

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FUND FOR SANTA BARBARA, INC. Doing business as		D Employer identification number 77-0070742
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 26 W. ANAPAMU STREET		E Telephone number (805) 962-9164
	City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101		G Gross receipts \$ 1,547,753.
	F Name and address of principal officer: DR. MARCOS VARGAS 26 W. ANAPAMU STREET, SANTA BARBARA, CA 931		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

J Website: ▶ WWW.FUNDFORSANTABARBARA.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1980 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE CASH GRANTS AND FREE CONSULTING TO GRASSROOTS ORGANIZATIONS IN SANTA BARBARA COUNTY
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 11
	6 Total number of volunteers (estimate if necessary) 6 170
	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 1,194,938. Current Year 1,103,845.
	9 Program service revenue (Part VIII, line 2g) 3,895. 7,423.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 102,943. 120,865.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -81,203. -50,994.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,220,573. 1,181,139.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 427,710. 363,708.
	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) 465,891. 492,979.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 84,421.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 409,370. 390,534.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,302,971. 1,247,221.
19 Revenue less expenses. Subtract line 18 from line 12 -82,398. -66,082.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 2,421,707. End of Year 2,422,787.
	21 Total liabilities (Part X, line 26) 130,568. 140,681.
	22 Net assets or fund balances. Subtract line 21 from line 20 2,291,139. 2,282,106.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FUND FOR SANTA BARBARA IS A NONPROFIT COMMUNITY FOUNDATION DEDICATED TO ADDRESSING THE ROOT CAUSES OF SOCIAL, ECONOMIC AND ENVIRONMENTAL CHALLENGES IN SANTA BARBARA COUNTY.

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

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

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

4a (Code:) (Expenses \$ 983,903. including grants of \$ 363,708.) (Revenue \$ 10,030.) THE FUND'S GRANTMAKING PROGRAM PROVIDES CASH GRANTS TO COMMUNITY ORGANIZATIONS WORKING FOR SOCIAL, ECONOMIC, ENVIRONMENTAL AND POLITICAL CHANGE AT THE GRASSROOTS LEVEL.

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 983,903.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (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, address, and telephone number of the person who possesses the organization's books and records: MARCOS VARGAS - (805) 962-9164 26 WEST ANAPAMU STREET, SANTA BARBARA, CA 93101

