARBARA FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

SBF SERVES THE ENTIRE COUNTY OF SANTA BARBARA, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS. IN 2019, SBF AWARDED OVER 2,800 GRANTS TO NONPROFIT ORGANIZATIONS. GRANTS ARE MADE THROUGH SBF FROM VARIOUS TYPES OF FUNDS, INCLUDING: DONOR ADVISED FUNDS, DONOR DESIGNATED FUNDS AND FIELD OF INTEREST FUNDS. DISCRETIONARY GRANTS, TOTALING OVER $5 MILLION IN 2019, ARE SUPPORTED BY SBF'S UNRESTRICTED ENDOWMENT INCOME AND ARE AWARDED WITH THE APPROVAL OF THE BOARD OF TRUSTEES BASED ON RECOMMENDATIONS OF SBF STAFF FOLLOWING A RIGOROUS PROCESS OF RESEARCH, DUE DILIGENCE, PLANNING AND EVALUATION.

Form 990, Part III, Line 4b:

SBF PROVIDED FUNDING OF OVER $1 MILLION IN 2019 TO THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA FOR STUDENT AID. THROUGH THIS COLLABORATION, OVER 350 STUDENTS OF SANTA BARBARA COUNTY RECEIVED SCHOLARSHIP AWARDS.

Form 990, Part III, Line 4c:

THE WOMEN'S FUND OF SANTA BARBARA IS A VOLUNTEER-LED COLLECTIVE DONOR GROUP THAT ENABLES WOMEN TO COMBINE CHARITABLE DOLLARS INTO SIGNIFICANT GRANTS FOCUSED ON THE CRITICAL NEEDS OF WOMEN, CHILDREN AND FAMILIES IN SANTA BARBARA COUNTY.THE WOMEN'S FUND OF NORTHERN SANTA BARBARA COUNTY RESPONDS TO THE COMMUNITY'S MOST URGENT NEEDS BY MAKING SUBSTANTIAL GIFTS IN THE NORTH COUNTY. MEMBERS AND SUPPORTERS OF THE FUND TRANSLATE THEIR VALUES INTO ACTION TO SERVE AS A CATALYST FOR CHANGE ON BEHALF OF THE WOMEN, CHILDREN, AND FAMILIES IN NORTH COUNTY. (CONTINUED IN SCHEDULE O)

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD V GALLO EDD PRESIDENT AND CEO	40.00 3.00			X				290,365	0	82,831
JACQUELINE CARRERA CHIEF REVENUE & BUSINESS DEVELOPMENT OFFICER	40.00					X		208,537	0	33,135
JANET MOCKER CHIEF FINANCIAL OFFICER	40.00 1.00			X				162,025	0	35,475
BARBARA ANDERSON CHIEF STRATEGY OFFICER THRU 12/1/19	40.00					X		126,515	0	32,547
CHERI SAVAGE DIRECTOR OF INVESTMENTS	40.00					X		107,284	0	25,617
JANET CAMPBELL FORMER CHIEF PHILANTHROPIC OFFICER	0.00						X	130,000	0	0
PEDRO PAZ DIRECTOR OF GRANTMAKING	40.00					X		100,274	0	21,119
DIANE ADAM CHAIR	4.00	X		X				0	0	0
PAMELA GANN VICE-CHAIR	3.00	X		X				0	0	0
STEPHEN HICKS TREASURER	3.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN RICHARDS SECRETARY	3.00	X		X				0	0	0
PHIL ALVARADO TRUSTEE	2.00	X						0	0	0
LAURIE ASHTON TRUSTEE	2.00	X						0	0	0
RANDALL DAY TRUSTEE	2.00	X						0	0	0
NEIL DIPAOLA TRUSTEE	2.00	X						0	0	0
DONNA FRANCE TRUSTEE	2.00	X						0	0	0
ANGEL R MARTINEZ TRUSTEE	2.00	X						0	0	0
DANNA MCGREW TRUSTEE	2.00	X						0	0	0
JENNIFER T MURRAY TRUSTEE	2.00	X						0	0	0
ROBERT C NAKASONE TRUSTEE	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERNESTO PAREDES TRUSTEE	2.00	X						0	0	0
CATHY PEPE TRUSTEE	2.00	X						0	0	0
GINGER SALAZAR TRUSTEE	2.00	X						0	0	0
NIKI SANDOVAL TRUSTEE	2.00	X						0	0	0
LUIS VILLEGAS TRUSTEE	2.00	X						0	0	0
MICHAEL D YOUNG TRUSTEE	2.00	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	21,637,188	19,925,683	167,681,429	17,917,025	23,257,441	250,418,766
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	21,637,188	19,925,683	167,681,429	17,917,025	23,257,441	250,418,766
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						112,793,997
6 **Public support.** Subtract line 5 from line 4.						137,624,769

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	21,637,188	19,925,683	167,681,429	17,917,025	23,257,441	250,418,766
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	5,577,804	5,095,929	4,752,506	3,575,430	3,910,903	22,912,572
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .	40,298				1,275	41,573
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .					20,444	20,444
11 **Total support.** Add lines 7 through 10						273,393,355

12 Gross receipts from related activities, etc. (see instructions)	12	2,290,521

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	50.340 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	51.740 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 95-1866094

Name: SANTA BARBARA FOUNDATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	235	174
2	Aggregate value of contributions to (during year)	13,215,150	9,449,981
3	Aggregate value of grants from (during year)	16,410,908	12,130,378
4	Aggregate value at end of year	94,470,540	269,293,577

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	45,624,058	48,728,257	46,045,609	46,415,142	49,145,855
b Contributions	115,940	761,500	326,104	80	512,606
c Net investment earnings, gains, and losses	10,450,082	-1,269,725	5,252,838	1,636,901	-1,029,563
d Grants or scholarships					
e Other expenditures for facilities and programs	2,078,032	2,595,974	2,896,294	2,006,514	2,213,756
f Administrative expenses					
g End of year balance	54,112,048	45,624,058	48,728,257	46,045,609	46,415,142

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ 99.000 %

c Temporarily restricted endowment ▶ 1.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,680,000		1,680,000
b Buildings		14,120,130	2,938,798	11,181,332
c Leasehold improvements		1,142,741	597,952	544,789
d Equipment		1,284,070	388,281	895,789
e Other				0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				14,301,910

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	3,396,000	F
(B) REAL ASSETS	10,892,566	F
(C) HEDGE FUNDS	5,035,522	F
(D) PRIVATE EQUITY	11,882,428	F
(E) INFRASTRUCTURE	3,009,454	F
(F) GLOBAL EQUITIES	28,663,659	F
(G) GLOBAL FIXED INCOME	54,282,558	F
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	117,162,187	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)FAIR MARKET VALUE OF ASSETS UNDER CHARITABLE TRUST AGREEMENTS	63,594,749
(2)VALUE OF INCOME INTEREST IN TRUSTS	16,230,954
(3)DEPOSITS	800,943
(4)OTHER ASSETS	167,496
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	80,794,142

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	24,658,657

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1866094
Name: SANTA BARBARA FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR GRANTMAKING, STUDENT AID AND ADMINISTRATIVE EXPENSES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	SBF AND ITS SUPPORTING ORGANIZATIONS AND AFFILIATES EVALUATE UNCERTAIN TAX POSITIONS, WHER EBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2019, SBF AND ITS SUPPORTING ORGANIZATIONS A ND AFFILIATES HAVE NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		6,188,158
3a Sub-total	0	0			6,188,158
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			6,188,158

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☑ Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 411

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	SBF PROVIDES COMPETITIVE GRANTS TO 501(C)(3) ORGANIZATIONS SERVING THE PEOPLE OF SANTA BARBARA COUNTY. GRANTEES MUST PROVIDE ANNUAL FOLLOW-UP REPORTS INDICATING HOW THE FUNDS WERE UTILIZED. IN ADDITION, SBF DOES SITE VISITS AND INTERVIEWS WITH GRANTEES THROUGHOUT THE YEAR. 501(C)(3) GRANTEES OF ADVISED GRANTS HAVE TO AGREE TO THE FOLLOWING STIPULATIONS - GRANTS FROM DONOR ADVISED FUNDS OF SBF MAY NOT BE USED TO FULFILL A LEGALLY-BINDING PLEDGE, OR TO PAY ANY PORTION OF GOODS OR SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES.

