

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

**2013**

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](http://www.irs.gov/form990)

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> FUND FOR SANTA BARBARA, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 26 WEST ANAPAMU STREET City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101 <b>F Name and address of principal officer:</b> GEOFF GREEN 26 W. ANAPAMU STREET, SANTA BARBARA, CA 931	<b>D Employer identification number</b> 77-0070742 <b>E Telephone number</b> (805) 962-9164 <b>G Gross receipts \$</b> 1,586,900. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.FUNDFORSANTABARBARA.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1980 <b>M State of legal domicile:</b> CA

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>PROVIDE CASH GRANTS AND FREE CONSULTING TO GRASSROOTS ORGANIZATIONS IN SANTA BARBARA COUNTY</b>		
Activities & Governance	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	6
	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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	729,095.	796,410.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	10,403.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	128,386.	103,837.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-67,567.	-19,047.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	789,914.	891,603.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	508,715.	532,647.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	336,310.	419,491.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 61,624.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	236,944.	272,915.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,081,969.	1,225,053.
	19 Revenue less expenses. Subtract line 18 from line 12	-292,055.	-333,450.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,869,339.	2,790,592.
	22 Net assets or fund balances. Subtract line 21 from line 20	87,294.	99,031.
		2,782,045.	2,691,561.

**Part II Signature Block**

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 \$ 993,985. including grants of \$ 532,647. ) (Revenue \$ 26,090. ) 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 993,985.

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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
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?		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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? If so, complete Schedule L, Part II .....		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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 709.

**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
<b>1a</b>	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.	15	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	15	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</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).		
<b>16a</b>	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>16b</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?		

**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, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**GEOFF GREEN - (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) ANNA DISTEFANO VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(4) MAHIL SENATHIRAJAH TREASURER	2.00	X		X				0.	0.	0.
(5) TANIA ISRAEL DIRECTOR	1.00	X						0.	0.	0.
(6) TED RHODES DIRECTOR	1.00	X						0.	0.	0.
(7) SHEILA DAVIDSON DIRECTOR	1.00	X						0.	0.	0.
(8) JO ANN BELL DIRECTOR	1.00	X						0.	0.	0.
(9) RALPH AMBRUSTER-SANDOVAL DIRECTOR	1.00	X						0.	0.	0.
(10) IGNACIO ALARCON DIRECTOR	1.00	X						0.	0.	0.
(11) MARGARET LAZARUS DIRECTOR	1.00	X						0.	0.	0.
(12) KARA POWIS DIRECTOR	1.00	X						0.	0.	0.
(13) CRAIG WOOD DIRECTOR	1.00	X						0.	0.	0.
(14) KATE ADAMS BOARD/GMC LIAISON	2.00	X						0.	0.	0.
(15) VIJAYA JAMMALAMADAKA BOARD/GMC LIAISON	2.00	X						0.	0.	0.
(16) GEOFF GREEN EXECUTIVE DIRECTOR	40.00			X				103,500.	0.	17,255.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							103,500.	0.	17,255.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							103,500.	0.	17,255.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	214,833.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	581,577.				
	g	Noncash contributions included in lines 1a-1f: \$		108,001.				
	h	<b>Total.</b> Add lines 1a-1f		796,410.				
	Program Service Revenue	2 a	PROGRAM MANAGEMENT FEE	Business Code 561000	10,403.	10,403.		
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		10,403.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		99,132.			99,132.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			4,705.			4,705.
	8 a	Gross income from fundraising events (not including \$ 214,833. of contributions reported on line 1c). See Part IV, line 18	a		92,794.			
		Less: direct expenses	b		127,528.			
		Net income or (loss) from fundraising events			-34,734.			-34,734.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	RESCINDED GRANTS	900099	15,687.	15,687.				
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			15,687.				
12	<b>Total revenue.</b> See instructions.			891,603.	26,090.	0.	69,103.	

