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CLIENT'S COPY

COPY

805-966-4157

November 14, 2019

Dr. Marcos Vargas  
The Fund for Santa Barbara  
26 W. Anapamu Street  
Santa Barbara, CA 93101

Dear Marcos:

Enclosed are the original and one copy of the 2018 Exempt Organization returns, as follows...

2018 Form 990

2018 California Form 199

2018 California Form RRF-1

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Travis J. Wilson

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2018

<b>Prepared for</b>	Dr. Marcos Vargas The Fund for Santa Barbara 26 W. Anapamu Street Santa Barbara, CA 93101
<b>Prepared by</b>	Macfarlane, Faletti & Co., LLP 115 E. Micheltorena St. #200 Santa Barbara, CA 93101
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**FUND FOR SANTA BARBARA, INC.**

**77-0070742**

Name and title of officer

**DR. MARCOS VARGAS  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,677,784.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MACFARLANE, FALETTI & CO., LLP** to enter my PIN **70742**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**77531580171**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FUND FOR SANTA BARBARA, INC.</b>		<b>D</b> Employer identification number 77-0070742
	Doing business as		<b>E</b> Telephone number (805) 962-9164
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	26 W. ANAPAMU STREET		<b>G</b> Gross receipts \$ 2,106,212.
	City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101		
<b>F</b> Name and address of principal officer: DR. MARCOS VARGAS 26 W. ANAPAMU STREET, SANTA BARBARA, CA 931		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: WWW.FUNDFORSANTABARBARA.ORG		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L</b> Year of formation: 1980	<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PROVIDE CASH GRANTS AND FREE CONSULTING TO GRASSROOTS ORGANIZATIONS IN SANTA BARBARA COUNTY		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	10
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	200
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 1,503,387.	Current Year 1,491,694.
	<b>9</b> Program service revenue (Part VIII, line 2g)	8,236.	2,838.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	145,856.	174,473.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-57,226.	8,779.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,600,253.	1,677,784.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	353,621.	803,298.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	492,107.	596,211.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 85,972.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	458,476.	470,833.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,304,204.	1,870,342.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	296,049.	-192,558.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 2,873,732.	End of Year 2,511,400.
	<b>21</b> Total liabilities (Part X, line 26)	123,012.	146,056.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,750,720.	2,365,344.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	DR. MARCOS VARGAS, EXECUTIVE DIRECTOR Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name TRAVIS J. WILSON	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00544237
	Firm's name ▶ MACFARLANE, FALETTI & CO., LLP Firm's address ▶ 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA 93101	Firm's EIN ▶ 95-2835976	Phone no. 805-966-4157	

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,522,321. including grants of \$ 803,298. ) (Revenue \$ 10,848. ) THE FUND'S GRANTMAKING PROGRAM PROVIDES CASH GRANTS TO COMMUNITY ORGANIZATIONS WORKING FOR SOCIAL, ECONOMIC, ENVIRONMENTAL AND POLITICAL CHANGE AT THE GRASSROOTS LEVEL. THE FUND PROVIDES APPROXIMATELY 75 GRANTS PER YEAR, RANGING FROM \$500 TO \$30,000. IN ADDITION, SB GIVES PROVIDES OVER \$350,000 IN OVER 40 GRANTS TO COMMUNITY ORGANIZATIONS THROUGH THE ANNUAL CAMPAIGN. THE FUND PROVIDES FREE TECHNICAL ASSISTANCE, SUPPORT, AND CONSULTING SERVICES TO MORE THAN 200 PROJECTS EACH YEAR IN THE AREAS OF ORGANIZATIONAL DEVELOPMENT, COALITION-BUILDING, BOARD DEVELOPMENT, LOBBYING AND ADVOCACY, EFFECTIVE USE OF MEDIA, FUNDRAISING, STRATEGIC PLANNING AND ORGANIZING STRATEGY. THE FUND ALSO CONVENES ORGANIZATIONS AND POLICY-MAKERS AROUND CRITICAL ISSUES, AND ADVANCES PROGRESSIVE PHILANTHROPY.

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

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

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

4e Total program service expenses 1,522,321.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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:
MARCOS VARGAS - (805) 962-9164
26 WEST ANAPAMU STREET, SANTA BARBARA, CA 93101

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) PEDRO PAZ PRESIDENT	6.00	X		X				0.	0.	0.
(2) IGNACIO ALARCON SECRETARY	6.00	X		X				0.	0.	0.
(3) MARGARET LAZARUS VICE PRESIDENT	6.00	X		X				0.	0.	0.
(4) DAVID LANDECKER TREASURER	6.00	X		X				0.	0.	0.
(5) REV. JULIA HAMILTON DIRECTOR	3.00	X						0.	0.	0.
(6) MAHIL SENATHIRAJAH DIRECTOR	3.00	X						0.	0.	0.
(7) ALEXIS WEAVER DIRECTOR	3.00	X						0.	0.	0.
(8) JENNIFER HOOTEN DIRECTOR	3.00	X						0.	0.	0.
(9) DONNA WILL DIRECTOR	3.00	X						0.	0.	0.
(10) ALEJANDRA MAHONEY DIRECTOR	3.00	X						0.	0.	0.
(11) CHELSEA LANCASTER DIRECTOR	3.00	X						0.	0.	0.
(12) SUSAN WAX DIRECTOR	3.00	X						0.	0.	0.
(13) LAWANDA LYONS-PRUITT DIRECTOR	3.00	X						0.	0.	0.
(14) ALICE O'CONNOR DIRECTOR	3.00	X						0.	0.	0.
(15) RAYMOND SEGURA DIRECTOR	3.00	X						0.	0.	0.
(16) CHERYL HERMANN DIRECTOR	3.00	X						0.	0.	0.
(17) DR. MARCOS VARGAS EXECUTIVE DIRECTOR	40.00			X				113,055.	0.	3,375.

**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 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			
<b>1b Sub-total</b> .....							113,055.	0.	3,375.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							113,055.	0.	3,375.	

**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 **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

**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 **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	168,212.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,323,482.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		89,649.				
	<b>h Total.</b> Add lines 1a-1f		1,491,694.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM MANAGEMENT FEE	<b>Business Code</b> 561000	2,838.	2,838.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		2,838.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		45,373.			45,373.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	438,798.			
		<b>b</b> Less: cost or other basis and sales expenses		309,698.			
		<b>c</b> Gain or (loss)		129,100.			
		<b>d</b> Net gain or (loss)		129,100.			129,100.
	<b>8 a</b> Gross income from fundraising events (not including \$ 168,212. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		119,499.			
		<b>b</b> Less: direct expenses		118,730.			
		<b>c</b> Net income or (loss) from fundraising events		769.			769.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> RESCINDED GRANTS	900099		8,010.	8,010.			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			8,010.				
<b>12 Total revenue.</b> See instructions			1,677,784.	10,848.	0.	175,242.	

**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	803,298.	803,298.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	116,430.	64,037.	23,286.	29,107.
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	383,680.	253,707.	90,761.	39,212.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,193.	5,007.	2,149.	1,037.
9 Other employee benefits	48,553.	43,215.	2,669.	2,669.
10 Payroll taxes	39,355.	25,074.	8,941.	5,340.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	34,355.		34,355.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16,025.		16,025.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	69,806.	30,000.	39,806.	
12 Advertising and promotion	20,882.	20,882.		
13 Office expenses	17,940.	11,483.	6,457.	
14 Information technology				
15 Royalties				
16 Occupancy	98,781.	59,269.	31,610.	7,902.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,928.	13,585.	2,343.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,942.		2,942.	
23 Insurance	3,524.	2,114.	705.	705.
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 <b>NONPROFIT RESOURCE NETW</b>	123,920.	123,920.		
b <b>DIRECT PROGRAM EXPENSE</b>	40,951.	40,951.		
c <b>YOUTH MAKING CHANGE</b>	21,098.	21,098.		
d <b>DUES AND SUBSCRIPTIONS</b>	4,681.	4,681.		
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,870,342.	1,522,321.	262,049.	85,972.
26 <b>Joint costs.</b> 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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	596,522.	<b>2</b>	426,085.
	<b>3</b> Pledges and grants receivable, net .....	72,353.	<b>3</b>	177,912.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 49,301.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 36,147.	12,992.	<b>10c</b> 13,154.
	<b>11</b> Investments - publicly traded securities .....	2,004,103.	<b>11</b>	1,717,504.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	187,762.	<b>15</b>	176,745.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,873,732.	<b>16</b>	2,511,400.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	20,187.	<b>17</b>	17,307.
	<b>18</b> Grants payable .....	99,000.	<b>18</b>	126,150.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,825.	<b>25</b>	2,599.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	123,012.	<b>26</b>	146,056.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	-25,633.	<b>27</b>	1,914.
	<b>28</b> Temporarily restricted net assets .....	1,426,115.	<b>28</b>	1,013,192.
	<b>29</b> Permanently restricted net assets .....	1,350,238.	<b>29</b>	1,350,238.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	2,750,720.	<b>33</b>	2,365,344.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,873,732.	<b>34</b>	2,511,400.	