Additional Data

Software ID:
Software Version:
EIN: 95-1866094
Name: SANTA BARBARA FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LA CUMBRE JUNIOR HIGH SCHOOL 2255 MODOC RD SANTA BARBARA, CA 93101	26-2964339	501(C)(3)	5,000				EDUCATION
1000 FRIENDS OF OREGON 133 SW 2ND AVE STE 201 PORTLAND, OR 97204	93-0642086	501(C)(3)	12,500				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
1TO4 5225 E CAMINO CIELO SANTA BARBARA, CA 93105	46-5001370	501(C)(3)	10,000				GENERAL SUPPORT
2ND STORY ASSOCIATES 808 LAGUNA ST SANTA BARBARA, CA 93101	26-0417729	501(C)(3)	27,434				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A COMPAS INC PO BOX 30594 SANTA BARBARA, CA 931300594	20-2176039	501(C)(3)	10,000				ARTS, CULTURE, AND HUMANITIES
A GREENER WORLD PO BOX 115 TERREBONNE, OR 97760	81-2116665	501(C)(3)	425,000				FOOD SYSTEMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AFRICAN COMMUNITY EXCHANGE PO BOX 444 MIDLOTHIAN, VA 23113	20-4962182	501(C)(3)	15,000				HUMAN SERVICES
AHA ATTITUDE HARMONY ACHIEVEMENT 1209 DE LA VINA STREET SUITE A SANTA BARBARA, CA 93101	20-4418873	501(C)(3)	36,600				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL SAINTS BY THE SEA EPISCOPAL CHURCH 83 EUCALYPTUS LN SANTA BARBARA, CA 93108	13-5562208	501(C)(3)	130,000				GENERAL SUPPORT
ALLAN HANCOCK COLLEGE FOUNDATION PO BOX 5170 SANTA MARIA, CA 934565170	95-3143396	501(C)(3)	92,112				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALPHA RESOURCE CENTER OF SANTA BARBARA 4501 CATHEDRAL OAKS RD SANTA BARBARA, CA 93110	95-1966996	501(C)(3)	71,470				HUMAN SERVICES
ALS ASSOCIATION GOLDEN WEST CHAPTER PO BOX 565 AGOURA HILLS, CA 91376	95-4163338	501(C)(3)	10,200				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 225 N MICHIGAN AVE FL 17 CHICAGO, CA 60601	13-3039601	501(C)(3)	54,570				HEALTH CARE
AMAZON WATCH 520 3RD STREET SUITE 108 OAKLAND, CA 94607	95-4604782	501(C)(3)	12,650				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMBOSELI TRUST FOR ELEPHANTS 10 STATE ST NEWBURYPORT, MA 01950	20-1321920	501(C)(3)	5,000				ENVIRONMENT AND ANIMALS
AMERICAN HEART ASSOCIATION OF SANTA BARBARA COUNTY 212 W FIGUEROA ST SANTA BARBARA, CA 93101	13-5613797	501(C)(3)	8,959				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 225 PRADO RD STE A SAN LUIS OBISPO, CA 93401	95-1643302	501(C)(3)	22,259				PUBLIC AND SOCIETAL BENEFIT
AMERICAN RED CROSS LOS ANGELES REGION 11355 OHIO AVENUE LOS ANGELES, CA 90025	95-1643964	501(C)(3)	25,100				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANIMAL LEGAL DEFENSE FUND 525 EAST COTATI AVE COTATI, CA 94931	94-2681680	501(C)(3)	425,050				ENVIRONMENT AND ANIMALS
ANIMAL SHELTER ASSISTANCE PROGRAM OF SANTA BARBARA PO BOX 357 GOLETA, CA 931160357	77-0283500	501(C)(3)	8,200				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTI-DEFAMATION LEAGUE 1528 CHAPALA STREET SUITE 301 SANTA BARBARA, CA 93101	13-1818723	501(C)(3)	151,280				PUBLIC AND SOCIETAL BENEFIT
ARCO COLLABORATIVE INC 124 W 109TH STREET SUITE 5A NEW YORK, NY 10025	46-4241093	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARTHRITIS FOUNDATION INC 2261 LAS POSITAS RD SANTA BARBARA, CA 93105	95-1885447	501(C)(3)	9,000				HEALTH CARE
ARTS OUTREACH PO BOX 755 LOS OLIVOS, CA 93441	77-0119825	501(C)(3)	5,200				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARTSPACE INC 751 PASEO NUEVO SANTA BARBARA, CA 93101	77-0233621	501(C)(3)	15,000				ARTS, CULTURE, AND HUMANITIES
BERKLEE COLLEGE OF MUSIC INC 1140 BOYLSTON ST MS 161-IA BOSTON, MA 022153631	04-2300472	501(C)(3)	100,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BORREGO VALLEY ENDOWMENT FUND PO BOX 2714 BORREGO SPRINGS, CA 92004	33-0611010	501(C)(3)	5,000				HEALTH CARE
BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA, CA 93190	20-0905385	501(C)(3)	15,400				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOY SCOUTS OF AMERICA COUNCIL 4000 MODOC RD SANTA BARBARA, CA 93110	95-1696725	501(C)(3)	62,399				HUMAN SERVICES
BOYS & GIRLS CLUB OF SANTA BARBARA INC 632 E CANON PERDIDO STREET SANTA BARBARA, CA 93103	95-1641425	501(C)(3)	23,700				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS AND GIRLS CLUB OF VENTURA INC 6020 NICOLLE ST STE D VENTURA, CA 93003	95-2248919	501(C)(3)	10,000				HUMAN SERVICES
BRAILLE INSTITUTE OF AMERICA INC PO BOX 5411 SANTA BARBARA, CA 93150	95-1641426	501(C)(3)	12,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BREAST CANCER RESOURCE CENTER OF SANTA BARBARA 525 W JUNIPERO ST SANTA BARBARA, CA 931054211	91-1790842	501(C)(3)	10,000				HEALTH CARE
BRIDGE HOUSE 345 ARAPAHOE AVE UNIT 5 BOULDER, CO 80303	84-1440292	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BURLINGTON HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION 200 S 6TH ST BURLINGTON, KS 66839	48-1152997	501(C)(3)	15,000				HUMAN SERVICES
CARE4PAWS PO BOX 60524 SANTA BARBARA, CA 93160	27-0207473	501(C)(3)	13,000				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAL STATE FULLERTON PHILANTHROPIC FOUNDATION PO BOX 6850 H211 FULLERTON, CA 92834	33-0567945	501(C)(3)	5,000				EDUCATION
CALIFORNIA AVOCADO FESTIVAL INC PO BOX 146 CARPINTERIA, CA 93014	77-0159754	501(C)(3)	10,000				FOOD SYSTEMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA CENTER FOR PUBLIC POLICY PO BOX 3480 SANTA BARBARA, CA 93130	45-2612428	501(C)(3)	10,000				PUBLIC AND SOCIETAL BENEFIT
CALIFORNIA RANGELAND TRUST 1221 H ST SACRAMENTO, CA 95814	31-1631453	501(C)(3)	7,500				FOOD SYSTEMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY STREET STE 520 SAN FRANCISCO, CA 94105	94-1707583	501(C)(3)	5,500				HUMAN SERVICES
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS 1 UNIVERSITY DR CAMARILLO, CA 93012	77-0433230	501(C)(3)	150,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CALIFORNIA WILDLIFE CENTER PO BOX 2022 MALIBU, CA 90265	95-4580790	501(C)(3)	5,000				ENVIRONMENT AND ANIMALS
CAMERATA PACIFICA PO BOX 30116 SANTA BARBARA, CA 93130	33-0104649	501(C)(3)	19,500				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANCER FOUNDATION OF SANTA BARBARA 601 WEST JUNIPERO STREET SANTA BARBARA, CA 93105	95-2158727	501(C)(3)	154,500				HUMAN SERVICES
CARA 237 S DESPLAINES CHICAGO, IL 60661	36-4268095	501(C)(3)	5,000				WORKFORCE DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST CARPINTERIA, CA 93013	81-1407122	501(C)(3)	39,250				EDUCATION
CARPINTERIA SKATE FOUNDATION INC PO BOX 65 CARPINTERIA, CA 93013	27-0394632	501(C)(3)	10,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARPINTERIA VALLEY ARTS COUNCIL 855 LINDEN AVE CARPINTERIA, CA 93013	77-0578720	501(C)(3)	18,650				ARTS, CULTURE, AND HUMANITIES
CARRILLO COUNSELING SERVICES INC 324 EAST CARRILLO STREET SUITE C SANTA BARBARA, CA 93101	77-0556795	501(C)(3)	61,350				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASA DEL HERRERO FOUNDATION PO BOX 5612 SANTA BARBARA, CA 931505612	77-0340301	501(C)(3)	20,780				ARTS, CULTURE, AND HUMANITIES
CASA SERENA INC 1515 BATH ST SANTA BARBARA, CA 93101	95-2862385	501(C)(3)	46,200				HOUSING AND SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATE SCHOOL 1960 CATE MESA RD CARPINTERIA, CA 93013	95-1644630	501(C)(3)	165,800				EDUCATION
CATHOLIC CHARITIES OF LOS ANGELES INC 1531 JAMES M WOOD BLVD PO BOX 15095 15095 LOS ANGELES, CA 900150095	95-1690973	501(C)(3)	66,700				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHOLIC EDUCATION FOUNDATION 3424 WILSHIRE BLVD 3RD FL LOS ANGELES, CA 90010	75-6725640	501(C)(3)	25,000				GENERAL SUPPORT
CENTER FOR REGENERATIVE AGRICULTURE PO BOX 973 OJAI, CA 93024	03-0438828	501(C)(3)	8,500				FOOD SYSTEMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR URBAN AGRICULTURE AT FAIRVIEW GARDENS 598 N FAIRVIEW AVE GOLETA, CA 93117	93-1213893	501(C)(3)	5,000				FOOD SYSTEMS
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY 2021 SPERRY AVENUE 9 VENTURA, CA 93003	77-0578864	501(C)(3)	75,500				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHANNEL ISLANDS RESTORATION 928 CARPINTERIA ST STE 3 SANTA BARBARA, CA 93103	61-1463876	501(C)(3)	48,519				ENVIRONMENT AND ANIMALS
CHANNEL ISLANDS YMCA ASSOCIATION OFFICE 105 E CARRILLO ST SANTA BARBARA, CA 93101	95-1643379	501(C)(3)	106,500				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILD ABUSE LISTENING MEDIATION INC (CALM) 1236 CHAPALA ST SANTA BARBARA, CA 93103	23-7097910	501(C)(3)	192,475				HUMAN SERVICES
CHILDREN AND FAMILY RESOURCE SERVICES 3970 LA COLINA ROAD SUITE 2 SANTA BARBARA, CA 93110	82-4121880	501(C)(3)	71,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S FOUNDATION OF AMERICA 175 N INDIANA HILL BLVD STE B-200 CLAREMONT, CA 91711	33-0910478	501(C)(3)	22,000				HUMAN SERVICES
CHILDRENS MONTESSORI SCHOOL OF LOMPOC PO BOX 3510 LOMPOC, CA 93438	77-0185213	501(C)(3)	15,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDREN'S MUSEUM OF SANTA BARBARA 125 STATE ST SANTA BARBARA, CA 93107	77-0252722	501(C)(3)	73,500				ARTS, CULTURE, AND HUMANITIES
CHP 11-99 FOUNDATION 2244 N STATE COLLEGE BLVD FULLERTON, CA 92831	95-6530738	501(C)(3)	6,500				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COACHART 3303 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90010	94-3389547	501(C)(3)	65,000				HUMAN SERVICES
COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY 5638 HOLLISTER AVE STE 230 GOLETA, CA 93117	95-2491790	501(C)(3)	53,505				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA 2060 ALAMEDA PADRE SERRA SUITE 201 SANTA BARBARA, CA 931031713	95-1816010	501(C)(3)	111,633				ARTS, CULTURE, AND HUMANITIES
COMMUNITY ENVIRONMENTAL COUNCIL INC 26 W ANAPAMU ST 2ND FLOOR SANTA BARBARA, CA 93101	94-1728064	501(C)(3)	254,076				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST INC PO BOX 430 NIPOMO, CA 934440430	95-3253302	501(C)(3)	30,000				HEALTH CARE
CONGREGATION B'NAI B'RITH CORPORATION 1000 SAN ANTONIO CREEK RD SANTA BARBARA, CA 931111310	95-6006585	501(C)(3)	92,480				MISCELLANEOUS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONSERVATION X LABORATORIES 1211 GALLATIN ST NW WASHINGTON, DC 200116915	47-4066524	501(C)(3)	25,000				ENVIRONMENT AND ANIMALS
COTTAGE REHABILITATION HOSPITAL FOUNDATION 2415 DE LA VINA ST SANTA BARBARA, CA 931053819	26-0433816	501(C)(3)	26,000				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COUNCIL ON ALCOHOLISM & DRUG ABUSE PO BOX 28 SANTA BARBARA, CA 931020028	95-1878858	501(C)(3)	54,350				HEALTH CARE
COURT APPOINTED SPECIAL ADVOCATES OF SANTA BARBARA COUNTY 2125 S BROADWAY SUITE 106 SANTA MARIA, CA 93454	33-0662734	501(C)(3)	20,765				HUMAN SERVICES