**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 governments and organizations in the United States. See Part IV, line 21	532,647.	532,647.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,755.	72,453.	24,151.	24,151.
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	234,190.	153,070.	59,383.	21,737.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,356.	3,814.	1,271.	1,271.
9 Other employee benefits	30,741.	18,816.	10,012.	1,913.
10 Payroll taxes	27,449.	16,647.	7,413.	3,389.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,555.		13,555.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,964.		15,964.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	42,623.	42,623.		
12 Advertising and promotion				
13 Office expenses	27,820.	11,288.	7,369.	9,163.
14 Information technology	14,904.	9,539.	5,365.	
15 Royalties				
16 Occupancy	56,316.	36,042.	20,274.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,624.	7,624.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,438.		2,438.	
23 Insurance	6,248.	3,999.	2,249.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DIRECT PROGRAM EXPENSE</b>	59,270.	59,270.		
b <b>YOUTH MAKING CHANGE</b>	18,447.	18,447.		
c <b>DUES AND SUBSCRIPTIONS</b>	7,706.	7,706.		
d _____				
e All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,225,053.	993,985.	169,444.	61,624.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	100.	<b>1</b>	100.	
	<b>2</b> Savings and temporary cash investments .....	30,063.	<b>2</b>	96,473.	
	<b>3</b> Pledges and grants receivable, net .....	13,375.	<b>3</b>	59,112.	
	<b>4</b> Accounts receivable, net .....	5,353.	<b>4</b>	0.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 29,457.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 22,221.	3,772.	<b>10c</b>	7,236.
	<b>11</b> Investments - publicly traded securities .....	1,952,291.	<b>11</b>	2,054,595.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	714,632.	<b>12</b>	397,914.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	149,753.	<b>15</b>	175,162.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,869,339.	<b>16</b>	2,790,592.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,856.	<b>17</b>	13,089.	
	<b>18</b> Grants payable .....	65,000.	<b>18</b>	77,500.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	8,438.	<b>25</b>	8,442.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	87,294.	<b>26</b>	99,031.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	727,176.	<b>27</b>	456,292.	
	<b>28</b> Temporarily restricted net assets .....	704,631.	<b>28</b>	885,031.	
	<b>29</b> Permanently restricted net assets .....	1,350,238.	<b>29</b>	1,350,238.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	2,782,045.	<b>33</b>	2,691,561.		
<b>34</b> Total liabilities and net assets/fund balances .....	2,869,339.	<b>34</b>	2,790,592.		

**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	891,603.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,225,053.
3	Revenue less expenses. Subtract line 2 from line 1	3	-333,450.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,782,045.
5	Net unrealized gains (losses) on investments	5	217,561.
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	25,405.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,691,561.

**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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
3b	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.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

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

**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.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally integrated	d <input type="checkbox"/> Type III - Non-functionally integrated
-----------------------------------	------------------------------------	---	---
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- |  |                 |     |    |
|--|-----------------|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... |                 | Yes | No |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |     |    |
- h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	658,772.	520,133.	487,168.	525,070.	581,577.	2772720.
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 <b>Total.</b> Add lines 1 through 3 .....	658,772.	520,133.	487,168.	525,070.	581,577.	2772720.
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) .....						696,526.
6 <b>Public support.</b> Subtract line 5 from line 4.						2076194.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	658,772.	520,133.	487,168.	525,070.	581,577.	2772720.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	53,706.	50,888.	106,157.	121,275.	99,132.	431,158.
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 IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						3203878.
12 Gross receipts from related activities, etc. (see instructions) .....					12	872,605.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	64.80 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	60.60 %
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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





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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Open to Public Inspection

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	22,087.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	20,490.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	42,577.													
<b>d</b>	Other exempt purpose expenditures .....	1,182,476.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	1,225,053.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	197,505.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	49,376.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount	150,357.	162,242.	183,197.	197,505.	693,301.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,039,952.
<b>c</b> Total lobbying expenditures	54,331.	69,095.	66,358.	42,577.	232,361.
<b>d</b> Grassroots nontaxable amount	37,589.	40,561.	45,799.	49,376.	173,325.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					259,988.
<b>f</b> Grassroots lobbying expenditures	24,065.	33,383.	31,675.	22,087.	111,210.

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

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

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

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

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

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

**Part IV Supplemental Information**

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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to 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](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	2	
2 Aggregate contributions to (during year) .....	0.	
3 Aggregate grants from (during year) .....	213,008.	
4 Aggregate value at end of year .....	484,856.	
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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the 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?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

Complete if the organization answered "Yes" to 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) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

3 Using the organization's 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,877,572.	1,806,170.	1,857,520.	1,733,218.	1,646,743.
b Contributions				10,489.	
c Net investment earnings, gains, and losses	401,821.	157,139.	35,950.	209,300.	189,632.
d Grants or scholarships					
e Other expenditures for facilities and programs	282,875.	85,737.	87,300.	95,487.	103,157.
f Administrative expenses					
g End of year balance	1,996,518.	1,877,572.	1,806,170.	1,857,520.	1,733,218.