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNA DISTEFANO PRESIDENT	6.00	X		X				0.	0.	0.
(2) IGNACIO ALARCON SECRETARY	6.00	X		X				0.	0.	0.
(3) TED RHODES VICE-PRESIDENT	6.00	X		X				0.	0.	0.
(4) MAHIL SENATHIRAJAH TREASURER	6.00	X		X				0.	0.	0.
(5) SAMUEL DUERTE DIRECTOR	3.00	X						0.	0.	0.
(6) JOYCE HOWERTON DIRECTOR	3.00	X						0.	0.	0.
(7) GLORIA LIGGETT DIRECTOR	3.00	X						0.	0.	0.
(8) JO ANN BELL DIRECTOR	3.00	X						0.	0.	0.
(9) DAVID LANDECKER DIRECTOR	3.00	X						0.	0.	0.
(10) MARGARET LAZARUS DIRECTOR	3.00	X						0.	0.	0.
(11) CHELSEA LANCASTER DIRECTOR	3.00	X						0.	0.	0.
(12) PEDRO PAZ DIRECTOR	3.00	X						0.	0.	0.
(13) LAWANDA LYONS-PRUITT DIRECTOR	3.00	X						0.	0.	0.
(14) ALICE O'CONNOR DIRECTOR	3.00	X						0.	0.	0.
(15) ALMA HERNANDEZ WILSON DIRECTOR	3.00	X						0.	0.	0.
(16) CHERYL HERMANN DIRECTOR	3.00	X						0.	0.	0.
(17) DR. MARCOS VARGAS EXECUTIVE DIRECTOR	40.00			X				112,500.	0.	3,379.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 227,221.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 876,624.				
	g Noncash contributions included in lines 1a-1f: \$	91,967.				
	h Total. Add lines 1a-1f	▶ 1,103,845.				
	Program Service Revenue	2 a PROGRAM MANAGEMENT FEE	Business Code 561000	7,423.	7,423.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 7,423.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 50,937.			50,937.	
	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	309,715.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	239,787.			
		c Gain or (loss)	69,928.			
	d Net gain or (loss)	▶ 69,928.			69,928.	
	8 a Gross income from fundraising events (not including \$ 227,221. of contributions reported on line 1c). See Part IV, line 18	a 73,226.				
		b Less: direct expenses	126,827.			
c Net income or (loss) from fundraising events		▶ -53,601.			-53,601.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a RESCINDED GRANTS	900099	2,607.	2,607.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 2,607.				
12 Total revenue. See instructions.	▶ 1,181,139.	10,030.	0.	67,264.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	363,708.	363,708.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,879.	63,733.	23,176.	28,970.
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	307,586.	236,185.	39,767.	31,634.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,537.	4,983.	748.	806.
9 Other employee benefits	28,375.	23,603.	2,058.	2,714.
10 Payroll taxes	34,602.	25,037.	4,654.	4,911.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	41,335.		41,335.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,868.		14,868.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	34,592.	27,350.	6,980.	262.
12 Advertising and promotion				
13 Office expenses	32,026.	19,481.	7,468.	5,077.
14 Information technology				
15 Royalties				
16 Occupancy	103,584.	62,150.	33,147.	8,287.
17 Travel	6,788.	6,788.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,363.	15,363.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,936.		2,936.	
23 Insurance	8,801.	5,281.	1,760.	1,760.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NONPROFIT RESOURCE NETW	73,500.	73,500.		
b DIRECT PROGRAM EXPENSE	34,868.	34,868.		
c YOUTH MAKING CHANGE	15,813.	15,813.		
d DUES AND SUBSCRIPTIONS	6,060.	6,060.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,247,221.	983,903.	178,897.	84,421.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	472,693.	2	373,309.
	3 Pledges and grants receivable, net	26,851.	3	50,506.
	4 Accounts receivable, net	87.	4	0.
	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 46,197.		
	b Less: accumulated depreciation	10b 29,109.	6,154.	10c 17,088.
	11 Investments - publicly traded securities	1,750,048.	11	1,810,733.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	165,874.	15	171,151.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,421,707.	16	2,422,787.	
Liabilities	17 Accounts payable and accrued expenses	50,067.	17	34,052.
	18 Grants payable	75,000.	18	102,100.
	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	5,501.	25	4,529.
	26 Total liabilities. Add lines 17 through 25	130,568.	26	140,681.
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	342,791.	27	209,717.
	28 Temporarily restricted net assets	598,110.	28	722,151.
	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	2,291,139.	33	2,282,106.	
34 Total liabilities and net assets/fund balances	2,421,707.	34	2,422,787.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,181,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,247,221.
3	Revenue less expenses. Subtract line 2 from line 1	3	-66,082.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,291,139.
5	Net unrealized gains (losses) on investments	5	50,800.
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	6,249.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,282,106.

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	525,070.	581,577.	732,423.	915,995.	876,624.	3631689.
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	525,070.	581,577.	732,423.	915,995.	876,624.	3631689.
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)						834,530.
6 Public support. Subtract line 5 from line 4.						2797159.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	525,070.	581,577.	732,423.	915,995.	876,624.	3631689.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121,275.	99,132.	247,631.	102,943.	120,865.	691,846.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				5,000.	10,030.	15,030.
11 Total support. Add lines 7 through 10						4338565.
12 Gross receipts from related activities, etc. (see instructions)					12	1,333,879.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	64.47 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	65.49 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Horizontal lines for supplemental information input.

COPY

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	21,346.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	21,346.													
c	Total lobbying expenditures (add lines 1a and 1b)	42,692.													
d	Other exempt purpose expenditures	1,204,529.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,247,221.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	199,722.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)	49,931.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	197,505.	207,635.	205,503.	199,722.	810,365.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,215,548.
c Total lobbying expenditures	42,577.	43,874.	32,889.	42,692.	162,032.
d Grassroots nontaxable amount	49,376.	51,909.	51,376.	49,931.	202,592.
e Grassroots ceiling amount (150% of line 2d, column (e))					303,888.
f Grassroots lobbying expenditures	22,087.	21,291.	10,933.	21,346.	75,657.

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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 campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	3	
2 Aggregate value of contributions to (during year)	80,000.	
3 Aggregate value of grants from (during year)	115,542.	
4 Aggregate value at end of year	72,824.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,748,205.	2,050,839.	1,996,518.	1,877,572.	1,806,170.
b Contributions					
c Net investment earnings, gains, and losses	156,423.	-5,664.	143,506.	401,821.	157,139.
d Grants or scholarships					
e Other expenditures for facilities and programs	95,900.	296,970.	89,185.	282,875.	85,737.
f Administrative expenses					
g End of year balance	1,808,728.	1,748,205.	2,050,839.	1,996,518.	1,877,572.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 75.00 %
- c Temporarily restricted endowment 25.00 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		46,197.	29,109.	17,088.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,088.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	1,123.
(2) CHARITABLE REMAINDER TRUST INVESTMENT ASSETS	170,028.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	171,151.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER TRUST	
(3) LIABILITY	4,529.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,529.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,220,713.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	50,800.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	-2,607.	
d	Other (Describe in Part XIII.)	2d	6,249.	
e	Add lines 2a through 2d	2e		54,442.
3	Subtract line 2e from line 1	3		1,166,271.
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	14,868.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		14,868.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,181,139.