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COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE HOLLYWOOD, CA 90027	13-3391210	501(C)(3)	15,000				HOUSING AND SHELTER
CRANE SCHOOL 1795 SAN LEANDRO LN SANTA BARBARA, CA 93108	95-1643315	501(C)(3)	86,125				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CUYAMA VALLEY FAMILY RESOURCE CENTER PO BOX 5 NEW CUYAMA, CA 93254	45-1221069	501(C)(3)	30,000				HUMAN SERVICES
CYSTIC FIBROSIS RESEARCH INC 1731 EMBARCADERO ROAD SUITE 210 PALO ALTO, CA 94303	51-0169988	501(C)(3)	5,000				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAKOTA RURAL ACTION 910 4TH STREET STE A BROOKINGS, SD 57006	46-0398656	501(C)(3)	50,000				PUBLIC AND SOCIETAL BENEFIT
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 022849168	04-2263040	501(C)(3)	100,000				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	189,925				HUMAN SERVICES
DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030	13-3433452	501(C)(3)	7,900				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE PO BOX 3751 SANTA BARBARA, CA 93103	33-1210731	501(C)(3)	59,100				HUMAN SERVICES
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY PO BOX 1536 SANTA BARBARA, CA 93102	95-3495141	501(C)(3)	100,290				HUMAN SERVICES

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DOS PUEBLOS BAND BOOSTERS PO BOX 8931 GOLETA, CA 93117	26-3368456	501(C)(3)	10,000				EDUCATION
DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION PO BOX 313 GOLETA, CA 931160313	26-1115393	501(C)(3)	20,000				EDUCATION

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DOS PUEBLOS HIGH SCHOOL BEACH VOLLEYBALL 65 SURREY PL GOLETA, CA 931170000	81-2383874	501(C)(3)	53,227				EDUCATION
DREAMS INDEED INTERNATIONAL PO BOX 211006 DENVER, CO 80221	84-1582759	501(C)(3)	5,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DUNN SCHOOL PO BOX 98 LOS OLIVOS, CA 93441	95-1909237	501(C)(3)	75,000				EDUCATION
EAST PALO ALTO TENNIS AND TUTORING P O BOX 60597 PALO ALTO, CA 94306	26-3316879	501(C)(3)	5,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EASY LIFT TRANSPORTATION INC 53 CASS PLACE SUITE D GOLETA, CA 93117	95-3642272	501(C)(3)	27,990				HUMAN SERVICES
ENDOWMENT FOR YOUTH COMMITTEE 606 ALAMO PINTADO RD STE 3274 SOLVANG, CA 93463	77-0202584	501(C)(3)	22,058				HUMAN SERVICES

