

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
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, town, or post office, state, and ZIP code
SANTA BARBARA, CA 93101

D Employer identification number
77-0070742

E Telephone number
(805) 962-9164

G Gross receipts \$ **1,415,249.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

F Name and address of principal officer: **GEOFF GREEN**
26 W. ANAPAMU STREET, SANTA BARBARA, CA 931

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

J Website: ▶ **WWW.FUNDFORSANTABARBARA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1980** **M State of legal domicile:** **CA**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE CASH GRANTS AND FREE CONSULTING TO GRASSROOTS ORGANIZATIONS IN SANTA BARBARA COUNTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	150
	7 a 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)	1,745,952.	729,095.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,183.	128,386.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-127,472.	-67,567.
		1,735,663.	789,914.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	453,478.	508,715.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	288,979.	336,310.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,587.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	172,490.	236,944.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	914,947.	1,081,969.	
19 Revenue less expenses. Subtract line 18 from line 12	820,716.	-292,055.	
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)	2,956,411.	2,869,339.
	22 Net assets or fund balances. Subtract line 21 from line 20	64,481.	87,294.
		2,891,930.	2,782,045.

Part II Signature Block

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

Sign Here
 Signature of officer: *[Signature]* Date: **11/26/13**
GEOFF GREEN, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **CHRISLEY N. REED, CPA** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00025230**
 Firm's name: **MCGOWAN GUNTERMANN** Firm's EIN: **95-3680171**
 Firm's address: **111 E. VICTORIA ST., 2ND FLOOR** Phone no.: **(805) 962-9175**
SANTA BARBARA, CA 93101-2018

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 \$ 884,230. including grants of \$ 508,715.) (Revenue \$) 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 \$10,000 PER YEAR. 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 884,230.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 and other assistance to any government or organization in the United States 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 and 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 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7, 7a-7h, 8, 9, 9a-9b, 10, 10a-10b, 11, 11a-11b, 12a, 12b, 13, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, 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 to any question in this Part VII

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

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

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

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

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

(A) 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) CAROL KEATOR PRESIDENT	2.00	X		X				0.	0.	0.
(2) KARA POWIS BOARD/GMC LIAISON	2.00	X		X				0.	0.	0.
(3) TANIA ISRAEL SECRETARY	2.00	X		X				0.	0.	0.
(4) GEOFF SLAFF VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(5) JACK UCCIFERRI TREASURER	2.00	X		X				0.	0.	0.
(6) JANE BRODY DIRECTOR	1.00	X						0.	0.	0.
(7) VIJAYA JAMMALAMADAKA DIRECTOR	1.00	X						0.	0.	0.
(8) TED RHODES DIRECTOR	1.00	X						0.	0.	0.
(9) SHEILA DAVIDSON DIRECTOR	1.00	X						0.	0.	0.
(10) JO ANN BELL DIRECTOR	1.00	X						0.	0.	0.
(11) RALPH AMBRUSTER-SANDOVAL DIRECTOR	1.00	X						0.	0.	0.
(12) ANNA DISTEFANO DIRECTOR	1.00	X						0.	0.	0.
(13) MARGARET LAZARUS DIRECTOR	1.00	X						0.	0.	0.
(14) GEOFF GREEN EXECUTIVE DIRECTOR	40.00			X				92,500.	0.	22,630.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								92,500.	0.	22,630.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								92,500.	0.	22,630.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	204,025.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	525,070.			
	g Noncash contributions included in lines 1a-1f: \$		112,446.			
	h Total. Add lines 1a-1f		729,095.			
	Program Service Revenue	2 a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		121,275.		121,275.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	477,687.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	470,576.			
		c Gain or (loss)	7,111.			
	d Net gain or (loss)		7,111.	7,111.		
	8 a Gross income from fundraising events (not including \$ 204,025. of contributions reported on line 1c). See Part IV, line 18	a	72,410.			
		b Less: direct expenses	154,759.			
c Net income or (loss) from fundraising events			-82,349.		-82,349.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a GRANT MANAGEMENT FEES	900099	13,282.	13,282.			
b RESCINDED GRANTS	900099	1,500.	1,500.			
c						
d All other revenue						
e Total. Add lines 11a-11d		14,782.				
12 Total revenue. See instructions.		789,914.	21,893.	0.	38,926.	

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 to any question 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	508,715.	508,715.		
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	115,130.	69,078.	23,026.	23,026.
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	176,362.	105,142.	48,343.	22,877.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,070.	4,242.	1,414.	1,414.
9 Other employee benefits	15,620.	9,074.	5,450.	1,096.
10 Payroll taxes	22,128.	13,572.	5,072.	3,484.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,622.		11,622.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,286.		15,286.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	42,000.	42,000.		
12 Advertising and promotion	3,602.			3,602.
13 Office expenses	7,837.	4,703.	1,567.	1,567.
14 Information technology	6,390.	4,090.	2,300.	
15 Royalties				
16 Occupancy	54,209.	34,694.	19,515.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,010.	14,010.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,192.		2,192.	
23 Insurance	5,123.	3,279.	1,844.	
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 DIRECT PROGRAM EXPENSE	43,287.	43,287.		
b YOUTH MAKING CHANGE	16,508.	16,508.		
c PRINTING AND POSTAGE	7,605.	4,563.	1,521.	1,521.
d DUES AND SUBSCRIPTIONS	7,273.	7,273.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,081,969.	884,230.	139,152.	58,587.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	100.	1	100.		
	2 Savings and temporary cash investments	85,546.	2	30,063.		
	3 Pledges and grants receivable, net	148,782.	3	13,375.		
	4 Accounts receivable, net	5,773.	4	5,353.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,555.				
	b Less: accumulated depreciation	10b 19,783.	4,062.	10c	3,772.	
	11 Investments - publicly traded securities	1,902,191.	11	1,952,291.		
	12 Investments - other securities. See Part IV, line 11	665,621.	12	714,632.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	144,336.	15	149,753.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,956,411.	16	2,869,339.			
Liabilities	17 Accounts payable and accrued expenses	9,928.	17	13,856.		
	18 Grants payable	45,200.	18	65,000.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,353.	25	8,438.		
	26 Total liabilities. Add lines 17 through 25	64,481.	26	87,294.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	777,696.	27	727,176.		
	28 Temporarily restricted net assets	763,996.	28	704,631.		
	29 Permanently restricted net assets	1,350,238.	29	1,350,238.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	2,891,930.	33	2,782,045.		
34 Total liabilities and net assets/fund balances	2,956,411.	34	2,869,339.			

