

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

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

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	C Name of organization FUND FOR SANTA BARBARA, INC.		D Employer identification number 77-0070742
	Doing business as		E Telephone number (805) 962-9164
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	26 WEST ANAPAMU STREET		G Gross receipts \$ 2,078,585.
	City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DR. MARCOS VARGAS 26 W. ANAPAMU STREET, SANTA BARBARA, CA 931		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I 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		If "No," attach a list. (see instructions)	
J Website: WWW.FUNDFORSANTABARBARA.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1980	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE CASH GRANTS AND FREE CONSULTING TO GRASSROOTS ORGANIZATIONS IN SANTA BARBARA COUNTY
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 9
	6 Total number of volunteers (estimate if necessary) 6 150
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 811,618. 1,194,938.
	9 Program service revenue (Part VIII, line 2g) 10,550. 3,895.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 247,631. 102,943.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 103,676. -81,203.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,173,475. 1,220,573.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 546,928. 427,710.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 418,221. 465,891.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 66,041.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 342,328. 409,370.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,307,477. 1,302,971.
19 Revenue less expenses. Subtract line 18 from line 12 -134,002. -82,398.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,605,645. 2,421,707.
	21 Total liabilities (Part X, line 26) 96,572. 130,568.
	22 Net assets or fund balances. Subtract line 21 from line 20 2,509,073. 2,291,139.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DR. MARCOS VARGAS, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHRISLEY N. REED, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00025230
	Firm's name ▶ MCGOWAN GUNTERMANN	Firm's EIN ▶ 95-3680171		Phone no. (805) 962-9175	
Firm's address ▶ 111 E. VICTORIA ST., 2ND FLOOR SANTA BARBARA, CA 93101-2018					

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,081,064. including grants of \$ 427,710.) (Revenue \$ 5,000.) 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, 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 1,081,064.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **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) GEOFF SLAFF PRESIDENT	2.00	X		X				0.	0.	0.
(2) CHERYL HERMANN SECRETARY	2.00	X		X				0.	0.	0.
(3) SHEILA DAVIDSON VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(4) MAHIL SENATHIRAJAH TREASURER	2.00	X		X				0.	0.	0.
(5) SAMUEL DUERTE DIRECTOR	1.00	X						0.	0.	0.
(6) TED RHODES DIRECTOR	1.00	X						0.	0.	0.
(7) ANNA DISTEFANO PRESIDENT ELECT	2.00	X						0.	0.	0.
(8) JO ANN BELL DIRECTOR	1.00	X						0.	0.	0.
(9) IGNACIO ALARCON DIRECTOR	2.00	X						0.	0.	0.
(10) MARGARET LAZARUS DIRECTOR	1.00	X						0.	0.	0.
(11) CRAIG WOOD DIRECTOR	1.00	X						0.	0.	0.
(12) KATE ADAMS DIRECTOR	2.00	X						0.	0.	0.
(13) VIJAYA JAMMALAMADAKA DIRECTOR	1.00	X						0.	0.	0.
(14) ALICE O'CONNOR DIRECTOR	1.00	X						0.	0.	0.
(15) GEOFF GREEN EXECUTIVE DIRECTOR (RESIGNED 02/15)	40.00			X				17,532.	0.	1,166.
(16) NANCY WEISS INTERIM EXECUTIVE DIRECTOR	40.00			X				76,941.	0.	2,308.
(17) DR. MAROCS VARGAS EXECUTIVE DIRECTOR	40.00			X				60,938.	0.	1,828.

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			
1b Sub-total							155,411.	0.	5,302.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							155,411.	0.	5,302.	

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 278,943.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 915,995.				
	g Noncash contributions included in lines 1a-1f: \$	122,769.				
	h Total. Add lines 1a-1f	▶ 1,194,938.				
Program Service Revenue	2 a PROGRAM MANAGEMENT FEE	Business Code 561000	3,895.	3,895.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 3,895.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 52,394.			52,394.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	765,128.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	714,579.			
		c Gain or (loss)	50,549.			
	d Net gain or (loss)	▶ 50,549.			50,549.	
	8 a Gross income from fundraising events (not including \$ 278,943. of contributions reported on line 1c). See Part IV, line 18	a 61,125.				
		b Less: direct expenses	143,433.			
c Net income or (loss) from fundraising events		▶ -82,308.			-82,308.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a RESCINDED GRANTS	900099	1,105.	1,105.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 1,105.				
12 Total revenue. See instructions.	▶ 1,220,573.	5,000.	0.	20,635.		