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ENSEMBLE THEATRE COMPANY PO BOX 2307 SANTA BARBARA, CA 931202307	95-3408200	501(C)(3)	73,950				ARTS, CULTURE, AND HUMANITIES
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN ST SANTA BARBARA, CA 931017404	77-0061994	501(C)(3)	31,850				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EVERYBODY DANCE NOW 763 BIRCH WALK F GOLETA, CA 93117	45-2107249	501(C)(3)	40,000				ARTS, CULTURE, AND HUMANITIES
EXPLORING SOLUTIONS PAST THE MAYA FOREST ALLIANCE PO BOX 3962 SANTA BARBARA, CA 93130	77-0577587	501(C)(3)	60,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY SERVICE AGENCY OF SANTA BARBARA 123 W GUTIERREZ ST SANTA BARBARA, CA 93101	95-1644031	501(C)(3)	244,400				HUMAN SERVICES
FIDELITY INVESTMENTS CHARITABLE GIFT FUND PO BOX 770001 CINCINNATTI, OH 452770053	11-0303001	501(C)(3)	381,892				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIGHTING BACK SANTA MARIA VALLEY PO BOX 184 SANTA MARIA, CA 934560184	65-1234981	501(C)(3)	22,500				HUMAN SERVICES
FIRE SERVICE TRAINING INSTITUTE PO BOX 550 SANTA BARBARA, CA 93116	20-5793662	501(C)(3)	100,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST BAPTIST CHURCH OF SANTA BARBARA 949 VERONICA SPRINGS RD SANTA BARBARA, CA 931054598	95-1869821	501(C)(3)	10,000				GENERAL SUPPORT
FLAMENCO ARTS FESTIVAL PO BOX 90217 SANTA BARBARA, CA 93190	77-0515629	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOCUS ON THE MASTERS 505 POLI ST STE 310 VENTURA, CA 93001	77-0498291	501(C)(3)	13,555				ARTS, CULTURE, AND HUMANITIES
FOOD & WATER WATCH 1616 P ST NW STE 300 WASHINGTON, DC 20036	32-0160439	501(C)(3)	1,451,000				FOOD SYSTEMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOOD FORWARD 7412 FULTON AVE 3 NORTH HOLLYWOOD, CA 91605	90-0678872	501(C)(3)	10,000				FOOD SYSTEMS
FOODBANK OF SANTA BARBARA COUNTY 1525 STATE ST STE 100 SANTA BARBARA, CA 93101	77-0169214	501(C)(3)	307,950				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR SANTA BARBARA HIGH SCHOOL PO BOX 158 SANTA BARBARA, CA 93102	26-0312564	501(C)(3)	10,000				EDUCATION
FRANKLIN ELEMENTARY SCHOOL 1111 E MASON ST SANTA BARBARA, CA 93103	95-6204445	501(C)(3)	5,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRESH START SPORT HORSES 35761 BASS ROCK RD SANTA CLARITA, CA 913904674	83-2282449	501(C)(3)	20,000				ENVIRONMENT AND ANIMALS
FRIENDS OF BAREFOOT COLLEGE INTERNATIONAL INC 333 WESTERN AVE CONWAY, AR 72034	81-1699576	501(C)(3)	10,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FAMILY FARMERS PO BOX 396 CORBETT, OR 97019	30-0390131	501(C)(3)	100,000				FOOD SYSTEMS
FRIENDS OF THE SANTA BARBARA PUBLIC LIBRARY PO BOX 1019 SANTA BARBARA, CA 93102	23-7380305	501(C)(3)	5,200				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF THE UNIVERSITY OF GUELPH 1725 I ST NW WASHINGTON, DC 20006	51-0189191	501(C)(3)	50,000				EDUCATION
FRIENDS OF UNFPA INC 605 3RD AVE 4TH FL NEW YORK, NY 10158	13-3996346	501(C)(3)	17,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF VADA AT SANTA BARBARA HIGH SCHOOL PO BOX 4426 SANTA BARBARA, CA 93140	73-1646663	501(C)(3)	9,000				ARTS, CULTURE, AND HUMANITIES
FRIENDS OF WONI KENYA 14 VIOLET LANE GOLETA, CA 93117	26-1499281	501(C)(3)	16,650				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDSHIP ADULT DAY CARE CENTER INC 89 EUCALYPTUS LN SANTA BARBARA, CA 93108	95-3398938	501(C)(3)	8,550				HUMAN SERVICES
FUND FOR SANTA BARBARA INC 26 W ANAPAMU ST SANTA BARBARA, CA 93101	77-0070742	501(C)(3)	102,700				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FUTURE LEADERS OF AMERICA 126 E HALEY ST STE A12 SANTA BARBARA, CA 931012389	77-0071036	501(C)(3)	22,000				HUMAN SERVICES
GANNA WALSKA LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 931081059	23-7082550	501(C)(3)	101,044				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GET FOCUSED STAY FOCUSED 1161 HARBOR HILLS DRIVE SANTA BARBARA, CA 93109	47-2688736	501(C)(3)	52,000				EDUCATION
GIRLS INCORPORATED OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA, CA 93013	23-7430292	501(C)(3)	47,115				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRLS INCORPORATED OF GREATER SANTA BARBARA PO BOX 236 SANTA BARBARA, CA 93102	95-6006417	501(C)(3)	46,700				HUMAN SERVICES
GIRLS ROCK SB 1522 B EUCALYPTUS HILL ROAD SANTA BARBARA, CA 93103	46-0687975	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLAUCOMA RESEARCH FOUNDATION 251 POST ST STE 600 SAN FRANCISCO, CA 94108	94-2495035	501(C)(3)	10,000				HEALTH CARE
GLOBAL JUSTICE CENTER 11 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10005	20-8734461	501(C)(3)	10,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOLETA VALLEY COTTAGE HOSPITAL FOUNDATION PO BOX 689 SANTA BARBARA, CA 93102	77-0003554	501(C)(3)	5,700				HEALTH CARE
GOOD SAMARITAN SHELTER INC 245 EAST INGER DRIVE 103-B SANTA MARIA, CA 93454	77-0133375	501(C)(3)	70,000				HOUSING AND SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOVERNMENT ACCOUNTABILITY PROJECT INC 1612 K ST NW SUITE 1100 WASHINGTON, DC 20006	52-1343924	501(C)(3)	300,000				ENVIRONMENT AND ANIMALS
GUADALUPE UNION SCHOOL DISTRICT 4465 NINTH ST PO BOX 788 GUADALUPE, CA 93434	77-0070778	501(C)(3)	70,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GUADALUPE-NIPOMO DUNES CENTER 1065 GUADALUPE ST GUADALUPE, CA 934341321	77-0502739	501(C)(3)	19,017				ENVIRONMENT AND ANIMALS
HABITAT FOR HUMANITY OF SOUTHERN SANTA BARBARA COUNTY PO BOX 176 GOLETA, CA 931160176	77-0518264	501(C)(3)	29,300				HOUSING AND SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD HOSPITAL 80 SEYMOUR ST PO BOX 5037 HARTFORD, CT 061025037	06-0646668	501(C)(3)	8,175				HEALTH CARE
HAWAII COMMUNITY FOUNDATION 827 FORT ST MALL HONOLULU, HI 968134317	99-0261283	501(C)(3)	10,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEAL THE OCEAN PO BOX 90106 SANTA BARBARA, CA 93190	77-0565183	501(C)(3)	12,411				ENVIRONMENT AND ANIMALS
HEARTS THERAPEUTIC EQUESTRIAN CENTER PO BOX 30662 SANTA BARBARA, CA 93130	77-0460907	501(C)(3)	88,650				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HELP OF OJAI 111 W SANTA ANA STREET OJAI, CA 93023	95-2872549	501(C)(3)	5,000				HEALTH CARE
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	5,850				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEROES AND HORSES INC PO BOX 35 MANHATTAN, MT 59741	46-4639973	501(C)(3)	10,000				HUMAN SERVICES
HILARITY FOR CHARITY 9301 WILSHIRE BLVD STE 507 C/O OLC LLP LOS ANGELES, CA 90210	82-2316072	501(C)(3)	5,000				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HILLSIDE HOUSE 1235 VERONICA SPRINGS RD SANTA BARBARA, CA 93105	95-1816019	501(C)(3)	54,942				HOUSING AND SHELTER
HOLDERMAN ENDOWMENT FOR LA PATERA SCHOOL 555 N LA PATERA LN GOLETA, CA 93117	95-6205039	501(C)(3)	17,650				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOPE COMMUNITY CHURCH 560 N LA CUMBRE RD SANTA BARBARA, CA 93110	95-3065173	501(C)(3)	42,000				EDUCATION
HOSPICE OF SANTA BARBARA INC 2050 ALAMEDA PADRE SERRA STE 100 SANTA BARBARA, CA 93103	23-7448586	501(C)(3)	76,900				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOUSING TRUST FUND OF SANTA BARBARA COUNTY INC PO BOX 60909 SANTA BARBARA, CA 931600909	43-2007672	501(C)(3)	10,000				HOUSING AND SHELTER
HUMAN RIGHTS WATCH INC 11500 W OLYMPIC BLVD STE 540 LOS ANGELES, CA 90064	13-2875808	501(C)(3)	26,950				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IMMIGRANT HOPE SANTA BARBARA CA INC 935 SAN ANDRES SANTA BARBARA, CA 93101	46-3416009	501(C)(3)	5,000				HUMAN SERVICES
INDUSTRY PRODUCTIONS INC 244 S SAN PEDRO ST STE 304 LOS ANGELES, CA 900123861	45-3307896	501(C)(3)	13,500				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INSTITUTE FOR COLLECTIVE TRAUMA AND GROWTH PO BOX 3498 SANTA BARBARA, CA 931303498	45-5369447	501(C)(3)	29,224				HEALTH CARE
INTERFAITH INITIATIVE OF SANTA BARBARA COUNTY PO BOX 62136 SANTA BARBARA, CA 93160	47-0920616	501(C)(3)	10,500				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	30,000				ARTS, CULTURE, AND HUMANITIES
ISLA VISTA YOUTH PROJECTS INC 6842 PHELPS RD GOLETA, CA 93117	95-3007419	501(C)(3)	101,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JENSEN MUSIC FOUNDATION 2830 DE LA VINA ST STE F SANTA BARBARA, CA 93105	46-2588327	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES
JEWISH FEDERATION OF GREATER SANTA BARBARA 524 CHAPALA ST SANTA BARBARA, CA 931013412	23-7354759	501(C)(3)	25,000				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHNS HOPKINS UNIVERSITY 1800 ORLEANS ST ROOM 7217 BALTIMORE, MD 21287	52-0595110	501(C)(3)	2,512,735				EDUCATION
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	6,350				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JUNIOR LEAGUE OF SANTA BARBARA 229 E VICTORIA ST SANTA BARBARA, CA 93101	95-6001744	501(C)(3)	8,000				PUBLIC AND SOCIETAL BENEFIT
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501(C)(3)	6,500				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDS EDUCATIONAL ENGAGEMENT PROJECT 485 CHANDLER POND DR LAWRENCVILLE, GA 30043	82-1262396	501(C)(3)	10,000				HUMAN SERVICES
LA CASA DE LA RAZA 601 EAST MONTECITO STREET SANTA BARBARA, CA 93103	23-7110339	501(C)(3)	10,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LA CUMBRE JUNIOR HIGH SCHOOL FOUNDATION PO BOX 6502 SANTA BARBARA, CA 93160	26-2964339	501(C)(3)	5,000				EDUCATION
LAGUNA BLANCA SCHOOL 4125 PALOMA DRIVE SANTA BARBARA, CA 93110	95-1641448	501(C)(3)	27,500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKE CITY COMMUNITY SCHOOL FOUNDATION PO BOX 818 LAKE CITY, CO 81235	83-0779787	501(C)(3)	5,000				EDUCATION
LAND TRUST ALLIANCE INC 1660 L ST NW STE 1100 WASHINGTON, DC 20036	04-2751357	501(C)(3)	30,000				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEADING FROM WITHIN PO BOX 806 SANTA BARBARA, CA 93102	68-0365504	501(C)(3)	185,735				PUBLIC AND SOCIETAL BENEFIT
LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS 6114 LASALLE AVE 424 OAKLAND, CA 94611	45-5125583	501(C)(3)	5,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFECHRONICLES INC 113 W MISSION ST STE B2 SANTA BARBARA, CA 93101	77-0256868	501(C)(3)	10,100				ARTS, CULTURE, AND HUMANITIES
LIGHT AND LIFE GOLETA PO BOX 1004 GOLETA, CA 93116	37-1556505	501(C)(3)	8,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITTLE HOUSE BY THE PARK 4681 11TH STREET GUADALUPE, CA 93434	81-5435357	501(C)(3)	5,000				HUMAN SERVICES
LIVE OAK UNITARIAN UNIVERSALIST CONGREGATION 820 N FAIRVIEW AVENUE GOLETA, CA 93117	77-0128401	501(C)(3)	7,620				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION 1996 EASTMAN AVE STE 101 VENTURA, CA 93003	95-1693538	501(C)(3)	20,000				HEALTH CARE
LOBERO THEATRE FOUNDATION 33 E CANON PERDIDO ST SANTA BARBARA, CA 931012246	95-1831068	501(C)(3)	149,600				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOIS AND WALTER CAPPS PROJECT 226 E CANON PERDIDO STREET D SANTA BARBARA, CA 93101	02-0538138	501(C)(3)	12,500				PUBLIC AND SOCIETAL BENEFIT
LOMPOC SCHOOL DISTRICT COMMUNITY EDUCATION FOUNDATION PO BOX 8000 LOMPOC, CA 934388000	77-0443885	501(C)(3)	5,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOMPOC VALLEY COMMUNITY HEALTHCARE ORGANIZATION INC PO BOX 368 LOMPOC, CA 934380368	77-0494140	501(C)(3)	109,771				HEALTH CARE
LOMPOC VALLEY MASTER CHORALE PO BOX 24 LOMPOC, CA 934380024	93-1081968	501(C)(3)	15,700				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOS ANGELES FIRE DEPARTMENT SCHOLARSHIP FUND 1700 STADIUM WAY 101 LOS ANGELES, CA 90012	20-5474305	501(C)(3)	7,500				PUBLIC AND SOCIETAL BENEFIT
LOS ANGELES PHILHARMONIC ASSOCIATION PO BOX 1951 LOS ANGELES, CA 90078	95-1696734	501(C)(3)	8,500				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOS PADRES FOREST WATCH INC PO BOX 831 SANTA BARBARA, CA 93102	20-1531390	501(C)(3)	10,900				ENVIRONMENT AND ANIMALS
LOST TREE CHAPEL INC 11149 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	59-1709556	501(C)(3)	7,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MACHIK CORP 1609 CONNECTICUT AVE NW STE 400 WASHINGTON, DC 20009	03-0377568	501(C)(3)	10,000				PUBLIC AND SOCIETAL BENEFIT
MARIAN REGIONAL MEDICAL CENTER FOUNDATION 1400 E CHURCH ST SANTA MARIA, CA 93454	95-3818027	501(C)(3)	97,670				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARYMOUNT ACADEMY INCORPORATED 2130 MISSION RIDGE RD SANTA BARBARA, CA 93103	23-7154063	501(C)(3)	21,300				EDUCATION
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT RD LINCOLN, MA 01773	04-2104702	501(C)(3)	6,000				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MAYO CLINIC 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	10,000				HEALTH CARE
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	50,000				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MEDIA4GOOD INC 1219 STATE ST SANTA BARBARA, CA 93101	26-0603721	501(C)(3)	52,000				ARTS, CULTURE, AND HUMANITIES
MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY 617 GARDEN ST SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	125,025				BEHAVIORAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MINDFUL HEART PROGRAMS 2946 LA COMBADURA ROAD SANTA BARBARA, CA 93105	82-2949097	501(C)(3)	10,500				HUMAN SERVICES
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 06032	06-0646786	501(C)(3)	5,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONROE ELEMENTARY SCHOOL 431 FLORA VISTA DR SANTA BARBARA, CA 93109	95-6208404	501(C)(3)	10,000				EDUCATION
MONTECITO COVENANT CHURCH 671 COLD SPRING RD SANTA BARBARA, CA 93108	95-2685463	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTECITO RETIREMENT ASSOCIATION 300 HOT SPRINGS RD SANTA BARBARA, CA 93108	23-7425754	501(C)(3)	67,000				HUMAN SERVICES
MONTECITO TRAILS FOUNDATION PO BOX 5481 SANTA BARBARA, CA 93150	95-6152328	501(C)(3)	5,920				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSEUM OF CONTEMPORARY ART SANTA BARBARA INC 653 PASEO NUEVO SANTA BARBARA, CA 93101	95-3384859	501(C)(3)	15,000				ARTS, CULTURE, AND HUMANITIES
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD SANTA BARBARA, CA 931082899	95-1525814	501(C)(3)	434,330				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL BLOOD FOUNDATION RESEARCH & EDUCATION TRUST FUND 8101 GLENBROOK RD BETHESDA, MD 208142749	52-2059102	501(C)(3)	10,000				HEALTH CARE
NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION 100 W HARRISON STREET NORTH TOWER SUITE 500 SEATTLE, WA 98119	91-1255818	501(C)(3)	10,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL DISASTER SEARCH DOG FOUNDATION 6800 WHEELER CANYON RD SANTA PAULA, CA 93060	77-0412509	501(C)(3)	15,350				PUBLIC AND SOCIETAL BENEFIT
NATIONAL FEDERATION OF THE BLIND INC 200 E WELLS ST BALTIMORE, MD 21230	02-0259978	501(C)(3)	35,788				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEBULA DANCE LAB PO BOX 30245 SANTA BARBARA, CA 93130	27-3489380	501(C)(3)	9,740				ARTS, CULTURE, AND HUMANITIES
NOTRE DAME SCHOOL 33 E MICHELTORENA ST SANTA BARBARA, CA 93101	53-0196617	501(C)(3)	18,500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OJAI FESTIVALS LTD PO BOX 185 OJAI, CA 93024	95-2122508	501(C)(3)	27,500				ARTS, CULTURE, AND HUMANITIES
OJAI PRESBYTERIAN CHURCH 304 FOOTHILL RD OJAI, CA 930232425	95-1831075	501(C)(3)	5,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OJAI STUDIO ARTISTS 1129 MARICOPA HWY BOX 243B OJAI, CA 93023	20-4958788	501(C)(3)	10,000				ARTS, CULTURE, AND HUMANITIES
OJAI TREES 550 BUCKBOARD LANE OJAI, CA 93023	26-1940250	501(C)(3)	7,500				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OJAI UNIFIED SCHOOL DISTRICT PO BOX 878 OJAI, CA 93024	95-2405855	501(C)(3)	10,000				EDUCATION
OJAI VALLEY COMMUNITY HOSPITAL FOUNDATION 1301 MARICOPA HWY OJAI, CA 93023	20-1982135	501(C)(3)	12,500				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OJAI VALLEY SCHOOL 723 EL PASEO RD OJAI, CA 93023	95-1661099	501(C)(3)	79,863				EDUCATION
OJAI VALLEY YOUTH FOUNDATION PO BOX 1543 OJAI, CA 93024	77-0455993	501(C)(3)	7,800				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OJAI YOUTH OPERA COMPANY PO BOX 70 OJAI, CA 93024	47-1279185	501(C)(3)	5,250				ARTS, CULTURE, AND HUMANITIES
OJAICARES 960 E OJAI AVE SUITE 105 OJAI, CA 93023	46-3130611	501(C)(3)	22,000				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OLD MISSION SANTA BARBARA 2201 LAGUNA ST SANTA BARBARA, CA 93105	77-0517792	501(C)(3)	6,500				ARTS, CULTURE, AND HUMANITIES
OLD MISSION SANTA INES PO BOX 408 SOLVANG, CA 93464	95-2265515	501(C)(3)	15,500				MISCELLANEOUS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ONE VOICE STUDENT MISSIONS PO BOX 41038 PASADENA, CA 91114	46-3045887	501(C)(3)	6,000				MISCELLANEOUS
OPUS ARCHIVES AND RESEARCH CENTER INC PO BOX 1078 CARPINTERIA, CA 930141078	77-0225564	501(C)(3)	6,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ORCUTT AREA SENIORS IN SERVICE INC PO BOX 2637 SANTA MARIA, CA 93457	77-0058257	501(C)(3)	7,200				HUMAN SERVICES
ORCUTT CHILDREN'S ART FOUNDATION INC 500 DYER ST ORCUTT, CA 93455	03-0463467	501(C)(3)	17,300				ARTS, CULTURE, AND HUMANITIES