**Part XI Reconciliation 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	1,677,784.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,870,342.
3	Revenue less expenses. Subtract line 2 from line 1	3	-192,558.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,750,720.
5	Net unrealized gains (losses) on investments	5	-180,440.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,378.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,365,344.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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?		X
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		

Form 990 (2018)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 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 **section 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	732,423.	915,995.	876,624.	1319758.	1323482.	5168282.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	732,423.	915,995.	876,624.	1319758.	1323482.	5168282.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						945,026.
<b>6 Public support.</b> Subtract line 5 from line 4.						4223256.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	732,423.	915,995.	876,624.	1319758.	1323482.	5168282.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	247,631.	102,943.	120,865.	145,856.	179,992.	797,287.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		5,000.	10,030.	10,081.	10,848.	35,959.
<b>11 Total support.</b> Add lines 7 through 10						6001528.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,472,099.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	70.37 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	67.58 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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.)

Horizontal lines for supplemental information.

COPY



**Schedule A Identification of Excess Contributions Included on Part II, Line 5 2018**

**\*\* Do Not File \*\***  
**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
ATTERBURY FOUNDATION	196,376.	76,345.
MCCUNE FOUNDATION	158,105.	38,074.
RALPH FERTIG BEQUEST	263,820.	143,789.
HUTTON PARKER FOUNDATION	292,750.	172,719.
WOOD-CLAEYSSENS	160,000.	39,969.
TED RHODES & JOAN PASCAL	166,723.	46,692.
WEINGART FOUNDATION	315,000.	194,969.
JAMES IRVINE FOUNDATION	352,500.	232,469.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		945,026.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>FUND FOR SANTA BARBARA, INC.</b>	Employer identification number <b>77-0070742</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ATTEBURY FOUNDATION 725 N ONTARE RD SANTA BARBARA, CA 93105	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA ENDOWMENT FOUNDATION 1000 N ALAMEDA ST LOS ANGELES, CA 90012	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HUTTON PARKER FOUNDATION 26 WEST ANAPAMU ST, 4TH FLOOR SANTA BARBARA, CA 93101	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JAMES IRVINE FOUNDATION 865 S FIGUEROA ST LOS ANGELES, CA 90017	\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MAYER AND MORRIS KAPLAN 1780 GREEN BAY ROAD HIGHLAND PARK, IL 60035	\$ 34,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SANTA BARBARA FOUNDATION 1111 CHAPALA ST, SUITE 200 SANTA BARBARA, CA 93101	\$ 76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FUND FOR SANTA BARBARA, INC.</b>	Employer identification number  <b>77-0070742</b>
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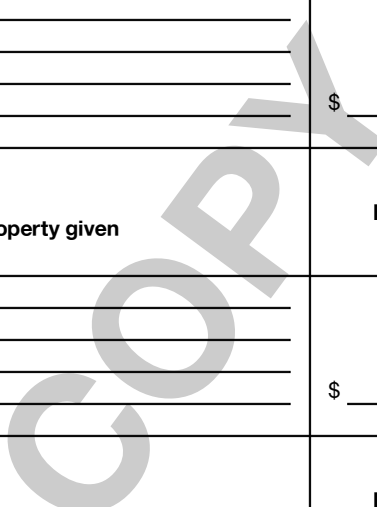
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WEINGART FOUNDATION  1055 WEST 7TH ST, SUITE 3200  LOS ANGELES, CA 90017	\$ 122,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WOOD-CLAEYSSENS FOUNDATION  PO BOX 30586  SANTA BARBARA, CA 93130	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JAMES S. BOWER FOUNDATION  26 W MICHELTORENA ST  SANTA BARBARA, CA 93101	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FUND FOR SANTA BARBARA, INC.</b>	Employer identification number  <b>77-0070742</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization  <b>FUND FOR SANTA BARBARA, INC.</b>	Employer identification number  <b>77-0070742</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>FUND FOR SANTA BARBARA, INC.</b>	Employer identification number <b>77-0070742</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	27,587.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	13,587.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	41,174.													
<b>d</b>	Other exempt purpose expenditures .....	1,829,168.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	1,870,342.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	243,517.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	60,879.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	205,503.	199,722.	205,420.	243,517.	854,162.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,281,243.
<b>c</b> Total lobbying expenditures	32,889.	42,692.	33,665.	41,174.	150,420.
<b>d</b> Grassroots nontaxable amount	51,376.	49,931.	51,355.	60,879.	213,541.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					320,312.
<b>f</b> Grassroots lobbying expenditures	10,933.	21,346.	15,195.	27,587.	75,061.



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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	1	
2 Aggregate value of contributions to (during year) .....	40,000.	
3 Aggregate value of grants from (during year) .....	33,600.	
4 Aggregate value at end of year .....	71,950.	

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 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 ▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**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 on 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	2,002,147.	1,808,728.	1,748,205.	2,050,839.	1,996,518.
b Contributions					
c Net investment earnings, gains, and losses	-36,101.	285,515.	156,423.	-5,664.	143,506.
d Grants or scholarships					
e Other expenditures for facilities and programs	250,100.	92,096.	95,900.	296,970.	89,185.
f Administrative expenses					
g End of year balance	1,715,946.	2,002,147.	1,808,728.	1,748,205.	2,050,839.

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  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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:

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

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

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

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				
b Buildings				
c Leasehold improvements				
d Equipment		49,301.	36,147.	13,154.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,154.

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (Col. (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) DEPOSITS	3,710.
(2) CHARITABLE REMAINDER TRUST INVESTMENT ASSETS	173,035.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	176,745.

**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	
(2) CHARITABLE REMAINDER TRUST	
(3) LIABILITY	2,599.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,599.

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.

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

**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.

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

**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.

**PART V, LINE 4:**

ENDOWMENT ASSETS OF \$1,715,946 ARE PERMANENTLY RESTRICTED BY DONORS. EARNINGS ARE APPROPRIATED FOR EXPENDITURE AT A RATE OF 5% OF THE AVERAGE MARKET VALUE AT JUNE 30TH OF THE 3 PRIOR YEARS. APROPRIATED EARNINGS ARE UNRESTRICTED AND USED TO SUPPORT GENERAL PROGRAM OPERATIONS AND GRANTMAKING. FOR THE YEAR ENDED DECEMBER 31, 2018, THE BOARD APPROVED AN ADDITIONAL DRAW FROM THE ENDOWMENT EARNINGS OF \$150,000 TO FUND OPERATIONS. AS OF DECEMBER 31, 2018, UNAPROPRIATED ACCUMULATED EARNINGS ON PERMANENTLY RESTRICTED ENDOWMENT ASSETS TOTALED \$365,708.