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

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

1	Total expenses and losses per audited financial statements		1	1,229,746.
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		0.
3	Subtract line 2e from line 1	3		1,229,746.
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	14,868.	
b	Other (Describe in Part XIII.)	4b	2,607.	
c	Add lines 4a and 4b	4c		17,475.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,247,221.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

EARNINGS ARE APPROPRIATED FOR EXPENDITURE AT A RATE OF 5% OF THE AVERAGE MARKET VALUE AT JUNE 30TH OF THE 3 PRIOR YEARS. APROPRIATED EARNINGS ARE UNRESTRICTED AND USED TO SUPPORT GENERAL PROGRAM OPERATIONS AND GRANTMAKING. AS OF DECEMBER 31, 2016, UNAPROPRIATED ACCUMULATED EARNINGS ON PERMANENTLY RESTRICTED ENDOWMENT ASSETS TOTALED \$458,490.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

23701(D); THEREFORE, NO PROVISION FOR INCOME TAXES IS REQUIRED. THE FUND QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

THE FUND FOR SANTA BARBARA EVALUATES UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLY AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2016, 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 2013 AND 2012, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN VALUE OF CHARITABLE TRUST 6,249.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS 2,607.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BREAD AND ROSES ANNUAL (event type)	GRANT AWARDS RECEPTION (event type)	5 (total number)	
Revenue	1	Gross receipts	292,904.	7,543.	300,447.
	2	Less: Contributions	219,678.	7,543.	227,221.
	3	Gross income (line 1 minus line 2)	73,226.		73,226.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	9,935.		9,935.
	7	Food and beverages	30,400.		30,400.
	8	Entertainment	1,215.		1,215.
	9	Other direct expenses	85,277.		85,277.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			126,827.
11	Net income summary. Subtract line 10 from line 3, column (d)			-53,601.	

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGIF EDUCATION FOUNDATION 702 E. EL CAMINO STREET SANTA MARIA, CA 93454	77-0289965	501(C)3	2,937.	0.			ONE COMMUNITY ACTION COALITION
ALLAN HANCOCK JOINT COMMUNITY COLLEGE DISTRICT - 3763 URANUS AVENUE - LOMPOC, CA 93436	52-1692042	501(C)3	4,800.	0.			STUDENTS ORGANIZING FOR ADVOCACY AND RETENTION (SOAR) CLUB
AMERICAN SIGN LANGUAGE CLUB (FOUNDATION FOR SBCC) - 721 CLIFF DR. - SANTA BARBARA, CA 93109	95-3234551	501(C)3	6,500.	0.			DEAF COMMUNITY EMPOWERMENT PROGRAM
AVID CLASS OF 2018 SANTA MARIA HIGH SCHOOL - 901 SOUTH BROADWAY - SANTA MARIA, CA 93454	52-1703494	501(C)3	2,450.	0.			INSPIRING COLLEGE DREAMS THROUGH FILM
AVP SANTA BARBARA P.O. BOX 3294 SANTA BARBARA, CA 93130	77-0148410	501(C)3	30,000.	0.			ALL VALUABLE PEOPLE
BEEKEEPERS GUILD OF SANTA BARBARA PO BOX 6057 SANTA BARBARA, CA 93160	46-3861172	501(C)3	5,000.	0.			PLANT BEE FRIENDLY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **51.**

3 Enter total number of other organizations listed in the line 1 table **6.**

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

Schedule I (Form 990) (2016)