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	789,914.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,081,969.
3	Revenue less expenses. Subtract line 2 from line 1	3	-292,055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,891,930.
5	Net unrealized gains (losses) on investments	5	175,534.
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	6,636.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,782,045.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <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		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 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 Type I b Type II c Type III - Functionally integrated d 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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	244,963.	658,772.	520,133.	487,168.	525,070.	2436106.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	244,963.	658,772.	520,133.	487,168.	525,070.	2436106.
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)						721,828.
6 Public support. Subtract line 5 from line 4.						1714278.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	244,963.	658,772.	520,133.	487,168.	525,070.	2436106.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60,561.	53,706.	50,888.	106,157.	121,275.	392,587.
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 Total support. Add lines 7 through 10						2828693.
12 Gross receipts from related activities, etc. (see instructions)					12	779,588.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	60.60 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	60.04 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	31,675.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	34,683.													
c	Total lobbying expenditures (add lines 1a and 1b)	66,358.													
d	Other exempt purpose expenditures	1,015,611.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,081,969.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	183,197.													
<table border="1" style="width: 100%;"> <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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	45,799.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	130,778.	150,357.	162,242.	183,197.	626,574.
b Lobbying ceiling amount (150% of line 2a, column(e))					939,861.
c Total lobbying expenditures	53,230.	54,331.	69,095.	66,358.	243,014.
d Grassroots nontaxable amount	32,695.	37,589.	40,561.	45,799.	156,644.
e Grassroots ceiling amount (150% of line 2d, column (e))					234,966.
f Grassroots lobbying expenditures	17,500.	24,065.	33,383.	31,675.	106,623.

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to 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.

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

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)	40,000.	
3 Aggregate grants from (during year)	155,100.	
4 Aggregate value at end of year	794,251.	
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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? 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	1,806,170.	1,857,520.	1,733,218.	1,646,743.	2,135,941.
b Contributions			10,489.		
c Net investment earnings, gains, and losses	157,139.	35,950.	209,300.	189,632.	-387,748.
d Grants or scholarships					
e Other expenditures for facilities and programs	85,737.	87,300.	95,487.	103,157.	101,450.
f Administrative expenses					
g End of year balance	1,877,572.	1,806,170.	1,857,520.	1,733,218.	1,646,743.

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

- a Board designated or quasi-endowment 0.00 %
- b Permanent endowment 72.00 %
- c Temporarily restricted endowment 28.00 %

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. 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		23,555.	19,783.	3,772.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,772.

Part VII Investments - Other Securities. 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	378,917.	END-OF-YEAR MARKET VALUE
(C) BANK OF AMERICA CORP		
(D) MATURITY 11/19/2014	335,715.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	714,632.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	1,123.
(2) CHARITABLE REMAINDER TRUST INVESTMENT ASSETS	148,630.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	149,753.

Part X Other Liabilities. 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	8,438.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,438.

2. FIN 48 (ASC 740) Footnote. 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

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

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

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

Part XIII Supplemental Information

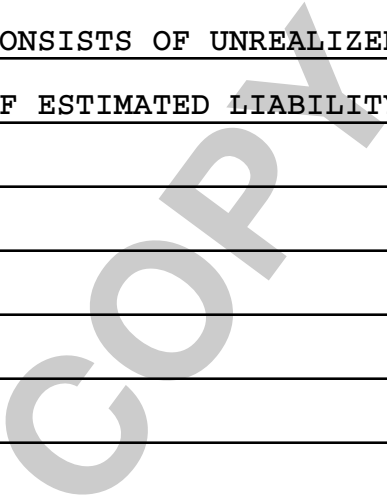
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: ENDOWMENT ASSETS OF \$1,350,238 ARE PERMANENTLY RESTRICTED BY DONORS. EARNINGS ARE APPROPRIATED FOR EXPENDITURE AT A RATE OF 5% OF THE AVERAGE MARKET VALUE AT JUNE 30TH OF THE 3 PRIOR YEARS. APROPRIATED EARNINGS ARE UNRESTRICTED AND USED TO SUPPORT GENERAL PROGRAM OPERATIONS AND GRANTMAKING. AS OF DECEMBER 31, 2012, UNAPROPRIATED ACCUMULATED EARNINGS ON PERMANENTLY RESTRICTED ENDOWMENT ASSETS TOTALED \$527,334.

Part XIII Supplemental Information (continued)

PART X, LINE 2: 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, 2012, 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 2009 AND 2008, RESPECTIVELY.

OTHER CHANGES TO NET ASSETS CONSISTS OF UNREALIZED GAIN ON CHARITABLE REMAINDER TRUST ASSETS, NET OF ESTIMATED LIABILITY OF \$6,636.