**PART X, LINE 2:**

THE FUND IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, WHICH IS

**Part XIII** Supplemental Information (continued)

EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION NUMBER  
 501(C)(3) AND STATE OF CALIFORNIA REVENUE AND TAXATION CODE SECTION  
 23701(D); THEREFORE, NO PROVISION FOR INCOME TAXES IS REQUIRED. THE FUND  
 QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION  
 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A  
 PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

THE FUND FOR SANTA BARBARA EVALUATES UNCERTAIN TAX POSITIONS WHEREBY THE  
 EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED  
 PROBABLY AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2018, THE FUND FOR  
 SANTA BARBARA HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. THE FUND  
 FOR SANTA BARBARA FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL  
 JURISDICTIONS. THE FUND FOR SANTA BARBARA IS NO LONGER SUBJECT TO U.S.  
 FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE  
 2015 AND 2014, RESPECTIVELY.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BREAD AND ROSES ANNUAL (event type)	GRANT AWARDS RECEPTION (event type)	NONE (total number)	
Revenue	1	Gross receipts	280,219.	7,492.	287,711.
	2	Less: Contributions	168,212.		168,212.
	3	Gross income (line 1 minus line 2)	112,007.	7,492.	119,499.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	7,882.		7,882.
	7	Food and beverages	29,662.		29,662.
	8	Entertainment	1,765.		1,765.
	9	Other direct expenses	79,421.		79,421.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			118,730.
	11	Net income summary. Subtract line 10 from line 3, column (d)			769.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALTERNATIVES TO VIOLENCE SB PO BOX 3294 SANTA BARBARA, CA 93130	81-5079846	501(C)(3)	20,000.	0.			SB GIVES
ALTERNATIVES TO VIOLENCE SB PO BOX 3294 SANTA BARBARA, CA 93130	81-5079846	501(C)(3)	9,753.	0.			SB GIVES
BEEKEEPERS GUILD OF SANTA BARBARA PO BOX 6057 SANTA BARBARA, CA 93160	46-3861172	501(C)(3)	5,000.	0.			PLANT BEE FRIENDLY
CALIFORNIA VOTING RIGHTS PROJECT PO BOX 3480 SANTA BARBARA, CA 93103	45-2612428	501(C)(3)	3,000.	0.			DISTRICT ELECTIONS COMMITTEE SPECIAL JUNE ELECTION VOTER ENGAGEMENT
CALIFORNIANS FOR PESTICIDE REFORM / PESTICIDE ACTION NETWORK - 2021 SPERRY AVE #9 - VENTURA, CA 93003	94-2949686	501(C)(3)	10,000.	0.			ORGANIZING TO REDUCE THE PESTICIDE THREAT IN SB COUNTY
CARPINTERIA VALLEY ARTS COUNCIL PO BOX 597 CARPINTERIA, CA 93014	77-0578720	501(C)(3)	26,775.	0.			SB GIVES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **95.**

**3** Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAUSE 2021 SPERRY AVE. STE. 9 VENTURA, CA 93003	77-0551324	501(C)(3)	2,662.	0.			SB GIVES
CAUSE ACTION FUND 2021 SPERRY AVE. STE. 9 VENTURA, CA 93003	77-0551324	501(C)(3)	30,000.	0.			SAME
CENTRAL COAST COALITION FOR UNDOCUMENTED SUCCESS - P.O BOX 7506 - SANTA MARIA, CA 93456		UNINCORPORATED	9,820.	0.			CENTRAL COAST COALITION FOR UNDOCUMENTED SUCCESS
COALITION AGAINST GUN VIOLENCE PO BOX 699 SUMMERLAND, CA 93067	27-4445910	501(C)(3)	3,000.	0.			TASKFORCE TO ESTABLISH POLICIES FOR GUN VIOLENCE PREVENTATION
COALITION FOR SUSTAINABLE TRANSPORTATION - P.O. BOX 2495 - SANTA BARBARA, CA 93122	30-0022939	501(C)(3)	1,999.	0.			SAVE SB 1 - NO ON PROPOSITION 6
COAST COALITION FOR SUSTAINABLE TRANSPORT - SANTA BARBARA, CA 93120	30-0022937	501(C)(3)	3,415.	0.			SB GIVES
COLLEGE CLUB FESLER- JR. HIGH 708 S. MILLER ST. SANTA MARIA, CA 93454	94-3067788	501(C)(3)	2,900.	0.			FESLER JR. HIGH - UC CONFERENCE
COMMITTEE FOR SOCIAL JUSTICE 750 MISSION OAKS LN SANTA BARBARA, CA 93105		UNINCORPORATED	3,000.	0.			HELP FOR THE HELPLESS
COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO - 1111 E. MASON STREET - SANTA BARBARA, CA 93103	95-2410253	501(C)(3)	7,023.	0.			TEEN MONOLOGUES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ENVIRONMENTAL COUNCIL 26 W ANAPAMU ST, 2ND FLOOR SANTA BARBARA, CA 93101	94-1728064	501(C)(3)	2,350.	0.			FOOD JUSTICE CAPACITY BUILDING -- SB COUNTY
COWBOY FREEDOM INC 423 W. VICTORIA SANTA BARBARA, CA 93101	82-4081017	501(C)(3)	4,412.	0.			COWBOY FREEDOM
CUYAMA VALLEY REC FUND PO BOX 270 NEW CUYAMA, CA 93254		UNINCORPORATED	5,400.	0.			CUYAMA VALLEY REC FUND
EDIBLE CAMPUS PROGRAM UCSB GEOGRAPHY, 1832 ELLISON HALL SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	3,000.	0.			EDIBLE CAMPUS PROGRAM CAMPUS FARM
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN STREET SANTA BARBARA, CA 93101	77-0061994	501(C)(3)	7,986.	0.			SB GIVES
EVERYBODY DANCE NOW! 763 BIRCH WALK UNIT F GOLETA, CA 93117	45-2107249	501(C)(3)	2,000.	0.			INSPIRING A THOUSAND SB COUNTY YOUTH THROUGH DANCE CULTURE
EVERYBODY DANCE NOW! 763 BIRCH WALK, UNIT F GOLETA, CA 93117	45-2107249	501(C)(3)	874.	0.			SB GIVES
EXPLORE ECOLOGY 302 E. COTA STREET SANTA BARBARA, CA 93101	20-4944165	501(C)(3)	5,447.	0.			SB GIVES
FAMILIES ACT! 123 E. PEDREGOSA STREET SANTA BARBARA, CA 93101	38-3767998	501(C)(3)	10,000.	0.			JAIL ADVOCACY PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES ACT! PO BOX 2152 SANTA BARBARA, CA 93120	38-3767998	501(C)(3)	12,038.	0.			SB GIVES
FOUNDATION FOR SBCC 921 CLIFF DRIVE SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	30,000.	0.			TRANSITIONS PROGRAM
FOUR INGENIEROS FOUNDATION PO BOX 532 SANTA BARBARA, CA 93116	81-3893071	501(C)(3)	2,474.	0.			SB GIVES
FRANKLIN SERVICE CENTER 333 EAST SOLA STREET SANTA BARBARA, CA 93101	95-6204445	501(C)(3)	9,000.	0.			EASTSIDE DIABETES INITIATIVE
FRIENDS OF THE CARPINTERIA LIBRARY 4297 CARPINTERIA AVE #7 CARPINTERIA, CA 93013	23-7075498	501(C)(3)	6,372.	0.			SB GIVES
FUTURE LEADERS OF AMERICA 126 EAST HALEY ST, A12 SANTA BARBARA, CA 93458	77-0071036	501(C)(3)	3,000.	0.			YOUTH-LED COMMUNITY ORGANIZING RADICALIZING YOUTH FOR THE PURPOSE OF LOCAL CHANGE
FUTURE LEADERS OF AMERICA 126 EAST HALEY ST, A12 SANTA BARBARA, CA 93101	77-0071036	501(C)(3)	378.	0.			SB GIVES
GAVIOTA COAST CONSERVANCY PO BOX 1099 GOLETA, CA 93116	77-0455133	501(C)(3)	17,048.	0.			SB GIVES
GIRLS ROCK SANTA BARBARA 801 E. GUTIERREZ ST., UNIT D SANTA BARBARA, CA 93103	46-0687975	501(C)(3)	5,088.	0.			SB GIVES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY NSBC P.O. BOX 947 SANTA MARIA, CA 93456	95-6006513	501(C)(3)	31,592.	0.			SB GIVES
HOUSING AUTHORITY OF SB 808 LAGUNA ST. SANTA BARBARA, CA 93101	26-0417729	501(C)(3)	900.	0.			HACSB COLLEGE PREPARATORY SERIES
I HAVE A VOICE 675 PANTHER DRIVE SANTA MARIA, CA 93454	52-1703494	501(C)(3)	2,000.	0.			I HAVE A VOICE
IMMIGRANT HOPE 935 SAN ANDREAS STREET SANTA BARBARA, CA 93101	46-3416009	501(C)(3)	10,000.	0.			BUILDING LEGAL CAPACITY
IMPORTA 129 E. CARRILLO STREET SANTA BARBARA, CA 93101	45-2620272	501(C)(3)	10,000.	0.			EXPANSION OF NORTH COUNTY CAPACITY THROUGH HIRING AND TRAINING
INDEPENDENT LIVING RESOURCE CENTER, INC. - 423 W.VICTORIA ST. - SANTA BARBARA, CA 93101	95-3255012	501(C)(3)	1,844.	0.			BUSTING BARRIERS II NORTH COUNTY
INDEPENDENT LIVING RESOURCE CENTER, INC. - 423 W.VICTORIA ST. - SANTA BARBARA, CA 93101	95-3255012	501(C)(3)	1,134.	0.			SB GIVES
INTERFAITH INITIATIVE OF SANTA BARBARA COUNTY - 2330 SKYLINE WAY - SANTA BARBARA, CA 93101	47-0920616	501(C)(3)	5,578.	0.			SB GIVES
INTERFAITH INITIATIVE OF SANTA BARBARA COUNTY - 2330 SKYLINE WAY - SANTA BARBARA, CA 93116	47-0920616	501(C)(3)	7,550.	0.			RADICAL HOSPITALITY!