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  67.50 %
- c Temporarily restricted endowment  32.50 %

The percentages in 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" to 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" to 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		29,457.	22,221.	7,236.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,236.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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) MORGAN STANLEY & CO		
(B) MATURITY 10/22/2020	167,370.	END-OF-YEAR MARKET VALUE
(C) BANK OF AMERICA CORP		
(D) MATURITY 11/19/2014	230,544.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>397,914.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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	174,039.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>175,162.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	8,442.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>8,442.</b>

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" to Form 990, Part IV, line 12a.

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

**EXPLANATION: 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. FOR THE YEAR ENDED DECEMBER 31, 2013, THE BOARD APPROVED A ONE-TIME DISTRIBUTION OF \$200,000 FROM THE ACCUMULATED EARNINGS TO ESTABLISH AN OPERATING RESERVE. APROPRIATED EARNINGS ARE UNRESTRICTED AND USED TO SUPPORT GENERAL PROGRAM OPERATIONS AND GRANTMAKING. AS OF DECEMBER 31, 2013, UNAPROPRIATED ACCUMULATED EARNINGS ON PERMANENTLY RESTRICTED ENDOWMENT ASSETS TOTALED \$646,280.**

**PART X, LINE 2:**

**Part XIII** Supplemental Information (continued)

EXPLANATION: 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 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, 2013, 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 2010 AND 2009, RESPECTIVELY.





**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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
		BREAD AND ROSES ANNUAL		2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	301,262.		6,365.	307,627.
	<b>2</b> Less: Contributions .....	214,833.			214,833.
	<b>3</b> Gross income (line 1 minus line 2) .....	86,429.		6,365.	92,794.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	37,038.			37,038.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	85,944.		4,546.	90,490.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				127,528.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-34,734.

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

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

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

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

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

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 complete this part to provide any additional information (see instructions).

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**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" to 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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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
CHILDREN'S CREATIVE PROJECT 3870 LA COLINA ROAD, SUITE 9 SANTA BARBARA, CA 93110	23-7439807	501C3	1,500.	0.			MICHAEL KATZ STORYTELLER RESIDENCY PROGRAM
COMMITTEE FOR SOCIAL JUSTICE 750 MISSION OAKS LANE SANTA BARBARA, CA 93105		UNINCORPORATED	2,000.	0.			THE JAIL RIDE PROGRAM
SANTA BARBARA PERMACULTURE NETWORK P.O. BOX 92156 SANTA BARBARA, CA 93190	77-0560451	501C3	2,500.	0.			SANTA BARBARA FOOD POLICY COUNCIL
SARAH HOUSE P.O. BOX 20031 SANTA BARBARA, CA 93120	77-0224415	501C3	2,000.	0.			GENERAL SUPPORT
SBCAN P.O. BOX 23453 SANTA BARBARA, CA 93121	91-2171262	501C3	5,000.	0.			GENERAL SUPPORT
TRUE NATURE SOCIETY 35070 HIGHWAY 33 MARICOPA, CA 93252	38-3692928	501C3	2,000.	0.			QUAIL SPRINGS GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 62.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 6.

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

Schedule I (Form 990) (2013)

**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 2303 BELLA VISTA SANTA BARBARA, CA 93108	45-2620272	501C3	30,000.	0.			GENERAL SUPPORT
PRIMO BOXING 701 EAST HALEY STREET SANTA BARBARA, CA 93103	77-0394549	501C3	27,500.	0.			GENERAL SUPPORT
FUTURE LEADERS OF AMERICA 1528 CHAPALA ST, #308 SANTA BARBARA, CA 93101	77-0071036	501C3	4,000.	0.			STRATEGIC PLANNING EFFORT
ACQUISITION OF RADIO STATION IN SANTA MARIAKCLU - 60 W. OLSEN RD #4400 - THOUSAND OAKS, CA 91360	95-2962604	501C3	30,000.	0.			ACQUISITION OF RADIO STATION IN SANTA MARIA
LEGAL AID FOUNDATION 301 EAST CANON PERDIDO STREET SANTA BARBARA, CA 93101	95-2112634	501C3	30,000.	0.			U-VISA PROJECT
MEDIA4GOOD 209 ANACAPA ST. SANTA BARBARA, CA 93101	26-0603721	501C3	35,000.	0.			YOUTH INTERACTIVE GENERAL SUPPORT
SANTA BARBARA BICYCLE COALITION 506 E HALEY ST SANTA BARBARA, CA 93103	77-0395986	501C3	1,400.	0.			SUPPORT FOR YOUTH BIKE SUMMIT PARTICIPATION
SANTA BARBARA FOUNDATION 1111 CHAPALA ST, SUITE 200 SANTA BARBARA, CA 93101	95-1866094	501C3	30,000.	0.			SANTA BARBARA NEIGHBORHOOD CLINICS 100 DAY PLAN
AMERICAN GI FORUM P.O. BOX 1681 SANTA MARIA, CA 93456	77-0289965	501C3	3,000.	0.			PARENTS FOR COMMUNITY INVOLVEMENT COMMITTEE