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
BELLAS ARTES P.O. BOX 597 SANTA BARBARA, CA 93013	77-0578720	501(C)3	1,500.	0.			MURAL RE - PAINTING
BIG BROTHERS BIG SISTERS SITE BASED MENTORING PROGRAM - 123 WEST GUTIERREZ STREET - SANTA BARBARA, CA 93101	95-1644031	501(C)3	2,326.	0.			BIGS AND LITTLE'S HELPING TOGETHER
BOYS AND GIRLS CLUB SANTA MARIA VALLEY KEYSTONE CLUB - 901 NORTH RAILROAD AVENUE - SANTA MARIA, CA 93458	95-2468116	501(C)3	2,234.	0.			DROP IT LIKE IT'S HOT!!!
BRAVE NEW FILMS 10510 CULVER BLVD. CULVER CITY, CA 90232	94-3209789	501(C)3	2,248.	0.			FILM SCREENING: MAKING A KILLING: GUNS, GREED, AND THE NRA
CALIFORNIA WATER IMPACT NETWORK (C-WIN) - 808 ROMERO CANYON ROAD - SANTA BARBARA, CA 93108	30-0006662	501(C)3	3,000.	0.			SANTA BARBARA CAMPAIGN
CARPINTERIA CHILDREN'S PROJECT 5201 8TH STREET CARPINTERIA, CA 93013	81-1407122	UNINCORPORATED	9,500.	0.			CARPINTERIA CHILDREN'S PROJECT
CAUSE 2021 SPERRY AVENUE, SUITE 9 VENTURA, CA 93003	77-0578864	501(C)3	30,000.	0.			BUILDING LEADERSHIP AND ORGANIZING IN OUR NEIGHBORHOODS
CE'ENI 437 ROBLE STREET SANTA MARIA, CA 93454	83-0460898	501(C)3	8,000.	0.			CONFERENCIA Y ENCUENTRO PARA JOVENES INDIGENAS
CENTRAL COAST FUTURE LEADERS 110 S. LINCOLN ST. SUITE 103 SANTA MARIA, CA 93458	45-5369418	501(C)3	8,000.	0.			CCFL YOUTH ADVOCACY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL COAST FUTURE LEADERS 110 S. LINCOLN ST SUITE 103 SANTA MARIA, CA 93458	45-5369418	501(C)3	990.	0.			GUADALUPE FUTURE LEADERS & SPRING FORWARD GUADALUPE
CENTRAL COAST LITERACY COUNCIL (CCLC) - 421 S MCCLELLAND AVENUE - SANTA MARIA, CA 93458	77-0119386	501(C)3	8,500.	0.			EMPOWER ADULTS THROUGH ENGLISH LITERACY
CITIZENS PLANNING ASSOCIATION 335 SOUTH H STREET LOMPOC, CA 93436	95-2104424	501(C)3	8,500.	0.			LOMPOC COMMUNITY ENVIRONMENTAL PROJECT
CITY AT PEACE - SANTA BABRARA 1215 DE LA VINA STREET SANTA BARBARA, CA 93101	26-2632139	501(C)3	10,000.	0.			RESTORATIVE JUSTICE PROJECT
COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY (CAC) - 5638 HOLLISTER AVENUE, SUITE 230 - GOLETA, CA 93117	95-2491790	501(C)3	3,000.	0.			BILINGUAL SANTA MARIA YOUTH RESOURCE GUIDE
CUYAMA VALLEY FAMILY RESOURCE CENTER - P.O. BOX 5, 4689 HIGHWAY 166 - NEW CUYAMA, CA 93254	45-1221069	501(C)3	10,000.	0.			CUYAMA VALLEY COMMUNITY ASSOCIATION
ENVIRONMENTAL DEFENSE CENTER (EDC) 906 GARDEN ST SANTA BARBARA, CA 93101	77-0061994	501(C)3	8,000.	0.			PROTECTING OUR COMMUNITY FROM NEW OFFSHORE OIL DEVELOPMENT
EVERYBODY DANCE NOW! (EDN!) 763 BIRCH WALK APT. F ISLA VISTA, CA 93117	45-2107249	501(C)3	2,375.	0.			ONE TRANSFORMATIVE YEAR FOR AT-RISK YOUTH DANCERS
FAMILIES ACT! 123 EAST PEDREGOSA STREET SANTA BARBARA, CA 93101	38-3767998	501(C)3	6,000.	0.			BEDS NOT CELLS