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL CESAREAN AWARENESS NETWORK - 333 EAST SOLA STREET - SANTA BARBARA, CA 93101	13-3174577	501(C)(3)	7,500.	0.			ICAN-SB
INTERNATIONAL CESAREAN AWARENESS 333 EAST SOLA STREET SANTA BARBARA, CA 93101	13-3174577	501(C)(3)	325.	0.			SB GIVES
JODI HOUSE BRAIN INJURY SUPPORT CENTER - 625 CHAPALA ST. - SANTA BARBARA, CA 93101	95-3836137	501(C)(3)	4,137.	0.			SB GIVES
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST, SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501(C)(3)	3,000.	0.			LANGUAGE JUSTICE EMERGENCY RESPONSE DURING THOMAS FIRE
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST, SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501(C)(3)	10,000.	0.			NORTH COUNTY YOUTH ORGANIZING INITIATIVE
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA ST, SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501(C)(3)	12,020.	0.			SB GIVES
KUYA'MU-MIKIW PARK ASSOCIATION P.O. BOX 54 SANTA BARBARA, CA 93102	82-0956269	501(C)(3)	10,000.	0.			KUYA'MU-MIKIW PARK
LA CASA DE LA RAZA 601 E MONTECITO STREET SANTA BARBARA, CA 93103	23-7110339	501(C)(3)	10,000.	0.			KZAA-LP COMMUNITY RADIO PROJECT
LA CASA DE LA RAZA 601 E MONTECITO STREET SANTA BARBARA, CA 93103	23-7110339	501(C)(3)	4,343.	0.			SB GIVES

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINOS UNIDOS 941 EAST FOSTER RD. SANTA MARIA, CA 93454	52-1703494	501(C)(3)	2,860.	0.			JUNTOS IN LITERATURE
LEAGUE OF WOMEN VOTERS OF SANTA BARBARA: EDUCATION FUND - 328 E. CARRILLO STREET, SUITE A - SANTA BARBARA, CA 93101	77-0535840	501(C)(3)	5,000.	0.			NEW VOTER OUTREACH
LEGAL AID FOUNDATION OF SB COUNTY 301 E. CANON PERDIDO SANTA BARBARA, CA 93101	95-2112634	501(C)(3)	1,876.	0.			SB GIVES
LITTLE HOUSE BY THE PARK 4681 11TH STREET GUADALUPE, CA 93434	81-5435357	501(C)(3)	10,000.	0.			ADELANTE GUADALUPE/ONWARD GUDALUPE
LOMPOC COOPERATIVE DEVELOPMENT PROJECT - 613 N 7TH ST - LOMPOC, CA 93436	47-1021798	501(C)(3)	2,541.	0.			SB GIVES
LOS PADRES FORESTWATCH P.O BOX 831 SANTA BARBARA, CA 93102	20-1531390	501(C)(3)	10,000.	0.			LATINO AND YOUTH OUTREACH PROGRAM
M.U.J.E.R. UNIVERSITY OF CALIFORNIA SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	3,000.	0.			MUJERCITAS CONFERENCE
MENTAL HEALTH ASSOCIATION IN SANTA BARBARA COUNTY - 617 GARDEN ST. - SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	26,756.	0.			SB GIVES
MICOP 520 W. FIFTH ST., SUITE G OXNARD, CA 93030	30-0045901	501(C)(3)	10,000.	0.			MICOP IMMIGRATION LEGAL ASSISTANCE (MILA)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIXTECO / INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP) - 520 W. FIFTH ST., SUITE G - OXNARD, CA 93030	30-0045901	501(C)(3)	10,000.	0.			STRENGTHENING INDIGENOUS IMMIGRANT RIGHTS
NAACP, SANTA MARIA-LOMPOC PO BOX 1092 SANTA MARIA, CA 93456	77-0423554	501(C)(3)	7,350.	0.			WOMEN'S MARCH SANTA MARIA VALLEY
NOTES FOR NOTES INC. PO BOX 90632 SANTA BARBARA, CA 93190	20-4875556	501(C)(3)	1,706.	0.			SB GIVES
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS, INC. - PO BOX 20033 - OXNARD, CA 93034	95-4611282	501(C)(3)	10,000.	0.			FARMWORKER WOMEN ADDRESSING AND PREVENTING SEXUAL VIOLENCE IN THEIR WORKPLACE
PACIFIC PRIDE FOUNDATION 608 ANACAPA STREET, SUITE A SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	10,000.	0.			LGBTQ+ YOUTH LEADERSHIP PROGRAM
PACIFIC PRIDE FOUNDATION 608 ANACAPA STREET, SUITE A SANTA BARBARA, CA 93101	95-3133613	501(C)(3)	12,323.	0.			SB GIVES
PEER BUDDIES 3463 STATE ST. #275 SANTA BARBARA, CA 93105	45-3029148	501(C)(3)	2,000.	0.			PEER BUDDY VOLUNTEERS
PFLAG SANTA BARBARA 515 DREXEL DR SANTA BARBARA, CA 93103	77-0341329	501(C)(3)	3,769.	0.			SB GIVES
PLANNED PARENTHOOD CALIF. CENTRAL COAST - 518 GARDEN ST. - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	13,929.	0.			SB GIVES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POETIC JUSTICE PROJECT 500 N. RANCH ST. SANTA MARIA, CA 93454	46-5488701	501(C)(3)	1,407.	0.			SB GIVES
QUAIL SPRINGS PERMACULTURE 35070 HWY 33 MARICOPA, CA 93252	38-3692928	501(C)(3)	7,401.	0.			INSPIRING LEADERSHIP FOR CUYAMA VALLEY'S REGENERATION
RAINBOW PARROT CONSERVATORY 3710 VIA REAL CARPINTERIA, CA 93013	46-4959912	501(C)(3)	5,660.	0.			SEASIDE WELLNESS GARDENS
RESTORATIVE COMMUNITY NETWORK 210 W LOS OLIVOS STREET SANTA BARBARA, CA 93105	82-1305081	501(C)(3)	5,750.	0.			VOICES RESTORATIVE DIALOGUE
RESTORATIVE COMMUNITY NETWORK 210 W LOS OLIVOS STREET SANTA BARBARA, CA 93105	82-1305081	UNINCORPORATED	2,850.	0.			IMPLICIT BIAS TRAINING AND SMALL GROUP DISCUSSIONS
SAN MARCOS KIDS HELPING KIDS FOUNDATION - 4750 HOLLISTER AVE - SANTA BARBARA, CA 93110	27-3601337	501(C)(3)	1,600.	0.			KIDS HELPING KIDS LEXIA LEARNING INITIATIVE
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA, CA 93190	77-0395986	501(C)(3)	476.	0.			SB GIVES
SANTA BARBARA CHANNELKEEPER 714 BOND AVENUE SANTA BARBARA, CA 93103	91-2151460	501(C)(3)	3,000.	0.			POST-FIRE, FLOOD AND MUDSLIDE MONITORING AND PUBLIC NOTIFICATION PROGRAM
SANTA BARBARA COUNTY ACTION NETWORK- SBCAN - 224 PALM COURT DRIVE - SANTA MARIA, CA 93454	73-1676916	501(C)(3)	6,000.	0.			YOUTH ARTS ALIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA COUNTY IMMIGRANT LEGAL DEFENSE CENTER - 601 E. MONTECITO STREET - SANTA BARBARA, CA 93103	32-0549557	501(C)(3)	50,000.	0.			MISSION CAPACITY EXPANSION OF THE IMMIGRANT LEGAL DEFENSE CENTER
SANTA BARBARA FRIENDS MEETING/TRUTH IN RECRUITMENT - 2012 CHAPALA STREET - SANTA BARBARA, CA 93105	77-0148410	501(C)(3)	10,000.	0.			TRUTH IN RECRUITMENT
SANTA BARBARA RAPE CRISIS CENTER 422 E. CANON PERDIDO ST. SANTA BARBARA, CA 93101	95-2929455	501(C)(3)	10,264.	0.			SB GIVES
SANTA BARBARA RESPONSE NETWORK 115 W. CANON PERDIDO SANTA BARBARA, CA 93103	30-0703710	501(C)(3)	10,000.	0.			IMMIGRATION ADVOCACY COLLABORATIVE
SANTA BARBARA RESPONSE NETWORK 115 W. CANON PERDIDO SANTA BARBARA, CA 93110	30-0703710	501(C)(3)	2,972.	0.			SB GIVES
SANTA BARBARA STREET MEDICINE PO BOX 3751 SANTA BARBARA, CA 93130	33-1210731	501(C)(3)	29,520.	0.			SB GIVES
SANTA BARBARA TRANSGENDER ADVOCACY NETWORK - 206 WAVECREST COURT, APT C - GOLETA, CA 93117	81-2846365	501(C)(3)	394.	0.			SB GIVES
SANTA BARBARA TRANSGENDER ADVOCACY NETWORK - 206 WAVECREST COURT, APT C - GOLETA, CA 93117	81-2846365	501(C)(3)	24,000.	0.			LISA'S PLACE
SANTA MARIA/LOMPOC NAACP PO BOX 1092 SANTA MARIA, CA 93456	23-7028846	501(C)(3)	3,508.	0.			SB GIVES