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			(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	269,095.		7,340.	276,435.
	2 Less: Contributions	204,025.		0.	204,025.
	3 Gross income (line 1 minus line 2)	65,070.		7,340.	72,410.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			2,100.	2,100.
	7 Food and beverages	28,730.		8,071.	36,801.
	8 Entertainment			8,071.	8,071.
	9 Other direct expenses	99,716.		8,071.	107,787.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(154,759)
	11 Net income summary. Combine line 3, column (d), and line 10				-82,349.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

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: _____

**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.**

OMB No. 1545-0047

2012

**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
SANTA BARBARA INTERNATIONAL FILM FESTIVAL - 1528 CHAPALA STREET #203 - SANTA BARBARA, CA 93101	77-0073674	501C3	10,000.	0.			SOCIAL JUSTICE AWARD FOR DOCUMENTARY FILM
ACADEMY OF HEALING ARTS (AHA!) 1625 STATE STREET SANTA BARBARA, CA 93101	20-4418873	501C3	2,500.	0.			GENERAL SUPPORT
CAMBRIDGE DOCUMENTARY FILMS 3099 HIDDEN VALLEY LANE SANTA BARBARA, CA 93108	23-7374880	501C3	1,100.	0.			WOMEN'S HEALTH & SEXUALITY FILM SERIES
CHILDREN'S CREATIVE PROJECT 3870 LA COLINA ROAD, SUITE 9 SANTA BARBARA, CA 93110	23-7439807	501C3	2,500.	0.			MICHAEL KATZ STORYTELLING IN THE SCHOOLS
CHRISTIAN ASSOCIATES INTERNATIONAL 4207 SOUTH EAST WOODSTOCK BLVD. #44 PORTLAND, OR 97206	93-0571928	501C3	2,500.	0.			COMMON GROUND SANTA BARBARA & BRINGING OUR COMMUNITY HOME COLLABORATION EFFORTS
FREEDOM WARMING CENTERS 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101		UNINCORPORATED	15,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **60.**

3 Enter total number of other organizations listed in the line 1 table **22.**

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

Schedule I (Form 990) (2012)

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
PLANNED PARENTHOOD OF SANTA BARBARA VENTURA AND SLO - 518 GARDEN STREET - SANTA BARBARA, CA 93101	95-2319356	501C3	2,000.	0.			THE TRUTH TOLD PROJECT
PUEBLO 500 S. BROADWAY SUITE 247 SANTA MARIA, CA 93454	59-3796433	501C3	2,500.	0.			GENERAL OPERATIONS
SANTA BARBARA COUNTY ACTION NETWORK - P.O. BOX 23453 - SANTA BARBARA, CA 93121	91-2171262	501C3	5,000.	0.			GENERAL OPERATIONS
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE STREET, SUITE 203 SANTA BARBARA, CA 93101	77-0071544	501C3	2,900.	0.			LUIS RODRIGUEZ PROGRAMMING IN SANTA BARBARA
SANTA BARBARA FRIENDS MEETING 1924 BATH STREET, UNIT D SANTA BARBARA, CA 93101	77-0148410	501C3	990.	0.			ALTERNATIVES TO VIOLENCE PROJECT WORKSHOPS
SANTA BARBARA FRIENDS MEETING 1924 BATH STREET, UNIT D SANTA BARBARA, CA 93101	77-0148410	501C3	4,000.	0.			ALTERNATIVES TO VIOLENCE PROJECT WORKSHOPS
SANTA BARBARA NEWSOURCE 1248 SAN MIGUEL SANTA BARBARA, CA 93109	77-0050060	501C3	30,000.	0.			DEVELOPING A COMPREHENSIVE NEWSOURCE PROSPECTUS
SANTA BARBARA RAPE CRISIS CENTER 433 EAST CANON PERDIDO STREET SANTA BARBARA, CA 93101	95-2929455	501C3	3,000.	0.			JEANS FOR JUSTICE CAMPAIGN
SARAH HOUSE P.O. BOX 20031 SANTA BARBARA, CA 93120	77-0224415	501C3	2,500.	0.			GENERAL OPERATIONS

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
TRUE NATURE SOCIETY 35070 HIGHWAY 33 MARICOPA, CA 93252	38-3692928	501C3	1,500.	0.			QUAIL SPRINGS LEARNING OASIS & PERMACULTURE FARM GENERAL OPERATIONS
ADSUM EDUCATION FOUNDATION P.O. BOX 90710 SANTA BARBARA, CA 93190	27-1749421	501C3	25,000.	0.			GENERAL OPERATIONS
LEGAL AID FOUNDATION OF SANTA BARBARA COUNTY - 301 EAST CANON PERDIDO STREET - SANTA BARBARA, CA 93101	95-2112634	501C3	25,000.	0.			U VISA PROJECT
PRIMO BOXING - SAY YES TO KIDS 701 EAST HALEY STREET SANTA BARBARA, CA 93103	77-0394549	501C3	5,000.	0.			GENERAL OPERATIONS
WESTSIDE BOYS & GIRLS CLUB 602 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	23-7087814	501C3	20,000.	0.			GENERAL SUPPORT
YOUTH CINEMEDIA PO BOX 90423 SANTA BARBARA, CA 93103	27-0755841	501C3	5,000.	0.			SBC PROBATION / ICE VIDEO PROJECT
ALLAN HANCOCK COLLEGE ASSOCIATED STUDENT BODY GOVERNMENT - 800 SOUTH COLLEGE DRIVE - SANTA MARIA, CA 93458	52-1692042	501C3	2,000.	0.			VOTER REGISTRATION & PROP 1522 CAMPAIGN
AMERICAN GI FORUM EDUCATION FOUNDATION OF SANTA MARIA - 702 EAST EL CAMINO STREET - SANTA MARIA, CA 93454	77-0289965	501C3	3,000.	0.			LATIN@ YOUTH CONFERENCE 2012
LABEL GENETICALLY ENGINEERED FOODS 2012 - 381 BUSH STREET, SUITE 300 - SAN FRANCISCO, CA 94104			3,000.	0.			SANTA BARBARA COUNTY YES ON PROP 37 CAMPAIGN