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	427,710.	427,710.		
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	160,713.	96,427.	32,143.	32,143.
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	233,739.	204,321.	10,718.	18,700.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,618.	4,770.	1,513.	335.
9 Other employee benefits	30,658.	22,095.	7,009.	1,554.
10 Payroll taxes	34,163.	21,350.	8,345.	4,468.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,180.		10,180.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,660.		15,660.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	72,963.	65,864.	7,099.	
12 Advertising and promotion	35,345.	12,043.	14,461.	8,841.
13 Office expenses	18,020.	12,824.	5,196.	
14 Information technology	9,365.	9,365.		
15 Royalties				
16 Occupancy	76,437.	43,223.	33,214.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,528.	4,746.	5,782.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,995.		1,995.	
23 Insurance	7,085.	4,534.	2,551.	
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 NONPROFIT RESOURCE NETW	66,446.	66,446.		
b DIRECT PROGRAM EXPENSE	63,280.	63,280.		
c YOUTH MAKING CHANGE	18,437.	18,437.		
d DUES AND SUBSCRIPTIONS	3,629.	3,629.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,302,971.	1,081,064.	155,866.	66,041.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	100.	1	
	2 Savings and temporary cash investments	61,076.	2	472,693.
	3 Pledges and grants receivable, net	58,982.	3	26,851.
	4 Accounts receivable, net	5,177.	4	87.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,327.		
	b Less: accumulated depreciation	10b 26,173.	5,279.	10c 6,154.
	11 Investments - publicly traded securities	2,144,496.	11	1,750,048.
	12 Investments - other securities. See Part IV, line 11	153,426.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	177,109.	15	165,874.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,605,645.	16	2,421,707.	
Liabilities	17 Accounts payable and accrued expenses	14,410.	17	50,067.
	18 Grants payable	75,000.	18	75,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,162.	25	5,501.
	26 Total liabilities. Add lines 17 through 25	96,572.	26	130,568.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	184,241.	27	342,791.
	28 Temporarily restricted net assets	974,594.	28	598,110.
	29 Permanently restricted net assets	1,350,238.	29	1,350,238.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,509,073.	33	2,291,139.	
34 Total liabilities and net assets/fund balances	2,605,645.	34	2,421,707.	

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	1,220,573.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,302,971.
3	Revenue less expenses. Subtract line 2 from line 1	3	-82,398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,509,073.
5	Net unrealized gains (losses) on investments	5	-125,962.
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	-9,574.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,291,139.

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 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 checked="" 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		

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization FUND FOR SANTA BARBARA, INC.	Employer identification number 77-0070742
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	487,168.	525,070.	581,577.	732,423.	921,950.	3248188.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	487,168.	525,070.	581,577.	732,423.	921,950.	3248188.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						677,453.
6 Public support. Subtract line 5 from line 4.						2570735.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	487,168.	525,070.	581,577.	732,423.	921,950.	3248188.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,157.	121,275.	99,132.	247,631.	102,943.	677,138.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3925326.
12 Gross receipts from related activities, etc. (see instructions)					12	1,197,395.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	65.49 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	66.24 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.)

COPY

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

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.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 FUND FOR SANTA BARBARA, INC.	Employer identification number 77-0070742
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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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-.

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	10,933.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	21,956.													
c	Total lobbying expenditures (add lines 1a and 1b)	32,889.													
d	Other exempt purpose expenditures	1,272,142.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,305,031.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	205,503.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	51,376.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	183,197.	197,505.	207,635.	205,503.	793,840.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,190,760.
c Total lobbying expenditures	66,358.	42,577.	43,874.	32,889.	185,698.
d Grassroots nontaxable amount	45,799.	49,376.	51,909.	51,376.	198,460.
e Grassroots ceiling amount (150% of line 2d, column (e))					297,690.
f Grassroots lobbying expenditures	31,675.	22,087.	21,291.	10,933.	85,986.

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

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

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

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

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

Part IV Supplemental Information

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.

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

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)	166,528.	
4 Aggregate value at end of year	108,366.	
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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 8/17/06, 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?

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)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	2,050,839.	1,996,518.	1,877,572.	1,806,170.	1,857,520.
b Contributions					
c Net investment earnings, gains, and losses	-5,664.	143,506.	401,821.	157,139.	35,950.
d Grants or scholarships					
e Other expenditures for facilities and programs	296,970.	89,185.	282,875.	85,737.	87,300.
f Administrative expenses					
g End of year balance	1,748,205.	2,050,839.	1,996,518.	1,877,572.	1,806,170.

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 77.00 %
- c Temporarily restricted endowment 23.00 %

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		32,327.	26,173.	6,154.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,154.

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)		
Total. (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)		
Total. (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	1,123.
(2) CHARITABLE REMAINDER TRUST INVESTMENT ASSETS	164,751.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	165,874.

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	5,501.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,501.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,070,332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-125,962.	
b	Donated services and use of facilities	2b	2,060.	
c	Recoveries of prior year grants	2c	-1,105.	
d	Other (Describe in Part XIII.)	2d	-9,574.	
e	Add lines 2a through 2d	2e	-134,581.	
3	Subtract line 2e from line 1	3	1,204,913.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	15,660.	
c	Add lines 4a and 4b	4c	15,660.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,220,573.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,288,266.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,060.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	2,060.	
3	Subtract line 2e from line 1	3	1,286,206.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	16,765.	
c	Add lines 4a and 4b	4c	16,765.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,302,971.	

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 \$1,350,238 ARE PERMANENTLY RESTRICTED BY DONORS.