Schedule I (Form 990)

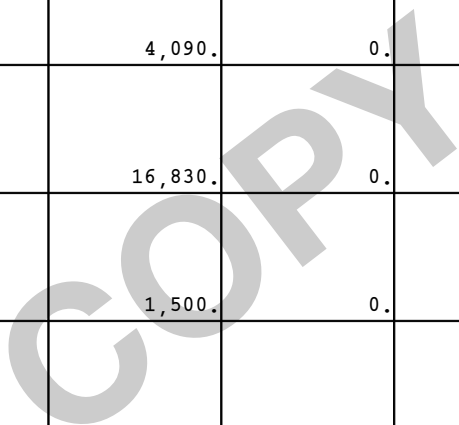
**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARAH HOUSE SANTA BARBARA PO BOX 20031 SANTA BARBARA, CA 93111	77-0224415	501(C)(3)	19,503.	0.			SB GIVES
SB PAL YOUTH LEADERSHIP COUNCIL P.O. BOX 91121 SANTA BARBARA, CA 93190	77-0523426	501(C)(3)	1,000.	0.			8TH ANNUAL BIG & LITTLE PAL SPRING BREAK CAMP
SBCAN PO BOX 6174 SANTA MARIA, CA 93456	73-1676916	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SBCAN PO BOX 6174 SANTA MARIA, CA 93456	73-1676916	501(C)(3)	9,203.	0.			SB GIVES
SBCAN PO BOX 6174 SANTA MARIA, CA 93456	73-1676916	501(C)(3)	3,145.	0.			SB GIVES
SENIOR CLASS OF 2018 1026 HENRY AVE. APT. B SANTA MARIA, CA 93456	52-1703494	501(C)(3)	2,000.	0.			CELEBRATION OF OUR FUTURES
ALPHA RESOURCE CENTER INC 220 W.CANON PERDIDO SANTA BARBARA, CA 93101	04-3255158	501(C)(3)	13,100.	0.			SB GIVES
SOCIEDAD HONORARIA HISPANIC 901 SOUTH BROADWAY SANTA MARIA, CA 93456	51-1703494	501(C)(3)	2,990.	0.			ALIVIO EL ESTRES (ALLEVIATION OF STRESS)
THE MOBILE HOMEOWNERS PROJECT 520 PINE AVE. #30 GOLETA, CA 93117		UNINCORPORATED	7,290.	0.			THE MOBILE HOMEOWNERS PROJECT

Schedule I (Form 990)

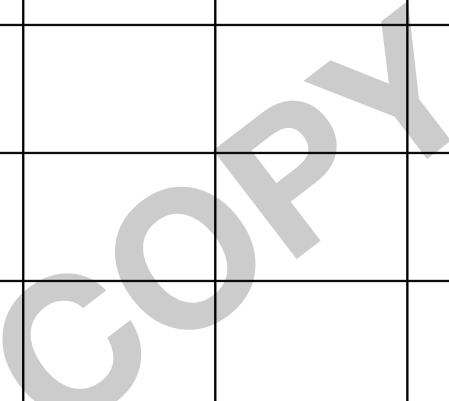
**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONS-MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406	95-3509040	501(C)(3)	2,598.	0.			SB GIVES
SANTA BARBARA FRIENDS MEETING/TRUTH IN RECRUITMENT - 2012 CHAPALA ST. - SANTA BARBARA, CA 93105	77-0146410	501(C)(3)	4,090.	0.			SB GIVES
WILDERNESS YOUTH PROJECT 5386 HOLLISTER AVE, SUITE D SANTA BARBARA, CA 93111	77-0526117	501(C)(3)	16,830.	0.			SB GIVES
YOUTH WELLNESS CONNECTION 617 GARDEN ST. SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	1,500.	0.			YOU MATTER CAMPAIGN & SELF CARE DAY



**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance



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

PART I, LINE 2:

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

**Part IV** Supplemental Information

GRANT AGREEMENT ARE VIOLATED, A GRANT MAY BE RESCINDED.

COPY

Lined area for supplemental information.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions 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	X	6	555.	EST. FAIR MARKET VAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		225.	EST. FAIR MARKET VAL
5 Clothing and household goods	X		3,305.	EST. FAIR MARKET VAL
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	12,206.	FMV ON DATE OF DONAT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	48	33,443.	EST. FAIR MARKET VAL
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( GIFT CERTS. )	X	130	29,915.	EST. FAIR MARKET VAL
26 Other ( PRINTING )	X	1	10,000.	EST. FAIR MARKET VAL
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

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

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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

FORM 990, PART VI, SECTION C, LINE 18:

THE FUND FOR SANTA BARBARA MAKES ITS FORM 990 AND 1023 AVAILABLE TO THE PUBLIC VIA ITS WEBSITE, ON GUIDESTAR.ORG AND BY REQUEST (FOR HARD COPIES).

FORM 990, PART VI, SECTION C, LINE 19:

THE FUND FOR SANTA BARBARA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, SELF-DEALING POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE AND BY REQUEST (FOR HARD COPIES).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHARITABLE REMAINDER TRUST VALUE	-12,378.
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FORM 990, PAGE 11, PART XI, QUESTION 2C

THE FUND'S FINANCE COMMITTEE REVIEWS PROPOSALS OF INDEPENDENT PUBLIC ACCOUNTING FIRMS FOR PREPARATION OF ANNUAL REVIEWED FINANCIAL STATEMENTS AND FORM 990. RECOMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS AND APPROVED PRIOR TO ENGAGING THE FIRM. COMMUNICATIONS WITH THE FIRM ARE MADE BY THE EXECUTIVE DIRECTOR AND MEMBERS OF THE BOARD OF DIRECTORS THROUGHOUT AND AT COMPLETION OF THE ENGAGEMENT.