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
FIELDING GRADUATE UNIVERSITY 2024 DE LA VINA STREET SANTA BARBARA, CA 93105	95-2882724	501C3	2,000.	0.			ADVOCATING FOR A VETERAN'S TREATMENT COURT IN SANTA BARBARA COUNTY
GUADALUPE FAMILY SERVICE CENTER 4681 11TH STREET GUADALUPE, CA 93434		501C3	1,760.	0.			DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA) POLICY IMPLEMENTATION AND TRAINING
INDEPENDENT LIVING RESOURCE CENTER 423 WEST VICTORIA STREET SANTA BARBARA, CA 93101	95-3255012	501C3	2,600.	0.			CONSUMER ADVOCACY COALITION IN OPPOSITION OF SB COUNTY HUMAN SERVICE BUDGET CUTS
LEGAL AID FOUNDATION OF SANTA BARBARA COUNTY - 301 EAST CANON PERDIDO STREET - SANTA BARBARA, CA 93101	95-2112634	501C3	2,635.	0.			HOMELESS EDUCATION & LEGAL PROJECT FOR HOMELESS COALITION WORK
SANTA BARBARA COUNTY EDUCATION FOUNDATION - 1330 STATE STREET, SUITE 203 - SANTA BARBARA, CA 93101	77-0071544	501C3	3,000.	0.			MES ON MEASURES A & B CAMPAIGN
UCLA PROGRAM IN GLOBAL HEALTH FOR THE UC HAITI INITIATIVE - 9911 WEST PICO BLVD., SUITE 955 - LOS ANGELES, CA 90035		501C3	1,500.	0.			LAWYER'S EARTHQUAKE RESPONSE NETWORK (LEARN) DELEGATION TO EL SALVADOR
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 500 SOUTH BROADWAY STREET, SUITE 247 - SANTA MARIA, CA 93454	59-3796433	501C3	10,000.	0.			PUEBLO REGIONAL IMMIGRANT RIGHTS AND INTEGRATION ORGANIZING PROJECT
CENTRAL COAST FUTURE LEADERS 110 SOUTH LINCOLN STREET, SUITE 103 SANTA MARIA, CA 93454	45-5369418	501C3	10,000.	0.			FAMILY LEADERSHIP CAMP & GUADALUPE EXPANSION
CENTRAL COAST GREEN TEAM 1553 EAGLE STREET SANTA MARIA, CA 93454	45-3033030	UNINCORPORATED	9,000.	0.			GENERAL SUPPORT

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
CONFLICT SOLUTIONS CENTER OF SANTA BARBARA COUNTY - 120 EAST JONES STREET, SUITE 137 - SANTA MARIA, CA 93454	77-0463146	501C3	6,000.	0.			RESTORATIVE JUSTICE PARTNERSHIP INITIATIVE
UC REGENTS 3112 STUDENT RESOURCE BUILDING, UCS SANTA BARBARA, CA 93106	95-6006145	501C3	8,000.	0.			EUCALYNTUS / INTERVENING AS AN ALLY
FREEDOM4YOUTH 3579 MODOC ROAD SANTA BARBARA, CA 93105	77-0148410	501C3	4,000.	0.			FREEDOM4YOUTH LEADERSHIP PROGRAM
GUADALUPE UNION SCHOOL DISTRICT 4681 ELEVENTH STREET GUADALUPE, CA 94534	95-6000940	UNINCORPORATED	6,185.	0.			SECOND ANNUAL GUADALUPE READING FESTIVAL
MESA HARMONY GARDEN 1740 CLIFF DRIVE SANTA BARBARA, CA 93109	27-3472218	501C3	3,500.	0.			ACHIEVING SELF-SUSTAINABILITY
PALABRA 5142 HOLLISTER AVENUE, SUITE 201 SANTA BARBARA, CA 93111	27-2766997	501C3	7,200.	0.			SANTA BARBARA RESPONSE NETWORK NORTH COUNTY EXPANSION
SANTA BARBARA BEEKEEPERS ASSOCIATION - 1503 WEST VALERIO STREET - SANTA BARBARA, CA 93101	45-3100812	501C3	2,500.	0.			SWEET START
SANTA BARBARA COUNTY ACTION NETWORK - P.O. BOX 23453 - SANTA BARBARA, CA 93121	73-1676916	501C3	8,000.	0.			NORTH COUNTY OIL COALITION
SANTA BARBARA COUNTY ACTION NETWORK - P.O. BOX 23453 - SANTA BARBARA, CA 93121	73-1676916	501C3	7,500.	0.			THE MOBILE HOME OWNERS PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA MARIA - LOMPOC NAACP P.O. BOX 1092 SANTA MARIA, CA 93454	77-0423554	501C3	8,000.	0.			TOWN HALL MEETING ON DIVERSITY, TOLERANCE AND THE AFFORDABLE CARE ACT
WILLIAM JAMES ASSOCIATION P.O. BOX 7196 SANTA MARIA, CA 93456	23-7320163	501C3	10,000.	0.			POETIC JUSTICE PROJECT
AMERICAN GI FORUM EDUCATION FOUNDATION OF SANTA MARIA - P.O. BOX 1681 - SANTA MARIA, CA 93456	77-0289965	501C3	6,000.	0.			STEPS TO UNIVERSITY
ASSOCIATION OF MEXICAN AMERICAN EDUCATORS - P.O. BOX 5661 - SANTA MARIA, CA 93454	95-2939170	501C3	5,000.	0.			PLAZA COMUNITARIA - (CENU) CENTRO EDUCACIONAL NACIONES UNIDAS
CALIFORNIA CENTER FOR COOPERATIVE DEVELOPMENT - 979 F STREET, SUITE A-1 - DAVIS, CA 95616	39-2065673	501C3	10,000.	0.			LOMPOC WORKER COOPERATIVE DEVELOPMENT PROJECT
CITY AT PEACE SANTA BARBARA 924 ANACAPA STREET, SUITE 2A SANTA BARBARA, CA 93101	26-2632139	501C3	10,000.	0.			RESTORATIVE JUSTICE EDUCATION AND PRACTICE INITIATIVE
CUYAMA VALLEY FAMILY RESOURCE CENTER - P.O. BOX 5/4803 CEBRIAN AVE - NEW CUYAMA, CA 93254	45-1221069	501C3	8,000.	0.			CUYAMA YOUTH4CHANGE
FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DRIVE - SANTA BARBARA, CA 93109	77-0297279	501C3	10,000.	0.			THE TRANSITIONS PROGRAM
GAY RIGHTS ADVOCATES FOR CHANGE AND EQUALITY (GRACE) - 3272 FAIR OAKS DRIVE - SANTA MARIA, CA 93455	95-3133613	UNINCORPORATED	3,000.	0.			GENERAL SUPPORT