EARNINGS ARE APPROPRIATED FOR EXPENDITURE AT A RATE OF 5% OF THE AVERAGE MARKET VALUE AT JUNE 30TH OF THE 3 PRIOR YEARS. APROPRIATED EARNINGS ARE UNRESTRICTED AND USED TO SUPPORT GENERAL PROGRAM OPERATIONS AND GRANTMAKING. AS OF DECEMBER 31, 2015, UNAPROPRIATED ACCUMULATED EARNINGS ON PERMANENTLY RESTRICTED ENDOWMENT ASSETS TOTALED \$397,967.

PART X, LINE 2:

THE FUND IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, WHICH IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION NUMBER 501(C)(3) AND STATE OF CALIFORNIA REVENUE AND TAXATION CODE SECTION

Part XIII Supplemental Information (continued)

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, 2015, 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 2012 AND 2011, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN VALUE OF CHARITABLE TRUST -9,574.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES 15,660.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES 15,660.

RECOVERIES OF PRIOR YEAR GRANTS 1,105.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 16,765.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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)	5 (total number)	
Revenue	1 Gross receipts	313,921.	3,088.	23,059.	340,068.
	2 Less: Contributions	252,796.	3,088.	23,059.	278,943.
	3 Gross income (line 1 minus line 2)	61,125.			61,125.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,040.			6,040.
	7 Food and beverages	36,050.			36,050.
	8 Entertainment				
	9 Other direct expenses	101,343.			101,343.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				143,433.
11 Net income summary. Subtract line 10 from line 3, column (d)				-82,308.	

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				
Direct Expenses	2 Cash prizes				
	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: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16** Gaming manager information:
- Name ▶ _____
- Gaming manager compensation ▶ \$ _____
- Description of services provided ▶ _____
- _____
- _____
- Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV Supplemental Information (continued)

COPY

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100,000 POETS FOR CHANGE SANTA MARIA - 322 SOUTH RANCH STREET - SANTA MARIA, CA 93454	45-4373569	501C3	950.	0.			100,000 POETS FOR CHANGE SANTA MARIA
350.ORG SANTA BARBARA 586 PALM AVE, APT B CARPINTERIA, CA 93013	46-3458067	501C3	1,000.	0.			MARCH FOR REAL CLIMATE LEADERSHIP
ADSUM EDUCATION FOUNDATION PO BOX 90710 SANTA BARBARA, CA 93190	27-1749421	501C3	25,000.	0.			GENERAL SUPPORT
ADSUM EDUCATION FOUNDATION PO BOX 90710 SANTA BARBARA, CA 93190	27-1749421	501C3	25,000.	0.			GENERAL SUPPORT
ALLAN HANCOCK COLLEGE, DREAM CLUB 800 S. COLLEGE DR. SANTA MARIA, CA 93454	52-1692042	EDUCATIONAL INSTITUT	2,460.	0.			YOUTH OPPORTUNITY MOVEMENT
ALLAN HANCOCK COLLEGE, GAY STRAIGHT ALLIANCE - 3773 CORTA BELLA WAY - ORCUTT, CA 93455	52-1692042	EDUCATIONAL INSTITUT	1,150.	0.			SAFE SPACES/"QUEER EDUCATION CAMPAIGN"

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **50.**
- 3** Enter total number of other organizations listed in the line 1 table **21.**

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

Schedule I (Form 990) (2015)

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
AMERICAN SIGN LANGUAGE CLUB SBCC 721 CLIFF DR. SANTA BARBARA, CA 93101	95-3234551	EDUCATIONAL INST	6,500.	0.			DEAF COMMUNITY EMPOWERMENT PROGRAM
ASSOCIATION OF MEXICAN AMERICAN EDUCATORS - 210 W. MAIN ST. SUITE #10 - SANTA MARIA, CA 93458	95-2939170	501C3	9,000.	0.			PLAZA COMUNITARIA EDUCATIONAL CENTER UNITED NATIONS (ECUN)
CAUSE 2021 SPERRY AVENUE, #9 VENTURA, CA 93003	77-0578864	501C3	7,500.	0.			GENERAL SUPPORT
CAUSE 2021 SPERRY AVE, #9 VENTURA, CA 93003	77-0551324	501C3	10,000.	0.			SANTA BARBARA MINIMUM WAGE POLICY RESEARCH AND REPORTS
CAUSE 2021 SPERRY AVENUE, #9 VENTURA, CA 93003	77-0578864	501C3	10,000.	0.			INTERPRETERS OF INDIGENOUS LANGUAGES
CAUSE ACTION FUND 2021SPERRY AVE. STE. 9 VENTURA, CA 93003	77-0551324	501C4	10,000.	0.			CAUSE ACTION FUND
CENTRAL COAST FUTURE LEADERS (CCFL) - 110 SOUTH LINCOLN, SUITE 103 - SANTA MARIA, CA 93458	45-5369418	501C3	5,000.	0.			YOUTH AND FAMILY LEADERSHIP
CENTRAL COAST FUTURE LEADERS (CCFL) - 110 SOUTH LINCOLN, SUITE 103 - SANTA MARIA, CA 93458	45-5369418	501C3	5,000.	0.			YOUTH AND FAMILY LEADERSHIP
CENTRO BINACIONAL - JOVENES ACTIVOS DE UU SAVI - 108 S. PINE ST. - SANTA MARIA, CA 93458	77-0337939	501C3	2,700.	0.			STOP THE DISCRIMINATION AGAINST THE INDIGENOUS