FORM 990, PAGE 1, PART I, QUESTION 6

VOLUNTEER DUTIES INCLUDE:

1. ASSISTANCE WITH FUNDRAISING EVENT (BREAD & ROSES) - FOOD SERVICE, AUCTION ITEM SOLICITATION, GUEST COMFORT, REGISTRATION, CHECK-IN, CHECK-OUT, AUCTION ORGANIZATION, SET UP AND CLEAN UP (150)
2. SERVICE ON THE BOARD OF DIRECTORS (15)

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

2. SERVICE ON THE GRANT-MAKING COMMITTEE - ASSESSING THE GRANT APPLICATIONS, CONDUCTING SITE VISITS, AND MAKING FUNDING RECOMMENDATIONS TO THE BOARD OF DIRECTORS (10)

3. OFFICE SUPPORT - PREPARING MAILINGS, ENTERING DATA, ASSISTING WITH SELECT ADMINISTRATIVE TASKS (25)

FORM 990, PAGE 12, PART XI, LINE 9 (\$12,378) IN OTHER CHANGES IN NET ASSETS CONSISTS OF UNREALIZED LOSS ON THE CHARITABLE REMAINDER TRUST ASSETS, NET OF CHANGES IN THE ESTIMATED LIABILITY.

SCHEDULE M - NONCASH CONTRIBUTIONS  
NON-CASH DONATIONS REPORTED ON SCHEDULE M (ASIDE FROM PUBLICLY TRADED STOCK DONATIONS) ARE REFLECTED IN THE FINANCIAL STATEMENTS AS REVENUE AND OTHER DIRECT EXPENSES RELATED TO THE ANNUAL BREAD AND ROSES EVENT. \$3,000 IN DONATED FACILITES RELATED TO SPECIAL EVENTS IS EXCLUDED FROM THE FORM 990.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
5	WOOD CABINET	05/10/00	SL	7.00		16	559.				559.	511.		0.	511.
8	TELEPHONE HEADSET	06/23/00	SL	5.00		16	194.				194.	194.		0.	194.
11	COMPUTER EQUIPMENT	11/09/01	SL	5.00		16	1,196.				1,196.	1,120.		0.	1,120.
12	COMPUTER EQUIPMENT	12/14/01	SL	5.00		16	1,176.				1,176.	1,105.		0.	1,105.
13	EXCEED DATABASE	06/05/02	SL	3.00		16	2,529.				2,529.	2,529.		0.	2,529.
14	OFFICE CHAIR	03/22/02	SL	7.00		16	180.				180.	163.		0.	163.
15	SAMSUNG FLAT SCREEN	11/19/02	SL	5.00		16	1,100.				1,100.	1,014.		0.	1,014.
16	COMPUTER SYSTEM	03/30/04	SL	5.00		16	661.				661.	630.		0.	630.
17	DELL 6400 LAPTOP	10/11/06	SL	5.00		16	1,061.				1,061.	1,061.		0.	1,061.
18	DELL 6400 LAPTOP	10/11/06	SL	5.00		16	1,060.				1,060.	1,060.		0.	1,060.
19	CANNON IR 3200	04/01/06	SL	7.00		16	7,000.				7,000.	7,000.		0.	7,000.
20	DELL OPTIPLEX	06/13/08	SL	5.00		16	714.				714.	714.		0.	714.
21	SONY LAPTOP	07/15/08	SL	5.00		16	848.				848.	848.		0.	848.
22	DELL OPTIPLEX	08/14/08	SL	5.00		16	823.				823.	823.		0.	823.
23	DELL VOSOTRO COMPUTER	01/26/09	SL	5.00		16	630.				630.	630.		0.	630.
24	DELL COMPUTER FOR SM OFFICE	06/11/10	SL	5.00		16	825.				825.	825.		0.	825.
25	DELL VOSTRO COMPUTER FOR SB OFFICE	03/11/11	SL	5.00		16	529.				529.	529.		0.	529.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
26	POLYCOM CONFERENCE PHONE FOR SB OFFICE	05/23/11	SL	5.00		16	568.				568.	568.		0.	568.
27	DELL VPSZ LAPTOP	05/04/12	SL	5.00		16	1,139.				1,139.	1,139.		0.	1,139.
28	DELL VOSTRO 260ST DESKTOP	08/24/12	SL	5.00		16	763.				763.	763.		0.	763.
29	TRANSLATION EQUIPMENT	01/04/13	SL	5.00		16	3,500.				3,500.	3,500.		0.	3,500.
30	POWEREDGE T110 II SERVER	04/02/13	SL	5.00		16	1,789.				1,789.	1,700.		89.	1,789.
31	LENOVO YOGA 211 LAPTOP	04/02/13	SL	5.00		16	613.				613.	584.		29.	613.
32	COMPUTER - BEST BUY	09/30/15	SL	5.00		16	1,199.				1,199.	540.		240.	780.
33	COMPUTER - DELL	09/30/15	SL	5.00		16	1,671.				1,671.	752.		334.	1,086.
34	TRI-COUNTY OFFICE FURNITURE	11/15/16	SL	7.00		16	10,641.				10,641.	1,773.		1,520.	3,293.
35	PROJECTOR, SCREEN, AND SPEAKERS	04/05/16	SL	5.00		16	3,229.				3,229.	1,130.		646.	1,776.
36	DELL INSPIRON (2)	10/01/18	SL	5.00		16	1,675.				1,675.			84.	84.
37	DELL VOSTRO 3670 (2)	12/20/18	SL	5.00		16	1,429.				1,429.			0.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						49,301.				49,301.	33,205.		2,942.	36,147.
	* GRAND TOTAL 990 PAGE 10 DEPR						49,301.				49,301.	33,205.		2,942.	36,147.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						46,197.			0.	46,197.	33,205.			36,063.
	ACQUISITIONS						3,104.			0.	3,104.	0.			84.





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>FUND FOR SANTA BARBARA, INC.</b>	Employer identification number (EIN) or <b>77-0070742</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>26 W. ANAPAMU STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA BARBARA, CA 93101</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARCOS VARGAS**

- The books are in the care of ▶ **26 WEST ANAPAMU STREET - SANTA BARBARA, CA 93101**  
Telephone No. ▶ **(805) 962-9164** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# 2018 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2018

<b>Prepared for</b>	Dr. Marcos Vargas The Fund for Santa Barbara 26 W. Anapamu Street Santa Barbara, CA 93101
<b>Prepared by</b>	Macfarlane, Faletti & Co., LLP 115 E. Micheltorena St. #200 Santa Barbara, CA 93101
<b>To be signed and dated by</b>	Not Applicable
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
<b>Return must be mailed on or before</b>	Not Applicable
<b>Special Instructions</b>	

# California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name <b>FUND FOR SANTA BARBARA, INC.</b>		California corporation number <b>1334209</b>
Additional information. See instructions.		FEIN <b>77-0070742</b>
Street address (suite or room) <b>26 W. ANAPAMU STREET</b>		PMB no.
City <b>SANTA BARBARA</b>	State <b>CA</b>	ZIP code <b>93101</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is a public charity exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	614,518	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	1,491,694	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	2,106,212	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	309,698	00
	7 Total costs. Add line 5 and line 6	7	309,698	00
	8 Total gross income. Subtract line 7 from line 4	8	1,796,514	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	1,989,072	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-192,558	00
<b>Filing Fee</b>	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15	N/A	00
16 Penalties and Interest. See General Information J	16		00	
17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00	

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>EXECUTIVE DIRE</b>	Date	Telephone <b>805-962-9164</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00544237</b>
	Firm's name (or yours, if self-employed) and address <b>MACFARLANE, FALETTI &amp; CO., LLP 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA 93101</b>		Firm's FEIN <b>95-2835976</b>
			Telephone <b>805-966-4157</b>

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	119,499	00
	2	Interest	•	2	17,838	00
	3	Dividends	•	3	27,535	00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions) <b>STATEMENT 3</b>	•	6	438,798	00
	7	Other income <b>SEE STATEMENT 4</b>	•	7	10,848	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	614,518	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	803,298	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 5</b>	•	11	116,430	00
	12	Other salaries and wages	•	12	383,680	00
	13	Interest	•	13		00
	14	Taxes	•	14	39,355	00
	15	Rents	•	15	98,781	00
	16	Depreciation and depletion (See instructions)	•	16	2,942	00
	17	Other Expenses and Disbursements <b>SEE STATEMENT 6</b>	•	17	544,586	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,989,072	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		596,522		426,085
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments <b>STMT 7</b>		2,004,103		1,717,504
10 a Depreciable assets	46,197		49,301	
b Less accumulated depreciation	(33,205)	12,992	(36,147)	13,154
11 Land				
12 Other assets <b>STMT 8</b>		260,115		354,657
13 <b>Total assets</b>		2,873,732		2,511,400
<b>Liabilities and net worth</b>				
14 Accounts payable		20,187		17,307
15 Contributions, gifts, or grants payable		99,000		126,150
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities <b>STMT 9</b>		3,825		2,599
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,750,720		2,365,344
22 <b>Total liabilities and net worth</b>		2,873,732		2,511,400