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
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY (CAUSE) - 500 SOUTH BROADWAY STREET, SUITE 247 - SANTA MARIA, CA 93454	59-3796433	501C3	3,000.	0.			CITIZENSHIP FAIR, MAY 5TH
SANTA BARBARA BEEKEEPERS ASSOCIATION - 1503 WEST VALERIO STREET - SANTA BARBARA, CA 93101	45-3100812	501C3	3,000.	0.			PESTICIDE AWARENESS PROGRAM (PAP)
AHC DREAM CLUB 800 SOUTH COLLEGE DRIVE SANTA BARBARA, CA 93454	95-3143396	501C3	1,350.	0.			GENERAL SUPPORT FOR AB540 ADVOCACY AND SCHOLARSHIPS
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY (CAUSE) - 500 SOUTH BROADWAY STREET, SUITE 247 - SANTA MARIA, CA 93454	59-3796433	501C3	10,000.	0.			BUILDING LEADERSHIP AND ORGANIZING IN OUR NEIGHBORHOODS
COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER - 133 NORTH F STREET - LOMPOC, CA 93436	77-0527812	501C3	3,840.	0.			RECOVERY DAY IN THE PARK
COASTAL BAND OF THE CHUMASH NATION P.O. BOX 4464 SANTA BARBARA, CA 93101	77-0040269	501C3	6,300.	0.			EDUCATION PROGRAM CULTURAL OUTREACH
CONFLICT SOLUTIONS CENTER 120 EAST JONES STREET, SUITE 137 SANTA MARIA, CA 93454	77-0463146	501C3	10,000.	0.			RESTORATIVE JUSTICE PARTNERSHIP INITIATIVE
DUAL IMMERSION ALLIANCE 322 SOUTH RANCH STREET SANTA MARIA, CA 93454		UNINCORPORATED	1,740.	0.			DUAL IMMERSION FOUNDATIONAL EXPLORATION
INDEPENDENT LIVING RESOURCE CENTER 423 WEST VICTORIA STREET SANTA BARBARA, CA 93101	95-3255012	501C3	6,996.	0.			PUSHY SHOVELS

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
JUST COMMUNITIES 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501C3	7,842.	0.			NORTH COUNTY LANGUAGE ACCESS INITIATIVE
LA HERMANDAD HANK LECAYO YOUTH & FAMILY CENTER - 217 WEST MAIN STREET - SANTA MARIA, CA 93458	38-3735922	501C3	6,000.	0.			ENGAGING THE MIXTEC IMMIGRANT COMMUNITY IN SANTA MARIA
LAS ABUELITAS OF SANTA BARBARA 3715 AMALFI WAY, SUITE B SANTA BARBARA, CA 93105		UNINCORPORATED	7,020.	0.			LAS ABUELITAS
LOMPOC UNIFIED SCHOOL DISTRICT AVID - 515 WEST COLLEGE AVENUE - LOMPOC, CA 93436	77-0070786	501C3	5,000.	0.			LOMPOC AVID UNITED IN DEDICATION TO EDUCATION (LAUDE)
LOS ALAMOS ACTION COMMITTEE P.O. BOX 984 LOS ALAMOS, CA 93440		UNINCORPORATED	5,470.	0.			LOS ALAMOS COMMUNITY CENTER
MARTIN LUTHER KING JR. COMMITTEE OF SANTA BARBARA - 4455 VIA BENDITA - SANTA BARBARA, CA 93110	45-3945279	501C3	3,000.	0.			"LIFT EVERY VOICE"
PACIFIC PRIDE FOUNDATION 126 EAST HALEY STREET, SUITE A-11 SANTA BARBARA, CA 93101	95-3133613	501C3	3,000.	0.			GAY RIGHTS ADVOCATES FOR CHANGE AND EQUALITY (GRACE); GENERAL SUPPORT
SANTA BARBARA COUNTY ACTION NETWORK (SBCAN) - P.O. BOX 23453 - SANTA BARBARA, CA 93121	73-1676916	501C3	9,220.	0.			RESTRICTIONS ON FOSSIL FUEL PRODUCTION IN SANTA MARIA
VANDENBERG VILLAGE PARK & PLAYGROUND COALITION - 4289 CONSTELLATION ROAD - LOMPOC, CA 93436		UNINCORPORATED	3,280.	0.			VANDENBERG VILLAGE PARK & PLAYGROUND