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
CITY AT PEACE - SANTA BARBARA 924 ANACAPA STREET, SUITE 2A SANTA BARBARA, CA 93101	26-2632139	501C3	8,500.	0.			SB RESTORATIVE JUSTICE PROJECT
CITY OF LOMPOC - LOMPOC YOUTH COMMISSION - 125 WEST WALNUT AVENUE - LOMPOC, CA 93436	95-6000734	GOVERNMENTAL INS	2,000.	0.			TOTAL (TEACHING OUR TEENS AS LEADERS) CONFERENCE 2015
COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER - 1133 NORTH H STREET, SUITE F - LOMPOC, CA 93436	77-0527812	501C3	3,000.	0.			RECOVERY DAY IN THE PARK
CONFLICT SOLUTIONS CENTER 120 E. JONES STREET, SUITE 133 SANTA MARIA, CA 93454	77-0464146	501C3	10,000.	0.			RESTORATIVE JUSTICE PARTNERSHIP INITIATIVE
CUYAMA VALLEY FAMILY RESOURCE CENTER - P.O. BOX 5, 4689 - NEW CUYAMA, CA 93254	45-1221069	501C3	10,000.	0.			CUYAMA PLANNING FOR THE FUTURE
DOS PUEBLOS HIGH, SOCIAL EQUALITY CLUB - 7266 ALAMEDA AVE - GOLETA, CA 93117	30-0390985	EDUCATIONAL INST	1,890.	0.			S.A.S.S.Y (STUDENT ACTIVISTS SERVING AND SUPPORTING YOUTH)
E-ESHORA & COAST VALLEY SATC 1324 MARIGOLD WAY LOMPOC, CA 93436	47-1686678	501C3	6,000.	0.			LOMPOC COMMUNITY MEETING
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN STREET SANTA BARBARA, CA 93101	77-0061994	501C3	3,000.	0.			RESPONSE TO PLAINS ALL AMERICAN GAVIOTA OIL SPILL
ENVIRONMENTAL DEFENSE CENTER (EDC) 906 GARDEN STREET SANTA BARBARA, CA 93101	77-0061994	501C3	6,300.	0.			PROTECTING SANTA BARBARA COUNTY COMMUNITIES FROM RISKY OIL TRAINS

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
ERNEST RIGHETTI HS, GAY STRAIGHT ALLIANCE - 974 FOXENWOOD DR. - SANTA MARIA, CA 93455	95-6000940	EDUCATIONAL INST	1,440.	0.			PRIDE THREADS
ERNEST RIGHETTI HS, LATINOS UNIDOS CLUB - 941 EAST FOSTER ROAD - SANTA MARIA, CA 93454	95-6000940	EDUCATIONAL INST	2,000.	0.			"WE ARE MULTICULTURAL" CONFERENCE
FOUNDATION FOR SBCC 721 CLIFF DRIVE SANTA BARBARA, CA 93109	95-3234550	EDUCATIONAL INST	5,000.	0.			TRANSITIONS PROGRAM
GLOBAL CHANGE PROJECT P.O. BOX 30063 SANTA BARBARA, CA 93101	47-4206728	501C3	2,000.	0.			MAP YOUR VOICE
GOOD SAMARITAN SHELTER PO BOX 59008 SANTA MARIA, CA 93456	77-0133375	501C3	1,250.	0.			THE REAL PROJECT
GUADALUPE COMMUNITY CHANGERS (FISCAL: GUSD) - 4681 ELEVENTH ST. - GUADALUPE, CA 93434	95-6000940	501C3	1,650.	0.			JUST COMMUNITIES INTERPRETING SOCIAL JUSTICE WORKSHOP
GUADALUPE UNION SCHOOL DISTRICT 4681 ELEVENTH STREET GUADALUPE, CA 93434	95-6000940	EDUCATIONAL INST	10,000.	0.			4TH ANNUAL GUADALUPE READING FESTIVAL / COMMUNITY CHANGER LEADERSHIP PROJECT
IMMIGRANT HOPE SANTA BARBARA 935 SAN ANDRES ST SANTA BARBARA, CA 93101	46-3416009	501C3	2,825.	0.			DRIVERS LICENSE STUDY COURSE
IMMIGRANT HOPE SANTA BARBARA 935 SAN ANDRES ST SANTA BARBARA, CA 93101	46-3416009	501C3	2,500.	0.			EL PUENTE WORKSHOP