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-192,558
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		-192,558
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-192,558

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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ATTERBURY FOUNDATION	725 N ONTARE RD SANTA BARBARA, CA 93105	12/10/18	30,000.
BOWER, S.	2211 GARDEN ST SANTA BARBARA, CA 93105	12/31/18	5,800.
BRITTINGHAM FAMILY FOUNDATION	1482 E. VALLEY RD, SUITE 703 SANTA BARBARA, CA 93108	12/31/18	21,000.
CALIFORNIA ENDOWMENT FOUNDATION	1000 N ALAMEDA ST LOS ANGELES, CA 90012	12/31/18	105,000.
FENTON FAMILY CHARITABLE FUND	3453 RIDGEFORD DR WESTLAKE VILLAGE, CA 91361	09/24/18	9,000.
HUTTON PARKER FOUNDATION	26 WEST ANAPAMU ST, 4TH FLOOR SANTA BARBARA, CA 93101	12/31/18	45,000.
JAMES IRVINE FOUNDATION	865 S FIGUEROA ST LOS ANGELES, CA 90017	12/31/18	52,500.
MAYER AND MORRIS KAPLAN	1780 GREEN BAY ROAD HIGHLAND PARK, IL 60035	04/11/18	34,510.
KCRW FOUNDATION	1900 PICO BLVD SANTA MONICA, CA 90405	06/19/18	10,000.
MCMANUS, JOHN & GLORIA	1180 HIGH RD SANTA BARBARA, CA 93108	12/31/18	8,400.
SANTA BARBARA FOUNDATION	1111 CHAPALA ST, SUITE 200 SANTA BARBARA, CA 93101	12/31/18	76,000.
SANTA FE COMMUNITY FOUNDATION	501 HALONA ST SANTA FE, NM 87505	12/31/18	10,000.
TED RHODES	180 OCEAN VIEW AVE CARPINTERIA, CA 93013	02/23/18	10,000.
WEINGART FOUNDATION	1055 WEST 7TH ST, SUITE 3200 LOS ANGELES, CA 90017	01/31/18	122,000.
WHITE, C. DANA	4061 CUERVO AVE SANTA BARBARA, CA 93110	02/16/18	10,000.

WOOD-CLAEYSSSENS FOUNDATION	PO BOX 30586 SANTA BARBARA, CA 93130	12/31/18	40,000.
YARDI SYSTEMS	430 SOUTH FAIRVIEW AVE GOLETA, CA 93117	12/27/18	5,000.
JAMES S. BOWER FOUNDATION	26 W MICHELTORENA ST SANTA BARBARA, CA 93101	12/31/18	35,000.
VASANTI AND JOEL FITHIAN	316 E. LOS OLIVOS STREET SANTA BARBARA, CA 93105	11/30/18	5,000.
GLICKBARG FAMILY FOUNDATION	200 W. VICTORIA STREET SANTA BARBARA, CA 93101	12/31/18	20,000.
JACKSON FAMILY FOUNDATION	P.O BOX 5580 SANTA BARBARA, CA 93150	12/31/18	10,000.
WAVE FOUNDATION	1055 W. 7TH STREET LOS ANGELES, CA 90017	12/19/18	5,000.
AUDACIOUS FOUNDATION	P.O. BOX 91340 SANTA BARBARA, CA 93105	12/10/18	7,500.
AHA!	1209 DE LA VINA STREET SANTA BARBARA, CA 93101	12/31/18	5,000.
BRAD LEMONS FOUNDATION	C/O ARSENAULT & ARJE CPAS, 1880 CENTURY PARK EAST, #215 LOS ANGELES, CA 9006	12/31/18	20,000.
CHERYL TONCHIN	PO BOX 275 MINTURN, CO 81645	12/05/18	5,000.
COMMUNITY WEST BANK	445 PINE AVE GOLETA, CA 93117	11/19/18	5,000.
DAYNA KALINS REVOCABLE TRUST	5301 BEETHOVEN ST, SUITE 134 LOS ANGELES, CA 90066	11/19/18	5,000.
FRED & SARAH KASS	724 MISSION CANYON RD SANTA BARBARA, CA 93105	12/19/18	5,000.
GAVIOTA COAST CONSERVANCY	PO BOX 1099 GOLETA, CA 93116	11/19/18	10,000.
GWENDOLYN STRONG FOUNDATION	27 W. ANAPAMU ST, SUITE 177 SANTA BARBARA, CA 93101	12/19/18	10,000.
JUST COMMUNITIES	1528 CHAPALA ST, SUITE 308 SANTA BARBARA, CA 93101	12/06/18	5,000.
LEE HELLER	PO BOX 1592 SUMMERLAND, CA 93067	11/19/18	5,200.
LILIAN LOVELACE	780 EL BOSQUE RD SANTA BARBARA, CA 93108	12/06/18	6,000.

FUND FOR SANTA BARBARA, INC.

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MONTECITO BANK & TRUST	1000 STATE ST SANTA BARBARA, CA 93101	11/01/18	5,000.
MOSHER FOUNDATION	PO BOX 1079 SANTA BARBARA, CA 93102	12/19/18	5,000.
CHRIS LEVINE	C/O FIDELITY CHARITABLE, PO BOX 770001 CINCINNATI, OH 45277	11/19/18	5,000.
NANCY O'CONNOR	1107 CLOVER LANE MONTECITO, CA 93108	01/18/18	5,000.
RUTH LOOMER	4605 GRANADA CIRCLE SANTA BARBARA, CA 93110	12/06/18	5,000.
RYAN & SARAH MUZZY	C/O SANTA BARBARA FOUNDATION, 1111 CHAPALA ST, SUITE 200 SANTA BARBARA, CA 9	12/06/18	5,000.
SANTA BARBARA FOUNDATION	1111 CHAPALA ST, SUITE 200 SANTA BARBARA, CA 93101	11/19/18	5,000.
UNITED WAY OF NORTHERN SB COUNTY	PO BOX 947 SANTA MARIA, CA 93456	12/11/18	5,000.
UNITED WAY OF SB COUNTY	320 E. GUTIERREZ ST SANTA BARBARA, CA 93101	11/19/18	15,000.
YARDI	430 S. FAIRVIEW AVENUE SANTA BARBARA, CA 93117	11/19/18	15,000.
WILDERNESS PROJECT	5368 HOLLISTER AVE, SUITE D SANTA BARBARA, CA 93111	11/16/18	5,000.
KELLY ONNEN	5820 LA GOLETA RD GOLETA, CA 93117	01/07/19	10,000.
RUTH LOOMER	4605 GRANADA CIRCLE SANTA BARBARA, CA 93110	01/04/19	6,000.
BRITTINGHAM FAMILY TRUST	1482 EAST VALLEY RD, SUITE 703 SANTA BARBARA, CA 93108	02/25/19	5,000.
TOTAL INCLUDED ON LINE 3			<u>853,910.</u>

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CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MARNI & MICHAEL COONEY	PO BOX 5159 SANTA BARBARA, CA 93150		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
5 SHARES OF ALPHABET STOCK	11/15/18	5,164.	5,164.
TOTAL INCLUDED ON LINE 3			5,164.

COPY



CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SALE OF MARKETABLE SECURITIES AVAILABLE UPON REQUEST	01/01/18	12/31/18	PURCHASED	309,698.	0.	0.	438,798.
TOTAL TO FORM 199, PAGE 2, LN 6				309,698.	0.	0.	438,798.