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
FOUR INGENIEROS FOUNDATION 102 N. HOPE AVE. APT 138 SANTA BARBARA, CA 93110	81-3893071	UNINCORPORATED	5,000.	0.			FOUR INGENIEROS FOUNDATION ENGINEERING COMPETITION
FRIENDS OF THE CARPINTERIA LIBRARY 1150 BAILARD AVENUE CARPINTERIA, CA 93013	23-7075498	501(C)3	6,000.	0.			ARTESANIA PARA LA FAMILIA (FAMILY ARTS & CRAFTS)
FRIENDS OF THE SANTA BARBARA PUBLIC LIBRARY - P. O. BOX 1019 - SANTA BARBARA, CA 93102	23-7380305	501(C)3	1,500.	0.			YOUTH ISOLATION EXHIBIT
FRIENDS OF THE SANTA BARBARA PUBLIC LIBRARY - 40 E. ANAPAMU ST / PO BOX 1019 - SANTA BARBARA, CA 93101	23-7380305	501(C)3	5,460.	0.			LIBRARY TEEN SPACE
GUADALUPE UNION SCHOOL DISTRICT 4681 11TH ST GUADALUPE, CA 93434	95-6000940	UNINCORPORATED	10,000.	0.			THE GUADALUPE COMMUNITY CHANGERS
GUARDIAN SCHOLARS PROGRAM SANTA BARBARA CITY COLLEGE - 721 CLIFF DR. - SANTA BARBARA, CA 93101	95-3234551	501(C)3	1,700.	0.			RESOURCE MAP AND OUTREACH/PEER MENTORING
HACSB (HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA) TEEN NIGHT - 808 LAGUNA ST. - SANTA BARBARA, CA 93101	26-0417729	501(C)3	3,000.	0.			EL PROXIMO PASO ("THE NEXT STEP")
INDEPENDENT LIVING RESOURCE CENTER, INC. - 423 W. VICTORIA ST. - SANTA BARBARA, CA 93101	93-3255012	501(C)3	3,204.	0.			BUSTING BARRIERS TO CIVIC ENGAGEMENT FOR PEOPLE WITH DISABILITIES AND SENIORS
INTERFAITH INITIATIVE/HEAL 430 CAMINO TALAVERA GOLETA, CA 93117	47-0920616	501(C)3	7,500.	0.			SHOWERS OF BLESSING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST COMMUNITIES 1528 CHAPALA STREET, SUITE 308 SANTA BARBARA, CA 93101	27-1540620	501(C)3	10,000.	0.			NORTH COUNTY YOUTH ORGANIZING INITIATIVE
JUST COMMUNITIES 322 W. CANON PERDIDO, APT 1 SANTA BARBARA, CA 93101	27-1540620	501(C)3	10,000.	0.			COME TOGETHER INITIATIVE
LATINOS UNIDOS ERHS 941 FOSTER ROAD SANTA MARIA, CA 93455	52-1703494	501(C)3	1,400.	0.			LATINOS UNIDOS 2016 CONFERENCE
LEGAL AID FOUNDATION OF SANTA BARBARA COUNTY - 301 EAST CANON PERDIDO STREET - SANTA BARBARA, CA 93101	95-2112634	501(C)3	3,900.	0.			HUMAN TRAFFICKING LEGAL ASSISTANCE
LOMPOC COOPERATIVE DEVELOPMENT PROJECT - P.O. BOX 2706 - LOMPOC, CA 93438	47-1021798	501(C)3	10,000.	0.			OUTREACH TO THE COMMUNITY
MARTIN LUTHER KING, JR. DAY CELEBRATION COMMITTEE - 1417 VILLAGE MEADOWS DRIVE - LOMPOC, CA 93436	81-1652997	501(C)3	3,500.	0.			MULTICULTURAL CELEBRATION OF REV. DR. KING'S VISION
MUJER DE UCSB UC SANTA BARBARA SANTA BARBARA, CA 93106	95-6006145	501(C)3	2,600.	0.			MUJERCITAS CONFERENCE
P.A.L. KEY CLUB 600 S. MCCLELLAND ST. SANTA MARIA, CA 93454	77-0469844	501(C)3	1,400.	0.			SUPPORT GROUP BY TEEN FOR TEENS
PACIFIC PRIDE FOUNDATION 126 EAST HALEY STREET, SUITE A-11 SANTA BARBARA, CA 93101	95-3133613	501(C)3	10,000.	0.			LGBTQ+ YOUTH ADVOCATE LEADERSHIP PROGRAM (YALP)

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
PEERBUDDIES 3463 STATE ST. APT 275 SANTA BARBARA, CA 93105	45-3029148	UNINCORPORATED	2,000.	0.			PEERBUDDIES VOLUNTEERS
PROJECT TEEN HEALTH CLUB 1030 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	95-2410253	501(C)3	2,275.	0.			PROJECT TEEN HEALTH CLUB
QUAIL SPRINGS PERMACULTURE 35070 HWY 33 MARICOPA, CA 93252	38-3692928	501(C)3	6,865.	0.			YOUTH EMPOWERMENT FOR SOCIAL AND ENVIRONMENTAL CHANGE IN THE CUYAMA VALLEY
SAN LOUIS OBISPO MOTHERS FOR PEACE 475 SQUIRE CANYON ROAD SAN LOUIS OBISPO, CA 93401	95-3081240	501(C)3	2,750.	0.			HOW RADIOACTIVE IS OUR OCEAN?
SANTA BARBARA CHANNELKEEPER 714 BOND AVE SANTA BARBARA, CA 93103	91-2151460	501(C)3	5,000.	0.			IMPLEMENTING LESSONS LEARNED FROM THE REFUGIO OIL SPILL
SANTA BARBARA EDUCATION FOUNDATION PO BOX 60103 SANTA BARBARA, CA 93160	77-0071544	501(C)3	4,845.	0.			QUETZAL ENTREPRENEURIAL GARDEN MARKET PROJECT
SANTA BARBARA PAL'S YOUTH LEADERSHIP CONFERENCE - PO BOX 91121 - SANTA BARBARA, CA 93101	77-0523426	501(C)3	1,825.	0.			6TH ANNUAL BIG & LITTLE PAL SPRING BREAK MENTORING CAMP
SANTA BARBARA TRANSGENDER ADVOCACY NETWORK - 206 WAVECREST COURT - GOLETA, CA 93117	81-2846365	501(C)3	8,250.	0.			THE SANTA BARBARA TRANSGENDER CENTER
SBCAN 1553 EAGLE STREET SANTA MARIA, CA 93454	73-1676916	501(C)3	1,049.	0.			MOBILE HOMEOWNERS PROJECT