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
IMPORTA 129 EAST CARRILLO STREET SANTA BARBARA, CA 93101	45-2620272	501C3	20,000.	0.			GENERAL SUPPORT
INDEPENDENT LIVING RESOURCE CENTER 423 W. VICTORIA ST SANTA BARBARA, CA 93101	95-3255012	501C3	1,305.	0.			YOUTH LEADERSHIP SUMMIT
JIMENEZ ELEMENTARY SCHOOL 322 S. RANCH STREET SANTA MARIA, CA 93454	47-3968805	EDUCATIONAL INST	3,300.	0.			FIGHTING LANGUAGE LOSS, ENCOURAGING MULTI-LINGUALISM FOR ALL
JUST COMMUNITIES 1528 CHAPALA STREET SANTA BARBARA, CA 93101	27-1540620	501C3	3,000.	0.			COUNTYWIDE LANGUAGE JUSTICE NETWORK
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET SANTA BARBARA, CA 93101	27-1540620	501C3	8,100.	0.			LANGUAGE JUSTICE INITIATIVE
LEGAL AID FOUNDATION 301 EAST CANON PERDIDO STREET SANTA BARBARA, CA 93101	95-2112634	501C3	20,000.	0.			U-VISA PROJECT / FAMILY VIOLENCE PREVENTION - NORTH COUNTY
LEGAL AID FOUNDATION OF SANTA BARBARA COUNTY - 301 EAST CANON PERDIDO STREET - SANTA BARBARA, CA 93101	95-2112634	501C3	10,000.	0.			COMMON GROUND SANTA BARBARA COUNTY HOMELESS ADVOCACY PROJECT (CGSBC-HAP)
LOMPOC COOPERATIVE DEVELOPMENT CORPORATION - 613 NORTH SEVENTH STREET - LOMPOC, CA 93436	47-1021798	501C3	6,000.	0.			SEEDING A COUNTY COOPERATIVE ECOSYSTEM
MARTIN LUTHER KING, JR. COMMITTEE 4455 VIA BENDITA SANTA BARBARA, CA 93110	45-3942790	501C3	3,000.	0.			JUSTICE FOR ALL

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
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS, INC. - 2101 S. ROSE AVENUE, SUITE A - OXNARD, CA 93033	95-4611282	501C3	8,800.	0.			FARMWORKER WOMEN LEADERS ADVOCATING FOR HEALTH AND SAFETY IN THEIR WORKPLACE
PACIFIC PRIDE FOUNDATION 126 E. HALEY STREET, SUITE A-11 SANTA BARBARA, CA 93101	95-3133613	501C3	7,500.	0.			LGBT YOUTH ADVOCATE LEADERSHIP PROGRAM (YALP)
PACIFIC PRIDE FOUNDATION 316 WEST MICHELTORENA STREET, APT. SANTA BARBARA, CA 93101	95-3133613	501C3	7,200.	0.			SANTA BARBARA TRANSGENDER ADVOCACY NETWORK
PACIFIC PRIDE FOUNDATION 316 W. MICHELTORENA ST, APT C SANTA BARBARA, CA 93101	95-3133613	501C3	5,000.	0.			SANTA BARBARA TRANSGENDER ADVOCACY NETWORK
PALABRA 409 EL SUENO RD SANTA BARBARA, CA 93110	27-2766997	501C3	10,000.	0.			CAPACITY BUIDLING
PEERBUDDIES 3463 STATE ST. #275 SANTA BARBARA, CA 93105	45-3029148	UNINCORPORATED	2,500.	0.			PEERBUDDY VOLUNTEERS
PERMACTION, YOUTH DROUGHT PROJECT P.O. BOX 41641 SANTA BARBARA, CA 93140	20-5700202	EDUCATIONAL INST	1,250.	0.			LOW-INCOME HOUSING SUSTAINABLE ASSISTANCE
PFLAG SANTA BARBARA 974 COCOPAH DR. SANTA BARBARA, CA 93110	77-0347329	501C3	4,600.	0.			PFLAG COMMUNITY INTERFAITH PRIDE CELEBRATION 2015
QUAIL SPRINGS PERMACULTURE 35070 HWY 33 MARICOPA, CA 93252	38-3692928	501C3	4,670.	0.			INSPIRING LEADERSHIP FOR CUYAMA VALLEY'S REGENERATION