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
RESCINDED GRANTS PROGRAM MANAGEMENT FEES	8,010. 2,838.
TOTAL TO FORM 199, PART II, LINE 7	10,848.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT    5

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PEDRO PAZ 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	PRESIDENT 6.00	0.
IGNACIO ALARCON 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	SECRETARY 6.00	0.
MARGARET LAZARUS 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	VICE PRESIDENT 6.00	0.
DAVID LANDECKER 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	TREASURER 6.00	0.
REV. JULIA HAMILTON 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
MAHIL SENATHIRAJAH 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
ALEXIS WEAVER 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
JENNIFER HOOTEN 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
DONNA WILL 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
ALEJANDRA MAHONEY 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
CHELSEA LANCASTER 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.

SUSAN WAX 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
LAWANDA LYONS-PRUITT 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
ALICE O'CONNOR 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
RAYMOND SEGURA 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
CHERYL HERMANN 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
DR. MARCOS VARGAS 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR 40.00	116,430.
TOTAL TO FORM 199, PART II, LINE 11		<u>116,430.</u>

CA 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
NONPROFIT RESOURCE NETW	123,920.
DIRECT PROGRAM EXPENSE	40,951.
YOUTH MAKING CHANGE	21,098.
DUES AND SUBSCRIPTIONS	4,681.
DIRECT EXPENSES OF FUNDRAISING EVENTS	118,730.
PENSION PLAN CONTRIBUTIONS	8,193.
OTHER EMPLOYEE BENEFITS	48,553.
ACCOUNTING FEES	34,355.
INVESTMENT MANAGEMENT FEES	16,025.
OTHER PROFESSIONAL FEES	69,806.
ADVERTISING AND PROMOTION	20,882.
OFFICE EXPENSES	17,940.
CONFERENCES AND CONVENTIONS	15,928.
INSURANCE	3,524.
TOTAL TO FORM 199, PART II, LINE 17	<u>544,586.</u>

CA 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES		2,004,103.	1,717,504.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		2,004,103.	1,717,504.

CA 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		72,353.	177,912.
DEPOSITS		1,123.	3,710.
CHARITABLE REMAINDER TRUST INVESTMENT ASSETS		186,639.	173,035.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		260,115.	354,657.

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CHARITABLE REMAINDER TRUST LIABILITY		3,825.	2,599.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		3,825.	2,599.

CA 199	FUND BALANCES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		-25,633.	1,914.
TEMPORARILY RESTRICTED ASSETS		1,426,115.	1,013,192.
PERMANENTLY RESTRICTED ASSETS		1,350,238.	1,350,238.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		2,750,720.	2,365,344.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 77-0070742

Corporation name

California corporation number

FUND FOR SANTA BARBARA, INC.

1334209

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for IRC Section 179 election details, including lines 1 through 13, with columns for description and amounts.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes line 14 and line 15.

Part III Summary

Summary table with 2 rows (16 and 17) and 2 columns for amounts, including line 18 for depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year. Includes lines 19 through 22.

CA 3885		DEPRECIATION				STATEMENT 11	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
5 WOOD CABINET	05/10/00	559.	511.	SL	7.00	0.	
8 TELEPHONE HEADSET	06/23/00	194.	194.	SL	5.00	0.	
11 COMPUTER EQUIPMENT	11/09/01	1,196.	1,120.	SL	5.00	0.	
12 COMPUTER EQUIPMENT	12/14/01	1,176.	1,105.	SL	5.00	0.	
13 EXCEED DATABASE	06/05/02	2,529.	2,529.	SL	3.00	0.	
14 OFFICE CHAIR	03/22/02	180.	163.	SL	7.00	0.	
15 SAMSUNG FLAT SCREEN	11/19/02	1,100.	1,014.	SL	5.00	0.	
16 COMPUTER SYSTEM	03/30/04	661.	630.	SL	5.00	0.	
17 DELL 6400 LAPTOP	10/11/06	1,061.	1,061.	SL	5.00	0.	
18 DELL 6400 LAPTOP	10/11/06	1,060.	1,060.	SL	5.00	0.	
19 CANNON IR 3200	04/01/06	7,000.	7,000.	SL	7.00	0.	
20 DELL OPTIPLEX	06/13/08	714.	714.	SL	5.00	0.	
21 SONY LAPTOP	07/15/08	848.	848.	SL	5.00	0.	
22 DELL OPTIPLEX	08/14/08	823.	823.	SL	5.00	0.	
23 DELL VOSOTRO COMPUTER	01/26/09	630.	630.	SL	5.00	0.	
24 DELL COMPUTER FOR SM OFFICE	06/11/10	825.	825.	SL	5.00	0.	
25 DELL VOSTRO COMPUTER FOR SB OFFICE	03/11/11	529.	529.	SL	5.00	0.	
26 POLYCOM CONFERENCE PHONE FOR SB OFFICE	05/23/11	568.	568.	SL	5.00	0.	
27 DELL VPSZ LAPTOP	05/04/12	1,139.	1,139.	SL	5.00	0.	
28 DELL VOSTRO 260ST DESKTOP	08/24/12	763.	763.	SL	5.00	0.	
29 TRANSLATION EQUIPMENT	01/04/13	3,500.	3,500.	SL	5.00	0.	
30 POWEREDGE T110 II SERVER	04/02/13	1,789.	1,700.	SL	5.00	89.	
31 LENOVO YOGA 211 LAPTOP	04/02/13	613.	584.	SL	5.00	29.	

32	COMPUTER - BEST BUY					
	09/30/15	1,199.	540.	SL	5.00	240.
33	COMPUTER - DELL					
	09/30/15	1,671.	752.	SL	5.00	334.
34	TRI-COUNTY OFFICE FURNITURE					
	11/15/16	10,641.	1,773.	SL	7.00	1,520.
35	PROJECTOR, SCREEN, AND SPEAKERS					
	04/05/16	3,229.	1,130.	SL	5.00	646.
36	DELL INSPIRON (2)					
	10/01/18	1,675.		SL	5.00	84.
37	DELL VOSTRO 3670 (2)					
	12/20/18	1,429.		SL	5.00	0.
TOTAL TO FORM 3885		49,301.	33,205.			2,942.

COPY

2018 Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2018 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Attach to Form 199. FTB 199N filers see instructions.

Table with 4 columns: Corporation/Organization name, California corporation number, Street address, FEIN, City, State, ZIP code.

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? 1 [ ] Yes [X] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? 2 [ ] Yes [X] No

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? 3 [X] Yes [ ] No

4a Has the organization, during the 2018 taxable year, filed a federal Form 5768? 4a [ ] Yes [X] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? 4b [X] Yes [ ] No

Furnish the following financial information for the taxable year:

Table with 2 columns: Description of expenditure (Exempt Purpose, Lobbying, Grass Roots) and Amount.



THE FUND FOR SANTA BARBARA SUPPORTS NONPROFIT ORGANIZATIONS WORKING ON LEGISLATIVE AND BALLOT MEASURES THROUGH ITS GRANT-MAKING AND TECHNICAL ASSISTANCE PROGRAMS. THE FUND FOR SANTA BARBARA ALSO OFFERS TRAINING ON HOW TO ENGAGE IN LEGISLATIVE AND BALLOT MEASURE ADVOCACY AND OCCASIONALLY MAKES FORMAL BALLOT MEASURE ENDORSEMENTS.

COPY

TAXABLE YEAR  
**2018**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>FUND FOR SANTA BARBARA, INC.</b>	<b>77-0070742</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	2,106,212
2 Total gross income (Form 199, line 8)	2	1,796,514
3 Total expenses and disbursements (Form 199, line 9)	3	1,989,072

**Part II Settle Your Account Electronically for Taxable Year 2018**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>	Signature of officer	Date	EXECUTIVE DIRECTOR
			Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	MACFARLANE, FALETTI & CO., LLP 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA			FEIN 95-2835976 ZIP code 93101

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2018

<b>Prepared for</b>	Dr. Marcos Vargas The Fund for Santa Barbara 26 W. Anapamu Street Santa Barbara, CA 93101
<b>Prepared by</b>	Macfarlane, Faletti & Co., LLP 115 E. Micheltorena St. #200 Santa Barbara, CA 93101
<b>Amount due or refund</b>	Balance due of \$150.00
<b>Make check payable to</b>	Attorney General Registry of Charitable Trusts
<b>Mail tax return and check (if applicable) to</b>	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
<b>Return must be mailed on or before</b>	Please mail as soon as possible.
<b>Special Instructions</b>	The report should be signed and dated by the authorized individual(s).