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
WILDERNESS YOUTH PROJECT 5386 HOLLISTER AVENUE, SUITE D SANTA BARBARA, CA 93111	77-0526117	501C3	5,120.	0.			PATHS TO INCLUSION
ACADEMY OF HEALING ARTS (AHA!) 111 EAST ARRELLAGA STREET SANTA BARBARA, CA 93101	20-4418873	501C3	7,000.	0.			LEADERSHIP COUNCIL CIRCLE SUMMER WORKSHOPS
CALIFORNIA CENTER FOR COOPERATIVE DEVELOPMENT - 979 F STREET, SUITE A-1 - DAVIS, CA 95616	39-2065673	501C3	7,000.	0.			LOMPOC WORKER DEVELOPMENT & EXPANSION
CALIFORNIA INDEPENDENT PROVIDER TRAINING CENTER (CAIPTC) - P.O. BOX 393 - RIVERSIDE, CA 92502	45-5147214	501C3	10,000.	0.			"THE TIME IS NOW PROJECT"- "PROYECTO YA ES AHORA"
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY (CAUSE) ACTION FUND - 110 SOUTH LINCOLN STREET, SUITE 103 - SANTA MARIA,	45-5369418	501C3	7,000.	0.			GENERAL SUPPORT
CENTRAL COAST GREEN TEAM 110 SOUTH LINCOLN STREET, SUITE 103 SANTA MARIA, CA 93454	45-5369418	501C3	4,800.	0.			EDIBLE LANDSCAPING DEMONSTRATION GARDEN
CUYAMA VALLEY FAMILY RESOURCE CENTER - P.O. BOX 5/4803 CEBRIAN AVE - NEW CUYAMA, CA 93254	45-1221069	501C3	4,400.	0.			CUYAMA YOUTH4CHANGE
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN STREET SANTA BARBARA, CA 93101	77-0061994	501C3	6,000.	0.			SANTA BARBARA COUNTY ENVIRONMENTAL COALITION
FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 722 CLIFF DRIVE - SANTA BARBARA, CA 93110	77-0297280	501C4	10,000.	0.			THE TRANSITIONS PROGRAM

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
FUTURE LEADERS OF AMERICA (FLA) 1528 CHAPALA ST, #308 SANTA BARBARA, CA 93101	77-0071036	501C3	7,000.	0.			IMMIGRANT AND LATINO YOUTH CIVIC ENGAGEMENT AND POLICY ADVOCACY FOR SOCIAL CHANGE
GUADALUPE - NIPOMO DUNES CENTER 1065 GUADALUPE STREET GUADALUPE, CA 93434	77-0502739	501C3	6,946.	0.			ENVIRONMENTAL CREATIVE WRITING CLASS FOR ELEMENTARY SCHOOL STUDENTS
JUST COMMUNITIES 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501C3	2,500.	0.			DUAL IMMERSION FOUNDATIONAL EXPLORATION
SANTA BARBARA COUNTY ACTION NETWORK (SBCAN) - P.O. BOX 23453 - SANTA BARBARA, CA 93121	73-1676916	501C3	8,720.	0.			LOMPOC VALLEY PRESERVATION COALITION
SANTA MARIA HIGH SCHOOL QUE PADRE PARENT GROUP - 901 SOUTH BROADWAY STREET - SANTA MARIA, CA 93454	45-1505889	501C3	10,000.	0.			QUE PADRE
YSTRIVE FOR YOUTH, INC. P.O. BOX 41641 SANTA BARBARA, CA 93140	20-5700202	501C3	5,000.	0.			FOR REAL EMPLOYMENT ACHIEVEMENT LEARNING (4REAL)
LEGAL AID FOUNDATION OF SANTA BARBARA COUNTY - 301 EAST CANON PERDIDO STREET - SANTA BARBARA, CA 93101	95-2112634	501C3	30,000.	0.			COMMON GROUND SANTA BARBARA COUNTY HOMELESS ADVOCACY PROJECT (CGSBC-HAP)
SANTA BARBARA BEEKEEPERS ASSOCIATION - 1503 WEST VALERIO STREET - SANTA BARBARA, CA 93101	45-3100812	501C3	15,000.	0.			SBBA CAPACITY BUILDING
WILLIAM JAMES ASSOCIATION P.O. BOX 7196 SANTA MARIA, CA 93456	23-7320163	501C3	30,000.	0.			POETIC JUSTICE PROJECT (PJP)