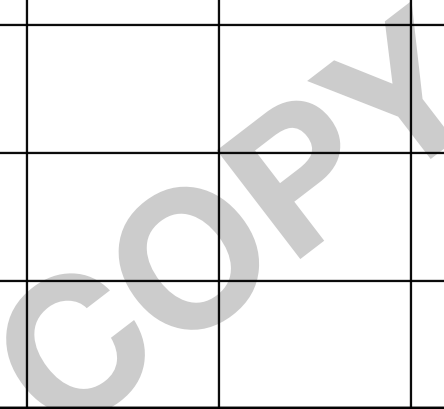
Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELBY FOOTHILLS COALITION (FISCAL SPONSOR: SBCAN) - P.O. BOX 23453 - SANTA BARBARA, CA 93121	73-1676916	501(C)3	8,900.	0.			IMPACTS OF REZONING AGRICULTURAL LANDS TO RESIDENTIAL DESIGNATIONS
SPAN - SPANISH SPEAKERS ACCESS NETWORK - 1237 PRIMROSE COURT - LOMPOC, CA 93436	37-1779271	UNINCORPORATED	5,000.	0.			SPANISH LANGUAGE DRIVER'S ED CLASSES
TEENS IN ACTION 340 POMEROY PISMO BEACH, CA 93449	13-1623921	501(C)3	1,925.	0.			"SAVE THE PARK" YOUTH EVENTS
THE BLESSED TREE FOUNDATION 100 SUMIDA GARDENS LANE #204 SANTA BARBARA, CA 93111	47-5054654	UNINCORPORATED	8,000.	0.			RUMI BOUQUET / INTERFAITH COOKOUT
UCSB AFRIKAN BLACK COALITION UCSB OFFICE OF STUDENT LIFE 2260 STUDENT RESOURCE BLDG - SANTA BARBARA, CA 9	47-5679395	501(C)3	3,000.	0.			2016 ABC CONFERENCE
WILLIAM JAMES ASSOCIATION P.O. BOX 7196 SANTA MARIA, CA 93456	23-7320163	501(C)3	30,000.	0.			POETIC JUSTICE PROJECT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance



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

PART I, LINE 2:

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

Part IV Supplemental Information

GRANT AGREEMENT ARE VIOLATED, A GRANT MAY BE RESCINDED.

COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	7	2,330.	EST. FAIR MARKET VAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		200.	EST. FAIR MARKET VAL
5 Clothing and household goods	X		12,973.	EST. FAIR MARKET VAL
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	14,071.	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	24	31,798.	EST. FAIR MARKET VAL
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GIFT CERTS.)	X	171	34,666.	EST. FAIR MARKET VAL
26 Other (PRINTING)	X	1	10,000.	EST. FAIR MARKET VAL
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

FUND FOR SANTA BARBARA, INC.

Employer identification number

77-0070742

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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	6,249.
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FORM 990, PAGE 11, PART XI, QUESTION 2C

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

FORM 990, PAGE 1, PART I, QUESTION 6

VOLUNTEER DUTIES INCLUDE:

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

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

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

APPLICATIONS, CONDUCTING SITE VISITS, AND MAKING FUNDING

RECOMMENDATIONS TO THE BOARD OF DIRECTORS (10)

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

FORM 990, PAGE 12, PART XI, LINE 9

(\$9,574) IN OTHER CHANGES IN NET ASSETS CONSISTS OF UNREALIZED LOSS ON
THE CHARITABLE REMAINDER TRUST ASSETS, NET OF CHANGES IN THE ESTIMATED
LIABILITY.