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
SAN LUIS OBISPO MOTHERS FOR PEACE 475 SQUIRE CANYON ROAD SAN LUIS OBISPO, CA 93401	95-3081240	501C3	5,000.	0.			STOP LICENSE RENEWAL OF DIABLO CANYON NUCLEAR PLANT
SAN MARCOS KIDS HELPING KIDS FOUNDATION - 4750 HOLLISTER AVE. - SANTA BARBARA, CA 93110	27-3601337	EDUCATIONAL INST	2,010.	0.			AP EXAM SCHOLARSHIPS
SANTA BARBARA BEEKEEPERS ASSOCIATION - 1187 COAST VILLAGE ROAD SUITE 1, #620 - SANTA BARBARA, CA 93108	45-3100812	501C3	5,000.	0.			SBBA CAPACITY BUILDING
SANTA BARBARA CHANNELKEEPER 714 BOND AVE SANTA BARBARA, CA 93103	91-2151460	501C3	2,000.	0.			OIL SPILL WATCH PROGRAM
SANTA BARBARA COUNTY ACTION NETWORK (FISCAL SPONSOR) - P.O. BOX 23453 - SANTA BARBARA, CA 93101	73-1676916	501C3	7,900.	0.			THE MOBILE HOME OWNERS PROJECT
SANTA BARBARA COUNTY ACTION NETWORK (SBCAN) - P.O. BOX 23453 - SANTA BARBARA, CA 93101	73-1676916	501C3	7,500.	0.			GENERAL OPERATING SUPPORT
SANTA BARBARA HIGH SCHOOL, GREEN ACADEMY - 614 COWLES ROAD - SANTA BARBARA, CA 93108	30-0609850	EDUCATIONAL INST	1,900.	0.			CREATING A SUSTAINABLE FUTURE THROUGH AQUAPONICS
SANTA BARBARA POLICE ACTIVITIES LEAGUE - P.O. BOX 91121 - SANTA BARBARA, CA 93190	77-0523426	GOVERNMENTAL INS	2,500.	0.			5TH ANNUAL BIG & LITTLE PAL SPRING BREAK MENTORING CAMP
SANTA BARBARA RAPE CRISIS CENTER 433 E. CANON PERDIDO ST. SANTA BARBARA, CA 93101	95-2929455	501C3	10,000.	0.			SEXUAL ASSAULT EDUCATION IN ISLA VISTA (SAE IV)

Schedule I (Form 990)

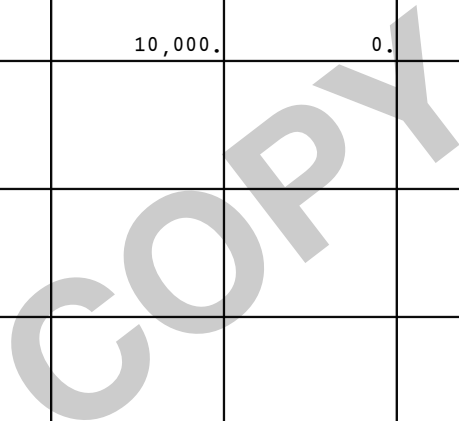
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 MARIA / LOMPOC NAACP P.O. BOX 1092 SANTA MARIA, CA 93454	77-0423554	501C4	8,460.	0.			GENERAL SUPPORT
SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT- SMHS AVID CLASS OF 2018 - 910 NARTATEZ CT. - SANTA MARIA, CA 93458	52-1703494	EDUCATIONAL INST	2,000.	0.			COLLEGE FOR ALL
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES - P.O. BOX 4569 - ARCATA, CA 95518	68-0027247	501C3	1,250.	0.			"SERRA AINT NO SAINT"
SPANISH SPEAKERS ACCESS NETWORK (SPAN) - 1237 PRIMROSE COURT - LOMPOC, CA 93436	37-1779271	501C3	2,000.	0.			AB 60 DRIVER'S LICENSE CLASSES IN LOMPOC
SPANISH-SPEAKERS ACCESS NETWORK 104 SOUTH H STREET LOMPOC, CA 93436	37-1779271	UNINCORPORATED	6,500.	0.			SPANISH LANGUAGE DRIVER'S EDUCATION CLASSES
SPECTRUM MINISTRIES SANTA BARBARA 449 OLD COAST HIGHWAY, APT 4B SANTA BARBARA, CA 93103	47-4732672	501C3	5,400.	0.			GENERAL SUPPORT
THE SAN MARCOS HIGH SCHOOL ROYAL PRIDE FOUNDATION - 1535 KOWALSKI AVE. - SANTA BARBARA, CA 93101	46-1787939	EDUCATIONAL INST	2,950.	0.			FACILITATING GROWTH IN FOSTERED YOUTH
UCSB BLACK STUDIES DEPARTMENT 6754 ABREGO ROAD, APT. 11 GOLETA, CA 93117	95-6006145	501C3	6,000.	0.			FLORES DE MUCHO COLORES
VISION Y COMPROMISO 2536 EDWARDS AVE. EL CERRITO, CA 94530	32-0071651	GOVERNMENTAL INS	2,500.	0.			PROMOTORES DE SALUD CONFERENCE ATTENDANCE

Schedule I (Form 990)

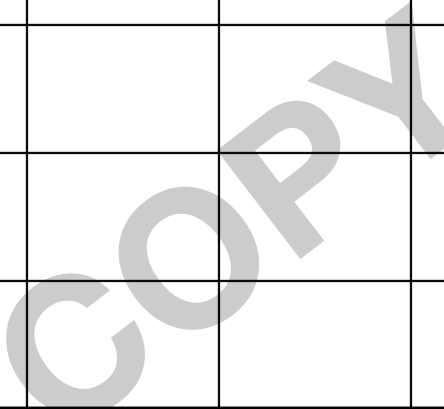
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WILLIAM JAMES ASSOCIATION P.O. BOX 7196 SANTA MARIA, CA 93456	23-73-20163	501C3	10,000.	0.			POETIC JUSTICE PROJECT
WILLIAM SANSUM DIABETES CENTER 2219 BATH STREET SANTA BARBARA, CA 93105	95-1684086	501C3	10,000.	0.			SEMILLAS DEL CAMBIO (CARPINTERIA & LOMPOC)