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
GOODLAND COALITION 5710 HOLLISTER AVENUE, #234 GOLETA, CA 93117	45-3342542	UNINCORPORATED	10,000.	0.			GOLETA HERITAGE FARMLANDS INITIATIVE
NORTH COUNTY RAPE CRISIS AND CHILD PROTECTION CENTER - P.O. BOX 148 - LOMPOC, CA 93438	95-2994637	501C3	7,500.	0.			SAVE CLUB - GREEN DOT PROJECT
PUEBLO 500 SOUTH BROADWAY STREET, SUITE 24 SANTA MARIA, CA 93454	59-3796433	501C3	5,000.	0.			NEIGHBORHOOD-BASED ORGANIZING AND LEADERSHIP DEVELOPMENT
SANTA MARIA QUE PADRE PARENT GROUP 901 SOUTH BROADWAY STREET SANTA MARIA, CA 93454	45-1505889	501C3	10,000.	0.			QUE PADRE
SANTA YNEZ VALLEY FRUIT AND VEGETABLE RESCUE - P.O. BOX 1651 - SANTA YNEZ, CA 93460	45-1797788	501C3	5,400.	0.			VEGGIE RESCUE
VENTURA COUNTY SUPERIOR COURTS 800 SOUTH VICTORIA AVENUE VENTURA, CA 93009	52-2219097	UNINCORPORATED	2,500.	0.			LEGAL TRAINING FOR INDIGENOUS LANGUAGE INTERPRETERS
WILDERNESS YOUTH PROJECT 5386 HOLLISTER AVENUE, SUITE D SANTA BARBARA, CA 93111	77-0526117	501C3	3,000.	0.			DISABILITIES INCLUSION PLANNING GRANT
COALITION FOR SUSTAINABLE TRANSPORTATION (COAST) - P.O. BOX 2495 - SANTA BARBARA, CA 93120	30-0022937	501C3	15,000.	0.			PEDESTRIAN AND TRANSIT ORGANIZING
JUST COMMUNITIES CENTRAL COAST 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501C3	10,000.	0.			LANGUAGE JUSTICE PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC PRIDE FOUNDATION 126 EAST HALEY STREET, SUITE A-11 SANTA BARBARA, CA 93101	95-3133613	501C3	30,000.	0.			SAFE SCHOOLS PROJECT
SANTA BARBARA COUNTY EDUCATION OFFICE - P.O. BOX 6307 - SANTA BARBARA, CA 93160	95-6000940	UNINCORPORATED	30,000.	0.			PROMOTORES DE SALUD COMMUNITY EDUCATION & INVOLVEMENT
CE'ENI SANTA MARIA HIGH SCHOOL 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101		UNINCORPORATED	1,250.	0.			YOUTH AND COMMUNITY EMPOWERMENT THROUGH EDUCATION PROJECT
FIGHTING BACK SANTA MARIA VALLEY 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101		UNINCORPORATED	1,850.	0.			YOUTH INVOLVEMENT GROUP - RESPECTING YOU, RESPECTING ME
FUTURE LEADERS OF AMERICA 1528 CHAPALA ST, #308 SANTA BARBARA, CA 93101	77-0071036	501C3	1,200.	0.			TAKE THE LEAD
LOMPOC YOUTH COMMISSION 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101		UNINCORPORATED	1,800.	0.			TEEN DIVE-IN THEATER POOL PARTIES
PROUD PEOPLE RESPECTING OTHERS UNITED BY DIVERSITY - 26 W. ANAPAMU STREET - SANTA BARBARA, CA 93101		UNINCORPORATED	1,050.	0.			THE IMPACT OF OUR WORDS
PUEBLO AT SANTA MARIA HIGH SCHOOL 500 S. BROADWAY SUITE 247 SANTA MARIA, CA 93454	59-3796433	501C3	1,500.	0.			SANTA MARIA HIGH SCHOOL CAMPUS TO COMMUNITY LEADERSHIP
PALABRA P.O. BOX 2486 SANTA BARBARA, CA 93120	27-2766997	501C3	929.	0.			SPORTS DAY