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
CENTRAL COAST FUTURE LEADERS 110 SOUTH LINCOLN STREET, SUITE 103 SANTA MARIA, CA 93458	45-5369418	501C3	1,600.	0.			SPRING FORWARD CONFERENCE
ERNEST RIGHETTI HIGH SCHOOL LATINOS UNIDOS CLUB - 941 EAST FOSTER ROAD - SANTA MARIA, CA 93458	95-6000940	501C3	3,000.	0.			COLLEGE PROMOTION CONFERENCE
FIGHTING BACK SANTA MARIA VALLEY YOUTH INVOLVEMENT GROUP - 201 S MILLER ST #209 - SANTA MARIA, CA 93458	65-1234981	501C3	3,081.	0.			RESPECTING ME, RESPECTING YOU CONFERENCES
FREEDOM4YOUTH LEADERSHIP PROGRAM P.O. BOX 2096 SANTA MARIA, CA 93120	27-4437945	501C3	3,190.	0.			LOS PRIETOS BOYS CAMP ANTI-BULLYING PROJECT
LOMPOC HIGH SCHOOL SAVE CLUB (STUDENTS AGAINST VIOLENT EXPERIENCES) - 515 W COLLEGE AVE - LOMPOC, CA 93436	77-0070786	501C3	1,180.	0.			PEACE WEEK
AMERICAN GI FORUM P.O. BOX 1681 SANTA MARIA, CA 93456	77-0289965	501C3	2,149.	0.			LULAC YOUTH COUNCIL OF SANTA MARIA EDUCATIONAL WORKSHOPS & POOL PARTY
SANTA MARIA HIGH SCHOOL 901 SOUTH BROADWAY STREET SANTA MARIA, CA 93454	45-1505889	501C3	800.	0.			LAS COMADRES CLUB
SANTA BARBARA TENNIS PATRONS P.O. BOX 3886 SANTA BARBARA, CA 93130	23-7203732	501C3	1,060.	0.			"SB ACES" SUMMER MENTORSHIP CAMP
DOWNS SYNDROME ASSOCIATION OF SANTA BARBARA COUNTY - P.O. BOX 1243 - SANTA BARBARA, CA 93116	51-0198569	501C3	1,600.	0.			NEXT CHAPTER BOOK CLUB

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA HIGH SCHOOL READY2MOVE CLUB - 310 SOUTH SALINAS STREET - SANTA BARBARA, CA 93103	95-1684086	501C3	1,280.	0.			3RD ANNUAL SBHS WEEK OF WELLNESS AND THE BRAIN BREAKS PROJECT
SANTA BARBARA PAL'S YOUTH LEADERSHIP COUNCIL - P.O. BOX 91121 - SANTA BARBARA, CA 93190	77-0523426	501C3	2,500.	0.			3RD ANNUAL BIG & LITTLE PAL SPRING BREAK MENTORING CAMP
UCSB IDEAS (IMPROVING DREAMS EQUALITY ACCESS AND SUCCESS) - UCSB, UCEN ROOM 2537 - GOLETA, CA 93108		UNINCORPORATED	3,735.	0.			IDEAS YOUTH CONFERENCES
YOUTH TO YOUTH SANTA BARBARA 209 ANACAPA ST. SANTA BARBARA, CA 93101	26-0603721	501C3	1,900.	0.			SB YOUTH ARTISAN ENTREPRENEURS
YSTRIVE FOR YOUTH, INC. P.O. BOX 41641 SANTA BARBARA, CA 93101	20-5700202	501C3	2,925.	0.			4REAL PROJECT (REAL EMPLOYMENT ACHIEVEMENT LEARNING)
ECOFAITH OF SANTA BARBARA 4663 VINTAGE RANCH LANE SANTA BARBARA, CA 93110	47-0920616	501C3	10,000.	0.			USE OF CLEAN ENERGY IN SANTA BARBARA FAITH COMMUNITIES
OCCUPY SANTA BARBARA 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	77-0070742	501C3	203.	0.			SUPPORT FOR LOCAL OCCUPY SANTA BARBARA MOVEMENT
SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA STREET, SUITE 203 - SANTA BARBARA, CA 93101	77-0073674	501C3	14,000.	0.			2013 SOCIAL JUSTICE AWARD FOR DOCUMENTARY FILM

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
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:

EXPLANATION: 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

**Part IV** Supplemental Information

TERMS OF A GRANT AGREEMENT ARE VIOLATED, A GRANT MAY BE RESCINDED.