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 non-cash 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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	8	9,700.	EST. FAIR MARKET VAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		150.	EST. FAIR MARKET VAL
5 Clothing and household goods	X		9,044.	EST. FAIR MARKET VAL
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	14,959.	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	45	42,058.	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	94	36,858.	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 0

	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 is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report 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) (2015)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

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

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

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

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

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY A REVIEW COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE CONSIDERS MULTIPLE FACTORS INCLUDING THE EXECUTIVE DIRECTOR'S PERFORMANCE, FUNDRAISING GOALS, SALARIES AT COMPARABLE ORGANIZATIONS, COMPENSATION 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.

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	-9,574.
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FORM 990, PAGE 11, PART XI, QUESTION 2C

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

FORM 990, PAGE 1, PART I, QUESTION 6

VOLUNTEER DUTIES INCLUDE:

1. ASSISTANCE WITH FUNDRAISING EVENT (BREAD & ROSES) - FOOD SERVICE, AUCTION ITEM SOLICITATION, GUEST COMFORT, REGISTRATION, CHECK-IN, CHECK-OUT, AUCTION ORGANIZATION, SET UP AND CLEAN UP (130)
2. SERVICE ON THE GRANT-MAKING COMMITTEE - ASSESSING THE GRANT

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

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 (10)

FORM 990, PAGE 12, PART XI, LINE 9

(\$9,574) 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.

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

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

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H 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>I 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>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O 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>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
---	---

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	883,647.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,194,938.00
	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 Instruction B	4	2,078,585.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	714,579.00
	7 Total costs. Add line 5 and line 6	7	714,579.00
	8 Total gross income. Subtract line 7 from line 4	8	1,364,006.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	1,446,404.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-82,398.00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Instruction K	12	00
	13 Payment 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 Instruction F	15	N/A 00
	16 Penalties and Interest. See General Instruction J	16	00
	17 Balance due. 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.

Sign Here	Signature of officer	Title EXECUTIVE DIRE	Date	Telephone 805-962-9164
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00025230
	Firm's name (or yours, if self-employed) and address MCGOWAN GUNTERMANN 111 E. VICTORIA ST., 2ND FLOOR SANTA BARBARA, CA 93101-2018			FEIN 95-3680171
				Telephone (805) 962-9175

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.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	61,125.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	52,394.00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	765,128.00	
	7	Other income SEE STATEMENT 3	•	7	5,000.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	883,647.00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	•	9	427,710.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	160,713.00	
	12	Other salaries and wages	•	12	233,739.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	34,163.00
		15	Rents	•	15	76,437.00
		16	Depreciation and depletion (See instructions)	•	16	1,995.00
		17	Other Expenses and Disbursements SEE STATEMENT 6	•	17	511,647.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,446,404.00

	Balance Sheets		End of taxable year	
	Beginning of taxable year			
Assets	(a)	(b)	(c)	(d)
1 Cash		61,176.		472,693.
2 Net accounts receivable		5,177.		87.
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 STMT 7		2,297,922.		1,750,048.
10 a Depreciable assets	29,457.		32,327.	
b Less accumulated depreciation	(24,178.)	5,279.	(26,173.)	6,154.
11 Land				
12 Other assets STMT 8		236,091.		192,725.
13 Total assets		2,605,645.		2,421,707.
Liabilities and net worth				
14 Accounts payable		14,410.		50,067.
15 Contributions, gifts, or grants payable		75,000.		75,000.
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 9		7,162.		5,501.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,509,073.		2,291,139.
22 Total liabilities and net worth		2,605,645.		2,421,707.

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	•	-82,398.	7	Income recorded on books this year not included in this return.	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year	•		10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return	•			Subtract line 9 from line 6		-82,398.
6	Total. Add line 1 through line 5		-82,398.				

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SALE OF SECURITIES - DETAIL AVAILABLE UPON REQUEST	01/01/15	12/31/15	PURCHASED	714,579.	0.	0.	765,128.
TOTAL TO FORM 199, PAGE 2, LN 6				714,579.	0.	0.	765,128.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
RESCINDED GRANTS	1,105.
PROGRAM MANAGEMENT FEES	3,895.
TOTAL TO FORM 199, PART II, LINE 7	5,000.

FORM 199 NONCASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 4
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: GRANTS TO 76 ORGANIZATIONS FOR 2014

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VARIOUS	26 W. ANAPAMU STREET - SANTA BARBARA, CA 93101	NONE	427,710.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
12/31/15	0.		CASH GRANTS
TOTAL FOR THIS ACTIVITY			427,710.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			427,710.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
GEOFF SLAFF 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	PRESIDENT 2.00	0.
CHERYL HERMANN 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	SECRETARY 2.00	0.
SHEILA DAVIDSON 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	VICE-PRESIDENT 2.00	0.
MAHIL SENATHIRAJAH 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	TREASURER 2.00	0.
SAMUEL DUERTE 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.