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	1,500.	0.			2ND ANNUAL WEEK OF WELLNESS & NOURISHING NIGHTS OF FOOD AND FILM
UCSB GLOBAL AWARENESS CLUB 6626 PICASSO ROAD APT 6 GOLETA, CA 93117	26-4648714	501C3	1,000.	0.			GLOBAL AWARENESS PROGRAM
YSTRIVE FOR YOUTH, INC. P.O. BOX 41641 SANTA BARBARA, CA 93140	20-5700202	501C3	2,400.	0.			UNITY IN OUR COMMUNITY
COMMITTEE FOR SOCIAL JUSTICE 750 MISSION OAKS LANE SANTA BARBARA, CA 93105		UNINCORPORATED	1,000.	0.			THE PEOPLE'S INSTITUTE AT CASA ESPERANZA
COMMITTEE FOR SOCIAL JUSTICE 750 MISSION OAKS LANE SANTA BARBARA, CA 93105		UNINCORPORATED	4,000.	0.			NIGHT TIME JAIL RIDE PROGRAM
COMMITTEE TO PRESERVE VERONICA MEADOWS - 211 EAST VICTORIA STREET, SUITE A - SANTA BARBARA, CA 93101		UNINCORPORATED	3,000.	0.			NO ON Y 2012 SAVE OUR PARKLAND
NOT FOR SALE SANTA BARBARA 1125 OLIVE STREET, #4 SANTA BARBARA, CA 93101		UNINCORPORATED	945.	0.			"YES ON PROP 35" WALK & RALLY ON OCTOBER 6TH
BLACK WOMEN FOR COMMUNITY EMPOWERMENT - P.O. BOX 4607 - SANTA BARBARA, CA 93140		UNINCORPORATED	5,000.	0.			UNITY SUMMIT & AFRICAN AMERICAN FESTIVAL
TEACHERS FOR THE STUDY OF EDUCATIONAL INSTITUTIONS - 436 ALAN ROAD - SANTA BARBARA, CA 93109		UNINCORPORATED	5,000.	0.			THE NEW MULTICULTURALISM: A SUSTAINABLE FUTURE FOR ALL CALIFORNIANS

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
PIONEER VALLEY HIGH SCHOOL LINK CREW - 675 PANTHER DRIVE - SANTA MARIA, CA 93454		UNINCORPORATED	1,350.	0.			GENERAL SUPPORT
PEER BUDDY VOLUNTEERS 410 NICHOLAS LANE SANTA BARBARA, CA 93108		UNINCORPORATED	1,680.	0.			PEER BUDDIES
SAN MARCOS HIGH SCHOOL 4750 HOLLISTER AVENUE SANTA BARBARA, CA 93110		UNINCORPORATED	1,877.	0.			SERGIO'S GUITAR CLUB
SANTA BARBARA CITY COLLEGE IDEAS 6512 SEGOVIA ROAD, APT 309 SANTA BARBARA, CA 93117		UNINCORPORATED	614.	0.			ALTERNATIVE AND EFFECTIVE PATHWAYS TO HIGHER EDUCATION

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.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE DISTRIBUTED AFTER THE COMPLETION OF A RIGOROUS APPLICATION REVIEW PROCESS WHICH INCLUDES AN INITIAL INQUIRY, STAFF FEEDBACK TO A DRAFT PROPOSAL, A FORMAL PROPOSAL, TWO GRANT-MAKING COMMITTEE REVIEW MEETINGS, A SITE VISIT, AND THE VOTE OF THE FULL BOARD OF DIRECTORS. ONCE A GRANT IS MADE, ALL RECIPIENTS ARE CONTACTED ON A REGULAR BASIS BY STAFF, A WRITTEN REPORT IS DUE EVERY 6 MONTHS AND WHEN ALL THE FUNDS ARE EXPENDED. AS NECESSARY, FOLLOW-UP SITE VISITS ARE PERFORMED. ALL GRANT DECISIONS ARE REPORTED TO THE FUND'S DONORS AND THE LARGER COMMUNITY. WHEN TERMS OF A GRANT AGREEMENT ARE VIOLATED, A GRANT MAY BE RESCINDED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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.**

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	18	7,840.	EST. FAIR MARKET VAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		540.	EST. FAIR MARKET VAL
5 Clothing and household goods	X		3,864.	EST. FAIR MARKET VAL
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	13,444.	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	11	30,605.	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	162	46,153.	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** 0

	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.		

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

FORM 990, PART VI, SECTION B, LINE 11: THE FUND FOR SANTA BARBARA CIRCULATES THE COMPLETED FORM 990 EACH YEAR TO THE FULL BOARD VIA EMAIL PRIOR TO A REGULARLY SCHEDULED BOARD MEETING TO SOLICIT QUESTIONS, COMMENTS, OR CHANGES. THE 990 IS THEN REVIEWED AT THE CORRESPONDING BOARD MEETING AND A FORMAL VOTE TO "ACCEPT AND FILE" THE FORM 990 IS TAKEN AND RECORDED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C: THE FUND FOR SANTA BARBARA'S CONFLICT OF INTEREST POLICY AND SELF-DEALING POLICY ARE REVIEWED ANNUALLY BY THE FULL BOARD OF DIRECTORS AND GRANT-MAKING COMMITTEE. BOTH DOCUMENTS ARE PROVIDED TO AND REVIEWED WITH ALL NEW BOARD MEMBERS AT THEIR FORMAL ORIENTATION. WHEN GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS, ALL CONFLICTS ARE IDENTIFIED IN WRITING AND READ ALOUD VERBALLY TO BE RECORDED IN THE MINUTES. ALL PARTIES WITH CONFLICTS ABSTAIN FROM THE CORRESPONDING VOTES FOR GRANT APPROVAL. WHEN APPROPRIATE, MEMBERS ARE ASKED TO STEP OUT OF THE ROOM.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY A REVIEW COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE CONSIDERS MULTIPLE FACTORS INCLUDING THE EXECUTIVE DIRECTOR'S PERFORMANCE, FUNDRAISING GOALS, SALARIES AT COMPARABLE ORGANIZATIONS, COMPENSATION SURVEYS PUBLISHED BY THE CENTER FOR NONPROFIT MANAGEMENT, AND COST OF LIVING. ALL COMPENSATION ADJUSTMENTS ARE RECOMMENDED BY THE EXECUTIVE COMMITTEE AND VOTED ON BY THE FULL BOARD OF DIRECTORS.