SCHEDULE M - NONCASH CONTRIBUTIONS

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

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

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

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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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	443,908.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,103,845.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	1,547,753.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	239,787.00
	7	Total costs. Add line 5 and line 6	7	239,787.00
	8	Total gross income. Subtract line 7 from line 4	8	1,307,966.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,374,048.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-66,082.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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

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

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.

628951 11-30-16

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	73,226.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	50,937.00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2 •	6	309,715.00	
	7	Other income	SEE STATEMENT 3 •	7	10,030.00	
	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	443,908.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	363,708.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4 •	11	115,879.00	
	12	Other salaries and wages	•	12	307,586.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	34,602.00
		15	Rents	•	15	103,584.00
		16	Depreciation and depletion (See instructions)	•	16	2,936.00
		17	Other Expenses and Disbursements	SEE STATEMENT 5 •	17	445,753.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,374,048.00

	Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	(e)	(f)
Assets						
1 Cash		472,693.		•		373,309.
2 Net accounts receivable		87.		•		
3 Net notes receivable				•		
4 Inventories				•		
5 Federal and state government obligations				•		
6 Investments in other bonds				•		
7 Investments in stock				•		
8 Mortgage loans				•		
9 Other investments	STMT 6	1,750,048.		•		1,810,733.
10 a Depreciable assets		32,327.			46,197.	
b Less accumulated depreciation	(26,173.)		(29,109.)	
11 Land				•		
12 Other assets	STMT 7	192,725.		•		221,657.
13 Total assets		2,421,707.				2,422,787.
Liabilities and net worth						
14 Accounts payable		50,067.		•		34,052.
15 Contributions, gifts, or grants payable		75,000.		•		102,100.
16 Bonds and notes payable				•		
17 Mortgages payable				•		
18 Other liabilities	STMT 8	5,501.				4,529.
19 Capital stock or principal fund				•		
20 Paid-in or capital surplus. Attach reconciliation				•		
21 Retained earnings or income fund		2,291,139.		•		2,282,106.
22 Total liabilities and net worth		2,421,707.				2,422,787.

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	•	-66,082.	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		-66,082.
6	Total. Add line 1 through line 5		-66,082.				

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SALE OF SECURITIES - DETAIL AVAILABLE UPON REQUEST	01/01/16	12/31/16	PURCHASED	239,787.	0.	0.	309,715.
TOTAL TO FORM 199, PAGE 2, LN 6				239,787.	0.	0.	309,715.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
RESCINDED GRANTS	2,607.
PROGRAM MANAGEMENT FEES	7,423.
TOTAL TO FORM 199, PART II, LINE 7	10,030.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANNA DISTEFANO 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	PRESIDENT 6.00	0.
IGNACIO ALARCON 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	SECRETARY 6.00	0.
TED RHODES 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	VICE-PRESIDENT 6.00	0.
MAHIL SENATHIRAJAH 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	TREASURER 6.00	0.
SAMUEL DUERTE 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
JOYCE HOWERTON 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
GLORIA LIGGETT 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
JO ANN BELL 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
DAVID LANDECKER 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
MARGARET LAZARUS 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
CHELSEA LANCASTER 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.

PEDRO PAZ 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
LAWANDA LYONS-PRUITT 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
ALICE O'CONNOR 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
ALMA HERNANDEZ WILSON 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
CHERYL HERMANN 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	DIRECTOR 3.00	0.
DR. MARCOS VARGAS 26 W. ANAPAMU STREET SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
NONPROFIT RESOURCE NETW	73,500.
DIRECT PROGRAM EXPENSE	34,868.
YOUTH MAKING CHANGE	15,813.
DUES AND SUBSCRIPTIONS	6,060.
DIRECT EXPENSES OF FUNDRAISING EVENTS	126,827.
PENSION PLAN CONTRIBUTIONS	6,537.
OTHER EMPLOYEE BENEFITS	28,375.
ACCOUNTING FEES	41,335.
INVESTMENT MANAGEMENT FEES	14,868.
OTHER PROFESSIONAL FEES	34,592.
OFFICE EXPENSES	32,026.
TRAVEL	6,788.
CONFERENCES AND CONVENTIONS	15,363.
INSURANCE	8,801.
TOTAL TO FORM 199, PART II, LINE 17	445,753.

FORM 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES		1,750,048.	1,810,733.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		1,750,048.	1,810,733.

FORM 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		26,851.	50,506.
DEPOSITS		1,123.	1,123.
CHARITABLE REMAINDER TRUST INVESTMENT ASSETS		164,751.	170,028.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		192,725.	221,657.

FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CHARITABLE REMAINDER TRUST LIABILITY		5,501.	4,529.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		5,501.	4,529.