TED RHODES 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
ANNA DISTEFANO 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	PRESIDENT ELECT 2.00	0.
JO ANN BELL 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
IGNACIO ALARCON 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 2.00	0.
MARGARET LAZARUS 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
CRAIG WOOD 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
KATE ADAMS 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 2.00	0.
VIJAYA JAMMALAMADAKA 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
ALICE O'CONNOR 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
GEOFF GREEN 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR (RESIGN 40.00	18,698.
NANCY WEISS 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	INTERIM EXECUTIVE DIRECTOR 40.00	78,769.
DR. MAROCS VARGAS 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR 40.00	63,246.
TOTAL TO FORM 199, PART II, LINE 11		<u>160,713.</u>

FORM 199	OTHER EXPENSES	STATEMENT	6
DESCRIPTION		AMOUNT	
NONPROFIT RESOURCE NETW		66,446.	
DIRECT PROGRAM EXPENSE		63,280.	
YOUTH MAKING CHANGE		18,437.	
DUES AND SUBSCRIPTIONS		3,629.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		143,433.	
PENSION PLAN CONTRIBUTIONS		6,618.	
OTHER EMPLOYEE BENEFITS		30,658.	
ACCOUNTING FEES		10,180.	
INVESTMENT MANAGEMENT FEES		15,660.	
OTHER PROFESSIONAL FEES		72,963.	
ADVERTISING AND PROMOTION		35,345.	
OFFICE EXPENSES		18,020.	
INFORMATION TECHNOLOGY		9,365.	
CONFERENCES AND CONVENTIONS		10,528.	
INSURANCE		7,085.	
TOTAL TO FORM 199, PART II, LINE 17		511,647.	

FORM 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
MORGAN STANLEY & CO MATURITY 10/22/2020	153,426.	0.	
PUBLICLY TRADED SECURITIES	2,144,496.	1,750,048.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,297,922.	1,750,048.	

FORM 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	58,982.	26,851.	
DEPOSITS	1,123.	1,123.	
CHARITABLE REMAINDER TRUST INVESTMENT ASSETS	175,986.	164,751.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	236,091.	192,725.	

FORM 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CHARITABLE REMAINDER TRUST LIABILITY		7,162.	5,501.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		7,162.	5,501.

FORM 199	FUND BALANCES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		184,241.	342,791.
TEMPORARILY RESTRICTED ASSETS		974,594.	598,110.
PERMANENTLY RESTRICTED ASSETS		1,350,238.	1,350,238.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		2,509,073.	2,291,139.

COPY

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 election details and 13 rows for property details (a-c), including lines 1-13.

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

Table with 8 columns (a-h) for depreciation details, including lines 14-15 and summary row 15.

Part III Summary

Summary table with 2 rows (16-18) for total expense, depreciation claimed, and adjustment.

Part IV Amortization

Table with 7 columns (a-g) for amortization details, including lines 19-22.

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.	756.	SL	5.00	69.	
25	DELL VOSTRO COMPUTER FOR SB OFFICE						
	03/11/11	529.	406.	SL	5.00	106.	
26	POLYCOM CONFERENCE PHONE FOR SB OFFICE						
	05/23/11	568.	408.	SL	5.00	114.	
27	DELL VPSZ LAPTOP						
	05/04/12	1,139.	608.	SL	5.00	228.	
28	DELL VOSTRO 260ST DESKTOP						
	08/24/12	763.	357.	SL	5.00	153.	
29	TRANSLATION EQUIPMENT						
	01/04/13	3,500.	1,400.	SL	5.00	700.	
30	POWEREDGE T110 II SERVER						
	04/02/13	1,789.	626.	SL	5.00	358.	
31	LENOVO YOGA 211 LAPTOP						
	04/02/13	613.	215.	SL	5.00	123.	

32 COMPUTER - BEST BUY					
09/30/15	1,199.	SL	5.00	60.	
33 COMPUTER - DELL					
09/30/15	1,671.	SL	5.00	84.	
TOTAL DEPR TO FORM 3885	<u>32,327.</u>	<u>24,178.</u>		<u>1,995.</u>	

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2015 Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2015 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 2015 taxable year, filed a federal election Form 5768? 4a [] Yes [X] No

4b Has the organization filed a federal election 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 and Amount. Rows include Exempt Purpose Expenditures, Lobbying Expenditures, and Grass Roots Expenditures.

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

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 58866

FUND FOR SANTA BARBARA, INC.

Name of Organization

26 WEST ANAPAMU STREET

Address (Number and Street)

SANTA BARBARA, CA 93101

City or Town, State and ZIP Code

Check if:

- Change of address
 Amended report

Corporate or Organization No. 1334209

Federal Employer I.D. No. 77-0070742

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2015 ending 12/31/2015) list:
Gross annual revenue \$ 1,220,573. Total assets \$ 2,421,707.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (805) 962-9164

Organization's e-mail address EMAIL@FUNDFORSANTABARBARA.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

DR. MARCOS VARGAS

EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date