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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](http://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	29	10,215.	EST. FAIR MARKET VAL
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		515.	EST. FAIR MARKET VAL
5 Clothing and household goods .....	X		3,243.	EST. FAIR MARKET VAL
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	3	11,576.	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	43	37,038.	EST. FAIR MARKET VAL
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>GIFT CERTS.</u> ) .....	X	115	35,369.	EST. FAIR MARKET VAL
26 Other ▶ ( <u>PRINTING</u> ) .....	X	1	10,000.	EST. FAIR MARKET VAL
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 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) (2013)



**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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

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:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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	25,405.
----------------------------------	---------

FORM 990, PAGE 11, PART XI, QUESTION 2C

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

FORM 990, PAGE 1, PART I, QUESTION 6

EXPLANATION: VOLUNTEER DUTIES INCLUDE:

1. ASSISTANCE WITH FUNDRAISING EVENT (BREAD & ROSES) - FOOD SERVICE, AUCTION ITEM SOLICITATION, GUEST COMFORT, REGISTRATION, CHECK-IN,

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

CHECK-OUT, AUCTION ORGANIZATION, SET UP AND CLEAN UP (130)

2. SERVICE ON THE GRANT-MAKING COMMITTEE - ASSESSING THE GRANT

APPLICATIONS, CONDUCTING SITE VISITS, AND MAKING FUNDING

RECOMMENDATIONS TO THE BOARD OF DIRECTORS (10)

3. OFFICE SUPPORT - PREPARING MAILINGS, ENTERING DATA, ASSISTING WITH

SELECT ADMINISTRATIVE TASKS (10)

FORM 990, PAGE 12, PART XI, LINE 9

EXPLANATION: \$25,405 IN OTHER CHANGES IN NET ASSETS CONSISTS OF UNREALIZED GAIN ON THE CHARITABLE REMAINDER TRUST ASSETS, NET OF CHANGES IN THE ESTIMATED LIABILITY.

SCHEDULE M - NONCASH CONTRIBUTIONS

EXPLANATION: 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 2013 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization Name <b>FUND FOR SANTA BARBARA, INC.</b>		California corporation number <b>1334209</b>	
Address (suite, room, or PMB no.) <b>26 WEST ANAPAMU STREET</b>		FEIN <b>77-0070742</b>	
City <b>SANTA BARBARA</b>	State <b>CA</b>	ZIP Code <b>93101</b>	

<b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
<b>B</b> Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)	
<b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
<b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	
<b>I</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	
<b>K</b> 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 \$ _____	
<b>L</b> If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/>	
<b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	<b>790,490.00</b>
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>	<b>00</b>
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	<b>3</b>	<b>796,410.00</b>
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B	<b>4</b>	<b>1,586,900.00</b>
	<b>5</b> Cost of goods sold	<b>5</b>	<b>00</b>
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	<b>567,769.00</b>
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	<b>567,769.00</b>
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	<b>1,019,131.00</b>
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	<b>1,352,581.00</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	<b>-333,450.00</b>
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F	<b>11</b>	<b>N/A 00</b>
	<b>12</b> Total payments	<b>12</b>	<b>00</b>
	<b>13</b> Penalties and Interest. See General Instruction J	<b>13</b>	<b>00</b>
	<b>14</b> Use tax. See General Instruction K	<b>14</b>	<b>00</b>
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	<b>15</b>	<b>00</b>

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

<b>Sign Here</b>	Signature of officer <b>EXECUTIVE DIRE</b>	Title	Date	Telephone <b>805-962-9164</b>
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00025230</b>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>MCGOWAN GUNTERMANN 111 E. VICTORIA ST., 2ND FLOOR SANTA BARBARA, CA 93101-2018</b>	FEIN <b>95-3680171</b>	Telephone <b>(805) 962-9175</b>	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.**