FORM 199	FUND BALANCES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		342,791.	209,717.
TEMPORARILY RESTRICTED ASSETS		598,110.	722,151.
PERMANENTLY RESTRICTED ASSETS		1,350,238.	1,350,238.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		2,291,139.	2,282,106.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 77-0070742

Corporation name

California corporation number

FUND FOR SANTA BARBARA, INC.

1334209

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property details. Includes columns for description, cost, and elected cost.

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

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

Part III Summary

Summary table with 2 rows for total depreciation and adjustment. Includes lines 16, 17, and 18.

Part IV Amortization

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

CA 3885		DEPRECIATION				STATEMENT 10	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
5	WOOD CABINET						
	05/10/00	559.	511.	SL	7.00	0.	
8	TELEPHONE HEADSET						
	06/23/00	194.	194.	SL	5.00	0.	
11	COMPUTER EQUIPMENT						
	11/09/01	1,196.	1,120.	SL	5.00	0.	
12	COMPUTER EQUIPMENT						
	12/14/01	1,176.	1,105.	SL	5.00	0.	
13	EXCEED DATABASE						
	06/05/02	2,529.	2,529.	SL	3.00	0.	
14	OFFICE CHAIR						
	03/22/02	180.	163.	SL	7.00	0.	
15	SAMSUNG FLAT SCREEN						
	11/19/02	1,100.	1,014.	SL	5.00	0.	
16	COMPUTER SYSTEM						
	03/30/04	661.	630.	SL	5.00	0.	
17	DELL 6400 LAPTOP						
	10/11/06	1,061.	1,061.	SL	5.00	0.	
18	DELL 6400 LAPTOP						
	10/11/06	1,060.	1,060.	SL	5.00	0.	
19	CANNON IR 3200						
	04/01/06	7,000.	7,000.	SL	7.00	0.	
20	DELL OPTIPLEX						
	06/13/08	714.	714.	SL	5.00	0.	
21	SONY LAPTOP						
	07/15/08	848.	848.	SL	5.00	0.	
22	DELL OPTIPLEX						
	08/14/08	823.	823.	SL	5.00	0.	
23	DELL VOSOTRO COMPUTER						
	01/26/09	630.	630.	SL	5.00	0.	
24	DELL COMPUTER FOR SM OFFICE						
	06/11/10	825.	825.	SL	5.00	0.	
25	DELL VOSTRO COMPUTER FOR SB OFFICE						
	03/11/11	529.	512.	SL	5.00	17.	
26	POLYCOM CONFERENCE PHONE FOR SB OFFICE						
	05/23/11	568.	522.	SL	5.00	46.	
27	DELL VPSZ LAPTOP						
	05/04/12	1,139.	836.	SL	5.00	228.	
28	DELL VOSTRO 260ST DESKTOP						
	08/24/12	763.	510.	SL	5.00	153.	
29	TRANSLATION EQUIPMENT						
	01/04/13	3,500.	2,100.	SL	5.00	700.	
30	POWEREDGE T110 II SERVER						
	04/02/13	1,789.	984.	SL	5.00	358.	
31	LENOVO YOGA 211 LAPTOP						
	04/02/13	613.	338.	SL	5.00	123.	

32	COMPUTER - BEST BUY					
	09/30/15	1,199.	60.	SL	5.00	240.
33	COMPUTER - DELL					
	09/30/15	1,671.	84.	SL	5.00	334.
34	TRI-COUNTY OFFICE FURNITURE					
	11/15/16	10,641.		SL	7.00	253.
35	PROJECTOR, SCREEN, AND SPEAKERS					
	04/05/16	3,229.		SL	5.00	484.
TOTAL DEPR TO FORM 3885		46,197.	26,173.			2,936.

COPY

2016

Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2016 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

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

Table with 4 columns: Corporation/Organization name, California corporation number, Street address (suite, room, or PMB no.), FEIN, City, State, ZIP code.

Part I - Political Activities

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

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

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

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

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

4a Has the organization, during the 2016 taxable year, filed a federal Form 5768? 4a [] Yes [X] No

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

Furnish the following financial information for the taxable year:

Table with 2 columns: Description of expenditure and Amount. Rows include Exempt Purpose Expenditures, Lobbying Expenditures, and Grass Roots Expenditures.

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

COPY

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

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

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

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

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

State Charity Registration Number: CT <u>58866</u> FUND FOR SANTA BARBARA, INC. <small>Name of Organization</small> <u>26 W. 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 01/01/2016 ending 12/31/2016) list:
 Gross annual revenue \$ 1,181,139. Total assets \$ 2,422,787.

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

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

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

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

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

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

DR. MARCOS VARGAS
EXECUTIVE DIRECTOR

Signature of authorized officer
Printed Name
Title
Date