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ORCUTT UNION SCHOOL DISTRICT 500 DYER STREET ORCUTT, CA 93455	77-0074164	501(C)(3)	5,000				EDUCATION
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST PORTLAND, OR 972052126	23-7315673	501(C)(3)	20,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OREGON LEAGUE OF CONSERVATION VOTERS EDUCATION FUND 321 SW 4TH AVENUE STE 600 PORTLAND, OR 97204	93-1177957	501(C)(3)	5,000				ENVIRONMENT AND ANIMALS
OREGON PROGRESSIVE ALLIANCE INC 209 SW OAK ST STE 500 PORTLAND, OR 972042740	54-2177095	501(C)(3)	7,500				PUBLIC AND SOCIETAL BENEFIT

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ORGANIC SOUP KITCHEN 315 MEIGS ROAD SUITE A 369 SANTA BARBARA, CA 93109	27-1081432	501(C)(3)	56,100				HUMAN SERVICES
OUT OF THE BOX THEATRE COMPANY 5910 BEREKELY RD GOLETA, CA 93117	46-1023027	501(C)(3)	11,000				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PACIFIC CROSSROADS CHURCH 6330 SAN VICENTE BLVD STE 102 LOS ANGELES, CA 90048	95-4714292	501(C)(3)	12,000				GENERAL SUPPORT
PAGE YOUTH CENTER PO BOX 6766 SANTA BARBARA, CA 93160	77-0085672	501(C)(3)	10,280				HUMAN SERVICES

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PALO ALTO HISTORY MUSEUM PO BOX 676 PALO ALTO, CA 94302	77-0634933	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES
PARKS AND RECREATION COMMUNITY FOUNDATION PO BOX 91742 SANTA BARBARA, CA 93190	77-0126823	501(C)(3)	5,000				HUMAN SERVICES

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PAW PROJECT- ANIMAL GENERAL HOSPITAL PO BOX 445 SANTA MONICA, CA 904060445	59-3782436	501(C)(3)	5,000				ENVIRONMENT AND ANIMALS
PCPA FOUNDATION 800 S COLLEGE DR SANTA MARIA, CA 934546399	77-0399484	501(C)(3)	22,500				ARTS, CULTURE, AND HUMANITIES

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PENINSULA COLLEGE FUND MILPITAS 526 VALLEY WAYBUILDING 3 TOP FLOOR REDWOOD CITY, CA 95035	26-4293269	501(C)(3)	12,196				EDUCATION
PEOPLE ASSISTING THE HOMELESS PO BOX 24116 SANTA BARBARA, CA 93121	95-3950196	501(C)(3)	99,850				HOUSING AND SHELTER

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PERFORMANCES TO GROW ON PO BOX 212 OJAI, CA 93024	77-0400314	501(C)(3)	7,525				ARTS, CULTURE, AND HUMANITIES
PERFORMING ARTS SCHOLARSHIP FOUNDATION PO BOX 5575 MONTECITO, CA 93150	95-3757549	501(C)(3)	5,500				EDUCATION

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PIERRE CLAEYSSENS VETERANS MUSEUM AND LIBRARY FOUNDATION 1187 COAST VILLAGE ROAD SUITE 1-334 1-334 SANTA BARBARA, CA 93108	05-0565638	501(C)(3)	9,275				EDUCATION
PITZER COLLEGE 1050 NORTH MILLS AVENUE CLAREMONT, CA 91711	95-2261113	501(C)(3)	10,000				EDUCATION

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PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	85,850				HUMAN SERVICES
PLANNED PARENTHOOD FEDERATION OF AMERICA INC 123 WILLIAM ST NEW YORK, NY 10038	13-1644147	501(C)(3)	12,200				HEALTH CARE

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PRESIDENT AND FELLOWS OF HARVARD COLLEGE 124 MT AUBURN ST CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	100,100				EDUCATION
PRINCETON PROSPECT FOUNDATION 62 WASHINGTON RD PRINCETON, NJ 08540	22-6075964	501(C)(3)	25,000				EDUCATION

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PROVIDENCE SBCS INC 630 E CANON PERDIDO ST SANTA BARBARA, CA 93103	95-2105233	501(C)(3)	10,000				EDUCATION
PUBLIC SQUARE INC 3463 STATE ST 229 SANTA BARBARA, CA 93106	82-1616055	501(C)(3)	9,800				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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QUAIL SPRINGS PERMACULTURE 35070 HIGHWAY 33 MARICOPA, CA 93252	38-3692928	501(C)(3)	15,500				ENVIRONMENT AND ANIMALS
RANCHO SANTA ANA BOTANIC GARDEN 1500 N COLLEGE AVE CLAREMONT, CA 91711	95-1664113	501(C)(3)	17,738				ENVIRONMENT AND ANIMALS

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REFORMED UNIVERSITY FELLOWSHIP PO BOX 890004 CHARLOTTE, NC 282890004	58-1713181	501(C)(3)	5,000				GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS 202 CONSTEAU PLACE SUITE 185 DAVIS, CA 95618	94-6036494	501(C)(3)	5,000				EDUCATION

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REGENTS OF THE UNIVERSITY OF CALIFORNIA SANTA BARBARA CHEADLE HALL 1210 MESA RD SANTA BARBARA, CA 931062013	95-6006145	501(C)(3)	304,838				EDUCATION
REINS OF HOPE PO BOX 1156 OJAI, CA 93024	37-1518849	501(C)(3)	10,000				HUMAN SERVICES

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RESOURCE MEDIA 925 4TH AVE 11TH FLOOR SEATTLE, WA 98164	82-0564961	501(C)(3)	20,000				PUBLIC AND SOCIETAL BENEFIT
RESQCATS INC PO BOX 3852 SANTA BARBARA, CA 93130	77-0466188	501(C)(3)	5,100				ENVIRONMENT AND ANIMALS

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RETURN TO FREEDOM INC PO BOX 926 LOMPOC, CA 93438	06-1484961	501(C)(3)	5,500				ENVIRONMENT AND ANIMALS
RIOS PROMISE INC 187 3RD ST SOLVANG, CA 934632819	47-2092483	501(C)(3)	23,000				HUMAN SERVICES