Name of the organization FUND FOR SANTA BARBARA, INC.	Employer identification number 77-0070742
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FORM 990, PART VI, SECTION C, LINE 18: THE FUND FOR SANTA BARBARA MAKES ITS FORM 990 AND 1023 AVAILABLE TO THE PUBLIC VIA ITS WEBSITE, ON GUIDESTAR.ORG AND BY REQUEST (FOR HARD COPIES).

FORM 990, PART VI, SECTION C, LINE 19: THE FUND FOR SANTA BARBARA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, SELF-DEALING POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE AND BY REQUEST (FOR HARD COPIES).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHARITABLE REMAINDER TRUST VALUE 6,636.

FORM 990, PAGE 11, PART XI, QUESTION 2C
DESCRIPTION OF COMMITTEE OVERSIGHT ON COMPILATION OF FINANCIAL STATEMENTS
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
DESCRIPTION OF VOLUNTEER DUTIES

VOLUNTEER DUTIES INCLUDE:

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

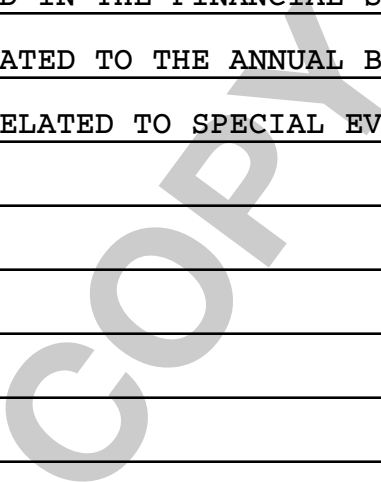
Name of the organization FUND FOR SANTA BARBARA, INC.	Employer identification number 77-0070742
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2. SERVICE ON THE GRANT-MAKING COMMITTEE - ASSESSING THE GRANT APPLICATIONS, CONDUCTING SITE VISITS, AND MAKING FUNDING RECOMMENDATIONS TO THE BOARD OF DIRECTORS (10)

3. OFFICE SUPPORT - PREPARING MAILINGS, ENTERING DATA, ASSISTING WITH SELECT ADMINISTRATIVE TASKS (10)

SCHEDULE M - NONCASH CONTRIBUTIONS

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



IRS *e-file* Signature Authorization
for an Exempt Organization

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20____

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

FUND FOR SANTA BARBARA, INC.

77-0070742

Name and title of officer

GEOFF GREEN

EXECUTIVE DIRECTOR

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>789914</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MCGOWAN GUNTERMANN** to enter my PIN **70742**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

77529680171
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

TAXABLE YEAR
2012

California Exempt Organization Annual Information Return

228941 12-18-12
FORM
199

Calendar Year 2012 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

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

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p>G 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</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes 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.</p>	<p>J 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.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and 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"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	686,154.00	
	2	Gross dues and assessments from members and affiliates	2	00	
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	729,095.00	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	4	1,415,249.00	
	This line must be completed. If the result is less than \$50,000, see General Instruction B				
	5	Cost of goods sold	5	00	
	6	Cost or other basis, and sales expenses of assets sold	6	470,576.00	
	7	Total costs. Add line 5 and line 6	7	470,576.00	
8	Total gross income. Subtract line 7 from line 4	8	944,673.00		
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,236,728.00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-292,055.00	
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A	
	12	Total payments	12	00	
	13	Penalties and Interest. See General Instruction J	13	00	
	14	Use tax. See General Instruction K	14	00	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00	

Sign Here 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.

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

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

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

228951 12-18-12

Receipts from Other Sources Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	•	1	72,410.00
	2	Interest	•	2	17,323.00
	3	Dividends	•	3	103,952.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	477,687.00
	7	Other income	•	7	14,782.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	686,154.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	508,715.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	115,130.00
	12	Other salaries and wages	•	12	176,362.00
	13	Interest	•	13	00
	14	Taxes	•	14	22,128.00
	15	Rents	•	15	54,209.00
	16	Depreciation and depletion (See instructions)	•	16	2,192.00
	17	Other Expenses and Disbursements	•	17	357,992.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,236,728.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		85,646.		30,163.
2 Net accounts receivable		5,773.		5,353.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 8		1,902,191.		1,952,291.
8 Mortgage loans				
9 Other investments STMT 9		665,621.		714,632.
10 a Depreciable assets	21,653.		23,555.	
b Less accumulated depreciation	(17,591.)	4,062.	(19,783.)	3,772.
11 Land				
12 Other assets STMT 10		293,118.		163,128.
13 Total assets		2,956,411.		2,869,339.
Liabilities and net worth				
14 Accounts payable		9,928.		13,856.
15 Contributions, gifts, or grants payable		45,200.		65,000.
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 11		9,353.		8,438.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,891,930.		2,782,045.
22 Total liabilities and net worth		2,956,411.		2,869,339.

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	• -292,055.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	-292,055.
6	Total. Add line 1 through line 5	-292,055.			

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
WALDEN - DETAIL AVAILABLE UPON REQUEST	VARIOUS	VARIOUS	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	379,244.	0.	0.	408,713.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
MSSB - DETAIL AVAILABLE UPON REQUEST	VARIOUS	VARIOUS	DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	91,332.	0.	0.	68,974.
TOTAL TO FORM 199, PAGE 2, LN 6	470,576.	0.	0.	477,687.

FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
RESCINDED GRANTS	1,500.
GRANT MANAGEMENT FEES	13,282.
TOTAL TO FORM 199, PART II, LINE 7	14,782.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	5
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ACTIVITY CLASSIFICATION: 82 GRANTS AWARDED FOR YEAR ENDED DECEMBER 31, 2012

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS ORGANIZATIONS	DETAIL AVAILABLE ON FEDERAL 990 AND UPON REQUEST	NONE	508,715.

TOTAL FOR THIS ACTIVITY	508,715.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	508,715.
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FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	6
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CAROL KEATOR 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	PRESIDENT 2.00	0.
KARA POWIS 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	BOARD/GMC LIAISON 2.00	0.
TANIA ISRAEL 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	SECRETARY 2.00	0.
GEOFF SLAFF 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	VICE-PRESIDENT 2.00	0.
JACK UCCIFERRI 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	TREASURER 2.00	0.
JANE BRODY 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 1.00	0.

VIJAYA JAMMALAMADAKA 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.
ANNA DISTEFANO 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.
GEOFF GREEN 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR 40.00	115,130.
TOTAL TO FORM 199, PART II, LINE 11		<u>115,130.</u>

FORM 199	OTHER EXPENSES	STATEMENT	7
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIRECT PROGRAM EXPENSE	43,287.
YOUTH MAKING CHANGE	16,508.
PRINTING AND POSTAGE	7,605.
DUES AND SUBSCRIPTIONS	7,273.
DIRECT EXPENSES OF FUNDRAISING EVENTS	154,759.
PENSION PLAN CONTRIBUTIONS	7,070.
OTHER EMPLOYEE BENEFITS	15,620.
ACCOUNTING FEES	11,622.
INVESTMENT MANAGEMENT FEES	15,286.
OTHER PROFESSIONAL FEES	42,000.
ADVERTISING AND PROMOTION	3,602.
OFFICE EXPENSES	7,837.

INFORMATION TECHNOLOGY	6,390.
CONFERENCES AND CONVENTIONS	14,010.
INSURANCE	5,123.
TOTAL TO FORM 199, PART II, LINE 17	357,992.

FORM 199	INVESTMENTS IN STOCK	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	1,902,191.	1,952,291.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	1,902,191.	1,952,291.

FORM 199	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
MORGAN STANLEY & CO MATURITY 10/22/2020	342,714.	378,917.
BANK OF AMERICA CORP MATURITY 11/19/2014	322,907.	335,715.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	665,621.	714,632.

FORM 199	OTHER ASSETS	STATEMENT	10
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	148,782.	13,375.
DEPOSITS	1,428.	1,123.
CHARITABLE REMAINDER TRUST INVESTMENT ASSETS	142,908.	148,630.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	293,118.	163,128.

FORM 199	OTHER LIABILITIES	STATEMENT	11
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
CHARITABLE REMAINDER TRUST LIABILITY	9,353.	8,438.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	9,353.	8,438.

FORM 199

FUND BALANCES

STATEMENT 12

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	777,696.	727,176.
TEMPORARILY RESTRICTED ASSETS	763,996.	704,631.
PERMANENTLY RESTRICTED ASSETS	1,350,238.	1,350,238.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	<u>2,891,930.</u>	<u>2,782,045.</u>

COPY

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 77-0070742

Corporation name

California corporation number

FUND FOR SANTA BARBARA, INC.

1334209

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12	13	

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

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	13	23,555.	17,591.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	2,192.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	2,192.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	2,192.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12					22	

CA 3885		DEPRECIATION				STATEMENT 13	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
5 WOOD CABINET	05/10/00	559.	511.	SL	7.00	0.	
8 TELEPHONE HEADSET	06/23/00	194.	194.	SL	5.00	0.	
11 COMPUTER EQUIPMENT	11/09/01	1,196.	1,120.	SL	5.00	0.	
12 COMPUTER EQUIPMENT	12/14/01	1,176.	1,105.	SL	5.00	0.	
13 EXCEED DATABASE	06/05/02	2,529.	2,529.	SL	3.00	0.	
14 OFFICE CHAIR	03/22/02	180.	163.	SL	7.00	0.	
15 SAMSUNG FLAT SCREEN	11/19/02	1,100.	1,014.	SL	5.00	0.	
16 COMPUTER SYSTEM	03/30/04	661.	630.	SL	5.00	0.	
17 DELL 6400 LAPTOP	10/11/06	1,061.	1,061.	SL	5.00	0.	
18 DELL 6400 LAPTOP	10/11/06	1,060.	1,060.	SL	5.00	0.	
19 CANNON IR 3200	04/01/06	7,000.	5,750.	SL	7.00	1,000.	
20 DELL OPTIPLEX	06/13/08	714.	512.	SL	5.00	143.	
21 SONY LAPTOP	07/15/08	848.	595.	SL	5.00	170.	
22 DELL OPTIPLEX	08/14/08	823.	564.	SL	5.00	165.	
23 DELL VOSOTRO COMPUTER	01/26/09	630.	368.	SL	5.00	126.	
24 DELL COMPUTER FOR SM OFFICE	06/11/10	825.	261.	SL	5.00	165.	
25 DELL VOSTRO COMPUTER FOR SB OFFICE	03/11/11	529.	88.	SL	5.00	106.	
26 POLYCOM CONFERENCE PHONE FOR SB OFFICE	05/23/11	568.	66.	SL	5.00	114.	
27 DELL VPSZ LAPTOP	05/04/12	1,139.		SL	5.00	152.	
28 DELL VOSTRO 260ST DESKTOP	08/24/12	763.		SL	5.00	51.	
TOTAL DEPR TO FORM 3885		23,555.	17,591.			2,192.	

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: CT <u>58866</u> FUND FOR SANTA BARBARA, INC. <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>	Check if: <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 01/01/2012 ending 12/31/2012) list:
 Gross annual revenue \$ 789,914. Total assets \$ 2,869,339.

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