Receipts from Other Sources  Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	•	1	92,794.00
	2	Interest	•	2	00
	3	Dividends	•	3	99,132.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	572,474.00
	7	Other income	•	7	26,090.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	790,490.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	532,647.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	120,755.00
	12	Other salaries and wages	•	12	234,190.00
	13	Interest	•	13	00
	14	Taxes	•	14	27,449.00
	15	Rents	•	15	56,316.00
	16	Depreciation and depletion (See instructions)	•	16	2,438.00
	17	Other Expenses and Disbursements	•	17	378,786.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,352,581.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		30,163.		96,573.
2	Net accounts receivable		5,353.		
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock	STMT 7	1,952,291.		2,054,595.
8	Mortgage loans				
9	Other investments	STMT 8	714,632.		397,914.
10	a Depreciable assets		23,555.		29,457.
	b Less accumulated depreciation		( 19,783. )		( 22,221. )
			3,772.		7,236.
11	Land				
12	Other assets	STMT 9	163,128.		234,274.
13	<b>Total assets</b>		2,869,339.		2,790,592.
<b>Liabilities and net worth</b>					
14	Accounts payable		13,856.		13,089.
15	Contributions, gifts, or grants payable		65,000.		77,500.
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities	STMT 10	8,438.		8,442.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		2,782,045.		2,691,561.
22	<b>Total liabilities and net worth</b>		2,869,339.		2,790,592.

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	•	-333,450.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		-333,450.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-333,450.

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
DETAIL AVAILABLE UPON REQUEST			PURCHASED	
	567,769.	0.	0.	572,474.
TOTAL TO FORM 199, PAGE 2, LN 6	567,769.	0.	0.	572,474.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
RESCINDED GRANTS	15,687.
PROGRAM MANAGEMENT FEES	10,403.
TOTAL TO FORM 199, PART II, LINE 7	26,090.

COPY

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	4
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ACTIVITY CLASSIFICATION: 68 GRANTS AWARDED FOR YEAR ENDED DECEMBER 31, 2013

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS ORGANIZATIONS	DETAIL AVAILABLE ON FEDERAL 990 AND UPON REQUEST	NONE	532,647.

TOTAL FOR THIS ACTIVITY	532,647.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	532,647.
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FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
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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.
ANNA DISTEFANO 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.
TANIA ISRAEL 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.

SHEILA DAVIDSON 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
JO ANN BELL 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
RALPH AMBRUSTER-SANDOVAL 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
IGNACIO ALARCON 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
MARGARET LAZARUS 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.
KARA POWIS 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	BOARD/GMC LIAISON 2.00	0.
VIJAYA JAMMALAMADAKA 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	BOARD/GMC LIAISON 2.00	0.
GEOFF GREEN 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR 40.00	120,755.

TOTAL TO FORM 199, PART II, LINE 11

120,755.

FORM 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
DIRECT PROGRAM EXPENSE	59,270.
YOUTH MAKING CHANGE	18,447.
DUES AND SUBSCRIPTIONS	7,706.
DIRECT EXPENSES OF FUNDRAISING EVENTS	127,528.
PENSION PLAN CONTRIBUTIONS	6,356.
OTHER EMPLOYEE BENEFITS	30,741.
ACCOUNTING FEES	13,555.
INVESTMENT MANAGEMENT FEES	15,964.
OTHER PROFESSIONAL FEES	42,623.
OFFICE EXPENSES	27,820.
INFORMATION TECHNOLOGY	14,904.
CONFERENCES AND CONVENTIONS	7,624.
INSURANCE	6,248.
TOTAL TO FORM 199, PART II, LINE 17	378,786.

FORM 199	INVESTMENTS IN STOCK	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	1,952,291.	2,054,595.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	1,952,291.	2,054,595.

FORM 199	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
MORGAN STANLEY & CO MATURITY 10/22/2020	378,917.	167,370.
BANK OF AMERICA CORP MATURITY 11/19/2014	335,715.	230,544.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	714,632.	397,914.



FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	13,375.	59,112.	
DEPOSITS	1,123.	1,123.	
CHARITABLE REMAINDER TRUST INVESTMENT ASSETS	148,630.	174,039.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	163,128.	234,274.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CHARITABLE REMAINDER TRUST LIABILITY	8,438.	8,442.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	8,438.	8,442.	

FORM 199	FUND BALANCES	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	727,176.	456,292.	
TEMPORARILY RESTRICTED ASSETS	704,631.	885,031.	
PERMANENTLY RESTRICTED ASSETS	1,350,238.	1,350,238.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	2,782,045.	2,691,561.	

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

**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

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

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: <b>CT</b> <u>58866</u>  <b>FUND FOR SANTA BARBARA, INC.</b> <small>Name of Organization</small>  <u>26 WEST ANAPAMU STREET</u> <small>Address (Number and Street)</small>  <u>SANTA BARBARA, CA 93101</u> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1334209</u>  Federal Employer I.D. No. <u>77-0070742</u>
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**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 01/01/2013 ending 12/31/2013) list:  
 Gross annual revenue \$ 891,603. Total assets \$ 2,790,592.

**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.

**GEOFF GREEN** **EXECUTIVE DIRECTOR**

Signature of authorized officer Date