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ROMAN CATHOLIC ARCHBISHOP OF LOS ANGELES A CORPORATION SOLE 3424 WILSHIRE BLVD 6TH FL LOS ANGELES, CA 90010	95-1642382	501(C)(3)	103,000				GENERAL SUPPORT
RXART INC 208 FORSYTH STREET NEW YORK, NY 10002	36-4375632	501(C)(3)	26,499				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY - SANTA BARBARA CORPS 4849 HOLLISTER AVE SANTA BARBARA, CA 93111	94-1156347	501(C)(3)	16,000				HUMAN SERVICES
SAN MARCOS HIGH SCHOOL 4750 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0086774	501(C)(3)	11,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANAR WELLNESS INSTITUTE INC PO BOX 32353 NEWARK, NJ 07102	47-3612405	501(C)(3)	10,000				HEALTH CARE
SANSUM CLINIC PO BOX 1200 SANTA BARBARA, CA 931021200	95-6419205	501(C)(3)	27,200				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH ST SANTA BARBARA, CA 93105	95-1684086	501(C)(3)	68,000				HEALTH CARE
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA, CA 93190	77-0395986	501(C)(3)	8,500				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANTA BARBARA BOTANIC GARDEN INC 1212 MISSION CANYON RD SANTA BARBARA, CA 931052126	95-1644628	501(C)(3)	54,567				ENVIRONMENT AND ANIMALS
SANTA BARBARA BOWL FOUNDATION 1122 N MILPAS ST SANTA BARBARA, CA 931032336	95-3618955	501(C)(3)	60,000				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA BUCKET BRIGADE PO BOX 50640 SANTA BARBARA, CA 93150	83-1156413	501(C)(3)	24,000				PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA CENTER FOR THE PERFORMING ARTS INC 1214 STATE ST SANTA BARBARA, CA 931012608	95-3847102	501(C)(3)	265,300				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA CHANNELKEEPER 714 BOND AVE SANTA BARBARA, CA 931033131	91-2151460	501(C)(3)	54,250				ENVIRONMENT AND ANIMALS
SANTA BARBARA COMMUNITY YOUTH PERFORMING ARTS CENTER PO BOX 21046 SANTA BARBARA, CA 93121	77-0543169	501(C)(3)	27,600				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANTA BARBARA COTTAGE HOSPITAL FOUNDATION PO BOX 689 SANTA BARBARA, CA 93102	95-3802238	501(C)(3)	172,354				HEALTH CARE
SANTA BARBARA COUNTY ANIMAL CARE FOUNDATION PO BOX 86 GOLETA, CA 93116	68-0498950	501(C)(3)	12,500				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANTA BARBARA COUNTY EDUCATION OFFICE 4400 CATHEDRAL OAKS RD SANTA BARBARA, CA 93160	95-6000940	501(C)(3)	30,000				EDUCATION
SANTA BARBARA COUNTY FIRE SAFE COUNCIL PO BOX 31052 SANTA BARBARA, CA 93130	77-0459954	501(C)(3)	10,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANTA BARBARA DANCE INSTITUTE 1330 STATE ST STE 207 SANTA BARBARA, CA 93101	26-4255635	501(C)(3)	20,000				ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA EDUCATION FOUNDATION 133 EAST DE LA GUERRA 366 SANTA BARBARA, CA 93101	77-0071544	501(C)(3)	87,100				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA EQUINE ASSISTANCE & EVACUATION TEAM INC PO BOX 60535 SANTA BARBARA, CA 93160	31-1654184	501(C)(3)	50,200				ENVIRONMENT AND ANIMALS
SANTA BARBARA FAMILY CARE CENTER 705 E MAIN ST STE 101 SANTA MARIA, CA 93454	95-2684041	501(C)(3)	35,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA FESTIVAL BALLET 1019 B CHAPALA ST SANTA BARBARA, CA 931013218	23-7429689	501(C)(3)	16,500				ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA HILLEL 781 EMBARDADERO DEL MAR ISLA VISTA, CA 93117	91-2054237	501(C)(3)	26,410				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA HISTORICAL MUSEUM 136 E DE LA GUERRA ST SANTA BARBARA, CA 93101	95-6005796	501(C)(3)	20,842				ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA HUMANE SOCIETY 5399 OVERPASS RD SANTA BARBARA, CA 93111	95-1643377	501(C)(3)	77,975				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA INTERNATIONAL FILM FESTIVAL 1528 CHAPALA ST STE 203 SANTA BARBARA, CA 93101	77-0073674	501(C)(3)	18,500				ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MARITIME MUSEUM 113 HARBOR WAY STE 190 SANTA BARBARA, CA 931092344	77-0392953	501(C)(3)	10,600				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA MASTER CHORALE PO BOX 30803 SANTA BARBARA, CA 93130	77-0055880	501(C)(3)	10,000				GENERAL SUPPORT
SANTA BARBARA MEALS ON WHEELS PO BOX 6099 SANTA BARBARA, CA 93160	51-0139577	501(C)(3)	11,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA MIDDLE SCHOOL 1321 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103	95-3134383	501(C)(3)	19,500				EDUCATION
SANTA BARBARA MOUNTAIN BIKE TRAIL VOLUNTEERS INC PO BOX 4003 SANTA BARBARA, CA 93140	77-0342830	501(C)(3)	5,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA MUSEUM OF ART 1130 STATE ST SANTA BARBARA, CA 93101	95-1664122	501(C)(3)	358,716				ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA MUSEUM OF NATURAL HISTORY 2559 PUESTA DEL SOL SANTA BARBARA, CA 931052998	95-1643378	501(C)(3)	595,361				ARTS, CULTURE, AND HUMANITIES

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SANTA BARBARA MUSIC CLUB PO BOX 3974 SANTA BARBARA, CA 931303974	95-3023863	501(C)(3)	9,800				ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST SANTA BARBARA, CA 93101	77-0496382	501(C)(3)	275,000				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA NEW HOUSE 2434 BATH ST SANTA BARBARA, CA 93105	95-2887119	501(C)(3)	5,400				HEALTH CARE
SANTA BARBARA OPERA ASSOCIATION 1330 STATE ST STE 209 SANTA BARBARA, CA 93101	77-0347413	501(C)(3)	111,282				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA PARTNERS IN EDUCATION 3970 LA COLINA RD STE 9 SANTA BARBARA, CA 93110	77-0549803	501(C)(3)	14,761				EDUCATION
SANTA BARBARA POLICE ACTIVITIES LEAGUE PO BOX 91121 SANTA BARBARA, CA 93190	77-0523426	501(C)(3)	7,100				HUMAN SERVICES

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SANTA BARBARA PUBLIC LIBRARY PO BOX 1019 SANTA BARBARA, CA 93102	46-0750188	501(C)(3)	125,136				PUBLIC AND SOCIETAL BENEFIT
SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 931033254	95-6134271	501(C)(3)	68,968				HOUSING AND SHELTER

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SANTA BARBARA RESPONSE NETWORK 115 W CANON PERDIDO SANTA BARBARA, CA 93101	30-0703710	501(C)(3)	30,000				BEHAVIORAL HEALTH
SANTA BARBARA REVELS INC PO BOX 41535 SANTA BARBARA, CA 93140	26-1442786	501(C)(3)	6,100				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA SOCCER CLUB 121 GRAY AVE STE 300 SANTA BARBARA, CA 93101	77-0435044	501(C)(3)	22,500				HUMAN SERVICES
SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION 1330 STATE ST STE 102 SANTA BARBARA, CA 93101	95-2104089	501(C)(3)	42,350				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA BARBARA TRUST FOR HISTORIC PRESERVATION 123 E CANON PERDIDO ST SANTA BARBARA, CA 931012215	95-6111696	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES
SANTA BARBARA WILDLIFE CARE NETWORK INC PO BOX 6594 SANTA BARBARA, CA 93160	77-0201505	501(C)(3)	7,800				ENVIRONMENT AND ANIMALS

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SANTA BARBARA ZOOLOGICAL FOUNDATION 500 NINOS DR SANTA BARBARA, CA 93103	95-2268554	501(C)(3)	103,844				ENVIRONMENT AND ANIMALS
SANTA CRUZ ISLAND FOUNDATION 5045 WULLBRANDT WAY CARPINTERIA, CA 93013	95-4073657	501(C)(3)	1,508,000				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA MARIA MUSEUM OF FLIGHT 3015 AIRPARK DRIVE SANTA MARIA, CA 93455	77-0061985	501(C)(3)	5,000				EDUCATION
SANTA MARIA PHILHARMONIC SOCIETY PO BOX 375 SANTA MARIA, CA 934560375	77-0288378	501(C)(3)	17,600				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA MARIA VALLEY COMMUNITY FOUNDATION 614 S BROADWAY SANTA MARIA, CA 93454	75-2983776	501(C)(3)	42,500				PUBLIC AND SOCIETAL BENEFIT
SANTA MARIA VALLEY HUMANE SOCIETY PO BOX 1700 SANTA MARIA, CA 93456	77-0002949	501(C)(3)	15,000				ENVIRONMENT AND ANIMALS

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SANTA MARIA VALLEY YMCA 3400 SKYWAY DR SANTA MARIA, CA 934552504	95-2158363	501(C)(3)	54,300				HUMAN SERVICES
SANTA YNEZ VALLEY CHORALE PO BOX 1902 SANTA YNEZ, CA 93460	95-3658104	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES

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SANTA YNEZ VALLEY COTTAGE HOSPITAL FOUNDATION PO BOX 689 SANTA BARBARA, CA 93102	95-3308522	501(C)(3)	26,000				HEALTH CARE
SANTA YNEZ VALLEY FRUIT AND VEGETABLE RESCUE PO BOX 1651 SANTA YNEZ, CA 93460	45-1797788	501(C)(3)	23,000				FOOD SYSTEMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA YNEZ VALLEY HISTORICAL SOCIETY PO BOX 181 SANTA YNEZ, CA 93460	95-6121776	501(C)(3)	15,000				ARTS, CULTURE, AND HUMANITIES
SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE PO BOX 1478 SOLVANG, CA 93464	77-0338060	501(C)(3)	6,000				HUMAN SERVICES

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SANTA YNEZ VALLEY SENIOR ADVISORY COUNCIL 1745 MISSION DRIVE SOLVANG, CA 93463	77-0236226	501(C)(3)	5,000				HUMAN SERVICES
SANTA YNEZ VALLEY SENIOR CITIZENS FOUNDATION PO BOX 1946 BUELLTON, CA 93427	95-3169593	501(C)(3)	50,000				HUMAN SERVICES

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SARAH HOUSE SANTA BARBARA PO BOX 20031 SANTA BARBARA, CA 93120	77-0224415	501(C)(3)	96,100				HEALTH CARE
SB ACT PO BOX 217 SANTA BARBARA, CA 93102	46-2832064	501(C)(3)	60,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCHOLARSHIP FOUNDATION OF SANTA BARBARA PO BOX 3620 SANTA BARBARA, CA 931303620	23-7087774	501(C)(3)	1,426,561				EDUCATION
SCHOOL ON WHEELS INC PO BOX 23371 VENTURA, CA 93002	95-4422640	501(C)(3)	10,000				EDUCATION

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SHADOW'S FUND PO BOX 1472 LOMPOC, CA 93438	27-1239123	501(C)(3)	6,500				ENVIRONMENT AND ANIMALS
SHE-CAN PO BOX 876 MILL VALLEY, CA 94942	27-4524093	501(C)(3)	10,000				HUMAN SERVICES

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SHEPHERD MOUNTAIN HORSE RESCUE INC 12106 SHEPHERD LN MOUNTAINBURG, AR 72946	47-5440806	501(C)(3)	37,500				ENVIRONMENT AND ANIMALS
SIGMA CHI FOUNDATION 1714 HINMAN AVENUE EVANSTON, IL 60201	36-2208386	501(C)(3)	20,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SILVER LAKE FOUNDATION PO BOX 1522 MAMMOTH LAKES, CA 93546	46-1667221	501(C)(3)	35,000				HUMAN SERVICES
SKIRBALL CULTURAL CENTER 2701 N SEPULVEDA BLVD LOS ANGELES, CA 90049	95-4538371	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SLO NOOR FOUNDATION 1428 PHILLIPS LN STE B4 SAN LUIS OBISPO, CA 934012570	27-1412176	501(C)(3)	5,000				HEALTH CARE
SMITHSONIAN INSTITUTION PO BOX 37012 MRC 106 WASHINGTON, DC 20013	53-0206027	501(C)(3)	40,250				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOCIALLY RESPONSIBLE AGRICULTURAL PROJECT INC 1120 WASHINGTON AVE STE 200 GOLDEN, CO 80401	20-8688122	501(C)(3)	48,000				ENVIRONMENT AND ANIMALS
SOLVANG FRIENDSHIP HOUSE 880 FRIENDSHIP LN SOLVANG, CA 93463	95-3264110	501(C)(3)	6,000				HOUSING AND SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOLVANG HERITAGE ASSOCIATES 1624 ELVERHOY WAY SOLVANG, CA 93463	77-0248806	501(C)(3)	7,700				ARTS, CULTURE, AND HUMANITIES
SOLVANG SCHOOL DISTRICT EDUCATIONAL FOUNDATION PO BOX 304 SOLVANG, CA 93464	77-0373606	501(C)(3)	15,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOLVANG THEATERFEST PO BOX 917 SOLVANG, CA 93464	95-3612715	501(C)(3)	45,000				ARTS, CULTURE, AND HUMANITIES
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	7,050				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPIRIT ROCK MEDITATION CENTER PO BOX 169 WOODACRE, CA 94973	94-2971001	501(C)(3)	5,000				GENERAL SUPPORT
ST CECILIA SOCIETY PO BOX 92213 SANTA BARBARA, CA 93150	95-6047722	501(C)(3)	20,198				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOHNS SEMINARY 5012 SEMINARY RD CAMARRILLO, CA 93012	95-1642384	501(C)(3)	8,900				GENERAL SUPPORT
ST JOSEPH HIGH SCHOOL 4120 S BRADLEY RD SANTA MARIA, CA 93455	95-2315939	501(C)(3)	55,825				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARKS SCHOOL OF SOUTHBOROUGH INC 25 MARLBORO RD SOUTHBOROUGH, MA 01772	04-2103623	501(C)(3)	5,350				EDUCATION
ST MARK'S-IN-THE-VALLEY EPISCOPAL CHURCH PO BOX 39 LOS OLIVOS, CA 93441	31-1629166	501(C)(3)	18,800				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARY OF THE ASSUMPTION 424 EAST CYPRESS ST SANTA MARIA, CA 93454	95-3248111	501(C)(3)	20,100				GENERAL SUPPORT
ST VINCENT DE PAUL SOCIETY 210 N AVE 21 LOS ANGELES, CA 90031	95-1644622	501(C)(3)	6,308				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST VINCENT'S 4200 CALLE REAL SANTA BARBARA, CA 931101454	95-1643367	501(C)(3)	26,000				GENERAL SUPPORT
STANDING TOGETHER TO END SEXUAL ASSAULT 433 E CANON PERDIDO ST SANTA BARBARA, CA 93101	95-2929455	501(C)(3)	50,100				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STANFORD UNIVERSITY 434 GALVEZ MALL STANFORD, CA 943056010	94-1156365	501(C)(3)	68,550				EDUCATION
STATE INNOVATION EXCHANGE PO BOX 260230 MADISON, WI 537260230	46-1368531	501(C)(3)	100,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STATE STREET BALLET 2285 LAS POSITAS RD SANTA BARBARA, CA 93105	86-0717486	501(C)(3)	39,000				ARTS, CULTURE, AND HUMANITIES
STORYTELLER CHILDREN'S CENTER INC 2115 STATE ST SANTA BARBARA, CA 931053555	77-0283072	501(C)(3)	63,100				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUMMERDANCE SANTA BARBARA PO BOX 360 SANTA BARBARA, CA 93102	77-0496643	501(C)(3)	15,000				ARTS, CULTURE, AND HUMANITIES
SUSTAINABLE CHANGE ALLIANCE FOUNDATION PO BOX 41625 SANTA BARBARA, CA 93103	83-1937937	501(C)(3)	70,000				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEDDY BEAR CANCER FOUNDATION 3892 STATE ST STE 220 SANTA BARBARA, CA 93105	14-1872081	501(C)(3)	25,000				HEALTH CARE
TENNIS PATRONS ASSOCIATION OF SANTA BARBARA INC PO BOX 3886 SANTA BARBARA, CA 93130	23-7203732	501(C)(3)	31,351				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TETON REGIONAL LAND TRUST PO BOX 247 1520 S 500 W DRIGGS, ID 83422	94-3146525	501(C)(3)	6,000				ENVIRONMENT AND ANIMALS
THE ARC OF VENTURA COUNTY 5103 WALKER STREET VENTURA, CA 93003	95-2266987	501(C)(3)	10,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE EARNEST BROOKS FOUNDATION PO BOX 997 SANTA BARBARA, CA 93116	81-0894477	501(C)(3)	48,500				ARTS, CULTURE, AND HUMANITIES
THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE 721 CLIFF DR SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	76,130				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE GEORGE WASHINGTON UNIVERSITY 2121 I STREET NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	730,000				EDUCATION
THE GOOD FOOD INSTITUTE 1380 MONROE ST NW 229 WASHINGTON, DC 20010	81-0840578	501(C)(3)	300,000				FOOD SYSTEMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HOUSE FOUNDATION FOR THE ARTS 260 WEST BROADWAY STE 2 NEW YORK, NY 10013	13-2869113	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES
THE HUMANE LEAGUE PO BOX 10476 ROCKVILLLE, MD 20849	04-3817491	501(C)(3)	100,000				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE LAND TRUST FOR SANTA BARBARA COUNTY PO BOX 91830 SANTA BARBARA, CA 93190	95-3797404	501(C)(3)	331,900				ENVIRONMENT AND ANIMALS
THE NAN TOLBERT NURTURING CENTER PO BOX 285 OJAI, CA 93024	77-0544181	501(C)(3)	10,500				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE NATURE CONSERVANCY OF CALIFORNIA 201 MISSION STREET 4TH FLOOR SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	97,000				ENVIRONMENT AND ANIMALS
THE NEW YORK SHAKESPEARE FESTIVAL DBA THE PUBLIC THEATER 425 LAFAYETTE ST NEW YORK, NY 10003	13-1844852	501(C)(3)	22,000				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE PACIFIC PRIDE FOUNDATION INC 608 ANACAPA ST SUITE A SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	80,250				HEALTH CARE
THE SANTA BARBARA CHORAL SOCIETY 1330 STATE ST STE 202 SANTA BARBARA, CA 93101	77-0032197	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE SANTA BARBARA COUNTY SHERIFFS BENEVOLENT POSSE 4434 CALLE REAL SANTA BARBARA, CA 931101002	77-0328889	501(C)(3)	5,000				HUMAN SERVICES
THE TURNER FOUNDATION PO BOX 186 SANTA BARBARA, CA 93012	95-6111806	501(C)(3)	13,000				HOUSING AND SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE UC DAVIS FOUNDATION 202 CONSTEAU PLACE SUITE 185 DAVIS, CA 95618	94-6081352	501(C)(3)	50,000				EDUCATION
THE UCLA FOUNDATION 10920 WILSHIRE BLVD STE 900 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	45,200				EDUCATION

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THERAPY DOGS OF SANTA BARBARA PO BOX 3534 SANTA BARBARA, CA 93130	47-0879588	501(C)(3)	25,000				ENVIRONMENT AND ANIMALS
THINK LIBERIA INC PO BOX 1532 ORANGEBURG, SC 29116	46-2037133	501(C)(3)	6,500				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TOMPKINS CONSERVATION 1606 UNION ST SAN FRANCISCO, CA 94123	94-3363675	501(C)(3)	15,000				ENVIRONMENT AND ANIMALS
TRANSITION HOUSE 425 E COTA ST SANTA BARBARA, CA 931011662	77-0099755	501(C)(3)	190,500				HOUSING AND SHELTER

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TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	50,000				HEALTH CARE
TRIBAL TRUST FOUNDATION PO BOX 5687 SANTA BARBARA, CA 931505687	59-3528567	501(C)(3)	5,000				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TROUT UNLIMITED INC 1300 N 17TH ST STE 500 ARLINGTON, VA 22209	38-1612715	501(C)(3)	10,000				ENVIRONMENT AND ANIMALS
TRUE VINE BIBLE FELLOWSHIP 533 AVALON ST A LOMPOC, CA 93436	26-1606260	501(C)(3)	11,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TRUSTEES OF BOSTON UNIVERSITY 95 COMMONWEALTH AVE STE 700 BOSTON, MA 02215	04-2103547	501(C)(3)	5,100				EDUCATION
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	5,000				EDUCATION

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UC SANTA BARBARA FOUNDATION 4219 CHEADLE HALL 4TH FL SANTA BARBARA, CA 931062013	23-7314834	501(C)(3)	917,567				EDUCATION
UNICEF USA 125 MAIDEN LN NEW YORK, NY 10038	13-1760110	501(C)(3)	5,100				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	95-1709293	501(C)(3)	12,000				HOUSING AND SHELTER
UNITARIAN SOCIETY OF SANTA BARBARA 1535 SANTA BARBARA ST SANTA BARBARA, CA 93101	95-1890767	501(C)(3)	45,490				MISCELLANEOUS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED BOYS & GIRLS CLUBS OF GREATER SANTA BARBARA COUNTY PO BOX 1485 SANTA BARBARA, CA 93102	23-7087814	501(C)(3)	50,499				HUMAN SERVICES
UNITED WAY OF SANTA BARBARA COUNTY INC 320 E GUTIERREZ ST SANTA BARBARA, CA 931011736	95-1641968	501(C)(3)	478,998				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITY SHOPPE INC 110 W SOLA ST SANTA BARBARA, CA 93101	77-0391064	501(C)(3)	120,300				HUMAN SERVICES
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	100,000				EDUCATION

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UNIVERSITY OF SOUTHERN CALIFORNIA PO BOX 80354 LOS ANGELES, CA 900740354	95-1642394	501(C)(3)	31,100				EDUCATION
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX BOX 78807 MILWAUKEE, WI 532780807	39-0743975	501(C)(3)	70,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VENTURA COUNTY MEDICAL RESOURCE FOUNDATION 199 FIGUEROA ST FL 2 VENTURA, CA 93001	95-6096141	501(C)(3)	5,000				HEALTH CARE
VILLA MAJELLA OF SANTA BARBARA 5662 CALLE REAL 228 GOLETA, CA 93111	95-3730718	501(C)(3)	25,000				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VISITING NURSE AND HOSPICE CARE FOUNDATION 509 E MONTECITO ST STE 200 SANTA BARBARA, CA 93103	77-0342043	501(C)(3)	27,800				HEALTH CARE
VISITING NURSE AND HOSPICE CARE OF SANTA BARBARA 512 EAST GUTIERREZ STREET SUITE A SANTA BARBARA, CA 93103	95-1641969	501(C)(3)	5,100				HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VOTEORG 4096 PIEDMONT AVE 368 OAKLAND, CA 94611	26-2094990	501(C)(3)	10,000				PUBLIC AND SOCIETAL BENEFIT
WALDORF SCHOOL OF SANTA BARBARA 2300-B GARDEN STREET SANTA BARBARA, CA 93105	77-0035318	501(C)(3)	20,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WELLESLEY COLLEGE 106 CENTRAL ST WELLESLEY, MA 02481	04-2103637	501(C)(3)	7,500				EDUCATION
WESTERN FOUNDATION OF VERTEBRATE ZOOLOGY 439 CALLE SAN PABLO CAMARILLO, CA 93012	95-6096078	501(C)(3)	19,900				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTMONT COLLEGE 955 LA PAZ RD SANTA BARBARA, CA 931081099	95-1684793	501(C)(3)	26,000				EDUCATION
WHITE BUFFALO LAND TRUST PO BOX 22 SUMMERLAND, CA 93067	82-4562776	501(C)(3)	36,200				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WILD UP PO BOX 292075 LOS ANGELES, CA 90029	47-3266537	501(C)(3)	30,000				ARTS, CULTURE, AND HUMANITIES
WILDERNESS YOUTH PROJECT INCORPORATED 5386 HOLLISTER AVENUE SUITE D SANTA BARBARA, CA 93111	77-0526117	501(C)(3)	16,700				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILDLIFE EXPERIENCE PO BOX 532 OAK VIEW, CA 93022	77-0539107	501(C)(3)	12,000				ENVIRONMENT AND ANIMALS
WILDLING MUSEUM 1511-B MISSION DR SOLVANG, CA 93463	77-0470520	501(C)(3)	110,650				ARTS, CULTURE, AND HUMANITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S ECONOMIC VENTURES 333 S SALINAS ST SANTA BARBARA, CA 93101	95-3674624	501(C)(3)	55,100				PUBLIC AND SOCIETAL BENEFIT
WOMEN'S FUND OF SANTA BARBARA 133 E DE LA GUERRA ST 15 SANTA BARBARA, CA 93101	82-5169678	501(C)(3)	809,588				PUBLIC AND SOCIETAL BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WORLD DANCE FOR HUMANITY 906 N NOPAL ST SANTA BARBARA, CA 93103	46-2890372	501(C)(3)	25,500				HUMAN SERVICES
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	7,400				ENVIRONMENT AND ANIMALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF GREATER SEATTLE 909 FOURTH AVE SEATTLE, WA 98104	91-0482710	501(C)(3)	20,000				HUMAN SERVICES
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DR STE 600 RESTON, VA 201911556	23-7042029	501(C)(3)	23,500				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ZONA SECA INC 26 W FIGUEROA STREET SANTA BARBARA, CA 93101	95-2655853	501(C)(3)	5,000				HUMAN SERVICES

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 RONALD V GALLO EDD PRESIDENT AND CEO	**(i)**	290,365	0	0	27,334	55,497	373,196	0
	(ii)	0	0	0	0	0	0	0
2 JACQUELINE CARRERA CHIEF REVENUE & BUSINESS DEVELOPMENT	**(i)**	208,537	0	0	13,236	19,899	241,672	0
	(ii)	0	0	0	0	0	0	0
3 JANET MOCKER CHIEF FINANCIAL OFFICER	**(i)**	162,025	0	0	16,449	19,026	197,500	0
	(ii)	0	0	0	0	0	0	0
4 BARBARA ANDERSON CHIEF STRATEGY OFFICER THRU 12/1/19	**(i)**	126,515	0	0	12,648	19,899	159,062	0
	(ii)	0	0	0	0	0	0	0
5 JANET CAMPBELL FORMER CHIEF PHILANTHROPIC OFFICER	**(i)**	0	0	130,000	0	0	130,000	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	SBF REQUIRES THE PRESIDENT AND CEO TO RESIDE IN A RESIDENCE OWNED BY SBF AS A CONDITION OF CONTINUED EMPLOYMENT.
PART I, LINE 4A	JANET CAMPBELL, CHIEF PHILANTHROPIC OFFICER, WAS TERMINATED ON JANUARY 2, 2018 AND WAS OFFERED SEVERANCE OF $130,000 IN 2018 AND $130,000 IN 2019.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	42,500	RETAIL VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	54	7,430,220	MARKET QUOTATIONS
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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

Return Reference	Explanation
PART I, COLUMN (B):	THE TOTALS REPORTED IN COLUMN (B) REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2019.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	THE OJAI WOMEN'S FUND (OWF) IS AN ALL-VOLUNTEER COLLECTIVE GIVING CIRCLE DEDICATED TO MAKI NG SUBSTANTIAL GRANTS ON AN ANNUAL BASIS TO ORGANIZATIONS THAT TARGET CRITICAL NEEDS IN TH E OJAI VALLEY (AREAS OF FOCUS INCLUDE SOCIAL AND HEALTH SERVICES, EDUCATION, THE ENVIRONME NT AND THE ARTS). THE WOMEN'S FUNDS EDUCATE AND INSPIRE WOMEN TO BECOME LEADERS IN PHILANT HROPY, EMPHASIZING THE POWER OF COLLECTIVE GIVING AND THE REWARDING PERSONAL EXPERIENCE TH AT ACTIVE PHILANTHROPY PROVIDES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE AND AUDIT COMMITTEES OF THE SBF BOARD REVIEWED THE FINAL FORM OF THE 990 PRIOR TO FILING THE FORM WITH THE IRS. IN ADDITION, PRIOR TO FILING THE 990, A COPY OF THE FINA L FORM 990 WAS DISTRIBUTED TO EACH VOTING MEMBER OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES, COMMITTEE MEMBERS AND STAFF COMPLETE A CONFLICT OF INTEREST POLICY ANNUALLY. COM MITTEE AND BOARD MEMBERS RECUSE THEMSELVES BEFORE ACTIONS ARE TAKEN DURING MEETINGS IF THE Y HAVE A CONFLICT OF INTEREST. THEY WILL ALSO COMPLETE A CONFLICT OF INTEREST FORM (TO ABS TAIN FROM VOTING) TO VALIDATE THEIR CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE 2019 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION, BASED ON COMPARABL E DATA FROM VARIOUS SOURCES SUCH AS THE COUNCIL ON FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION REPORT AND/OR OTHER APPLICABLE SURVEYS AND INFORMATION, INCLUDING INFORMATIO N OBTAINED FROM PROFESSIONAL CONSULTANTS. A PERFORMANCE EVALUATION WAS CONDUCTED BY THE BO ARD AND CONSOLIDATED BY THE BOARD CHAIR. THE PROCESS AND DECISION ARE RECORDED IN A DOCUME NT THAT IS MAINTAINED CONFIDENTIALLY BY THE CFO. WHILE PREVIOUSLY THE BOARD EMPLOYED AD HO C TASK FORCES TO ADDRESS VARYING ASPECTS OF COMPENSATION AND MAKE RECOMMENDATIONS TO THE B OARD, THE BOARD ESTABLISHED A PERMANENT COMPENSATION COMMITTEE BY RESOLUTION DATED APRIL 1 1, 2019. PURSUANT TO ITS CHARTER, THIS COMMITTEE NOW (A) CONDUCTS AN ANNUAL REVIEW OF THE CEO'S PERFORMANCE AND ASSESSES THE REASONABLENESS OF THE CEO'S TOTAL COMPENSATION IN RELAT ION TO THE MARKETPLACE, INCLUDING BY USING COMPARABILITY DATA; (B) SOLICITS BOARD INPUT RE GARDING THE CEO'S PERFORMANCE; (C) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGES IN THE CEO'S TOTAL COMPENSATION; (D) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGE S IN THE CEO'S EMPLOYMENT AGREEMENT, SEVERANCE AND/OR RETENTION AGREEMENT, IF ANY ARE IN E FFECT; (E) WORKS COLLABORATIVELY WITH THE CEO TO RECOMMEND FOR BOARD APPROVAL THE CEO'S AN NUAL PERFORMANCE GOALS; AND (F) DOCUMENTS THE FOREGOING. THE 2019 COMPENSATION OF THE CFO WAS APPROVED BY THE BOARD BASED ON COMPARABLE DATA AND DOCUMENTED. THE COMPENSATION COMMIT TEE DESCRIBED IN THE FOREGOING PARAGRAPH NOW HAS THE RESPONSIBILITY TO ASSESS, DETERMINE A ND DOCUMENT THE REASONABLENESS OF TOTAL COMPENSATION RANGES OF THE CFO AND ALL EMPLOYEES W ITH TOTAL COMPENSATION RANGES AT OR OVER $150,000. WHEN APPROPRIATE, THE COMMITTEE SELECTS AND ENGAGES PROFESSIONALS TO GATHER AND REVIEW IN ADVANCE, APPROPRIATE MARKET COMPARABILI TY DATA ON THE AMOUNT AND FORM OF COMPENSATION PAID FOR COMPARABLE POSITIONS BY OTHER COMP ARABLE EMPLOYERS. FOR COMPENSATION OF THE COVERED EMPLOYEES IN 2019, THIS COMMITTEE CONFIR MED THE REASONABLENESS OF SUCH COMPENSATION AT ITS MEETING ON OCTOBER 17, 2019. SUCH EMPLO YEES FOR 2019 HELD THE FOLLOWING POSITIONS: CHIEF FINANCIAL OFFICER; CHIEF REVENUE & BUSIN ESS DEVELOPMENT OFFICER; CHIEF STRATEGY OFFICER; DIRECTOR OF DEVELOPMENT; DIRECTOR OF INVE STMENTS; DIRECTOR OF DONOR RELATIONS; DIRECTOR OF GRANTMAKING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON SBF'S WEBSITE. ARTICLES OF INCORPORAT ION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF CRT AND TRUST 3,391,753. PASSTHROUGH INCOME FROM UBI -84,114.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE CURRENT TAX YEAR TO THE OVERSIGHT OR SELECTION PROCESS OF THE AUDIT AND INDEPENDENT ACCOUNTANT.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 1111 CHAPALA STREET LLC 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101 27-0393865	RENTAL - OFFICE SPACE	CA	-177,491	9,461,765	SANTA BARBARA FOUNDATION
(2) 300 EAST ISLAY STREET LLC 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CA	0	3,114,555	SANTA BARBARA FOUNDATION
(3) SBF PROPERTIES LLC 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CA	0	0	SANTA BARBARA FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)HIGHLAND SANTA BARBARA FOUNDATION 300 CRESCENT COURT SUITE 700 DALLAS, TX 75201 45-3962008	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION	TX	501(C)(3)	LINE 12A	SANTA BARBARA FOUNDATION	Yes	
(2)ERIC AND KELLY SCHWARTZ CHARITABLE TRUST 1776 PLEASANT PLAIN ROAD FAIRFIELD, IA 52556 47-4959497	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION	IA	501(C)(3)	LINE 12A	SANTA BARBARA FOUNDATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on 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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HIGHLAND SANTA BARBARA FOUNDATION	C	250,000	
(2)HIGHLAND SANTA BARBARA FOUNDATION	S	203,092	
(3)ERIC AND KELLY SCHWARTZ CHARITABLE TRUST	S	110,272	

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation