Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SANTA BARBARA FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1111 CHAPALA STREET SUITE 200

City or town, state or province, country, and ZIP or foreign postal code
SANTA BARBARA, CA 93101

D Employer identification number
95-1866094

E Telephone number
(805) 963-1873

G Gross receipts $ 159,795,439

F Name and address of principal officer:
JACQUELINE CARRERA
1111 CHAPALA STREET SUITE 200
SANTA BARBARA,CA 93101

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SBFOUNDATION.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1928

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC CAPITAL TO BUILD EMPATHETIC, INCLUSIVE AND RESILIENT COMMUNITIES.SBF IS A COMMUNITY FOUNDATION ESTABLISHED IN 1928 TO ENRICH THE LIVES OF THE PEOPLE OF SANTA BARBARA COUNTY THROUGH PHILANTHROPY. AS ONE OF THE LARGEST PRIVATE SOURCES OF FUNDING FOR AREA NONPROFITS, AGENCIES AND COLLEGE BOUND STUDENTS, SBF BUILDS AND FACILITATES PHILANTHROPY THROUGH DONOR PARTNERSHIPS; INVESTS IN NONPROFITS; AND IDENTIFIES AND STRATEGICALLY ADDRESSES IMPORTANT COMMUNITY NEEDS.

Activities & Governance

2	Check this box ▶ ☐ 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 2020 (Part V, line 2a)	**5**	36
6	Total number of volunteers (estimate if necessary)	**6**	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	79,919
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	23,257,441	32,306,178
9	Program service revenue (Part VIII, line 2g)	522,973	521,808
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,077,630	10,631,369
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-189,138	-204,651
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,668,906	43,254,704

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,302,151	24,863,951
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)	3,450,553	3,946,269
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,413,038		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,120,650	4,106,526
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	38,873,354	32,916,746
19	Revenue less expenses. Subtract line 18 from line 12	-9,204,448	10,337,958

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	392,665,597	420,966,327
21	Total liabilities (Part X, line 26)	28,901,481	29,865,208
22	Net assets or fund balances. Subtract line 21 from line 20	363,764,116	391,101,119

Net Assets or Fund Balances

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: 2021-11-08

▶ TODD YUBA VP FINANCE AND ADMINISTRATION
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-11-08		P00545829

Firm's name ▶ MOSS ADAMS LLP — Firm's EIN ▶ 91-0189318

Firm's address ▶ 21700 OXNARD ST STE 300
LOS ANGELES, CA 91367 — Phone no. (818) 577-1900

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 MISSION OF THE SANTA BARBARA FOUNDATION (SBF) IS TO MOBILIZE COLLECTIVE WISDOM AND PHILANTHROPIC CAPITAL TO BUILD EMPATHETIC, INCLUSIVE AND RESILIENT COMMUNITIES.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 23,491,512 including grants of $ 20,033,214) (Revenue $ 521,808)

SBF SERVES THE ENTIRE COUNTY OF SANTA BARBARA, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS. IN 2020, SBF AWARDED OVER 2,800 GRANTS TO NONPROFIT ORGANIZATIONS. GRANTS ARE MADE THROUGH SBF FROM VARIOUS TYPES OF FUNDS, INCLUDING: DONOR ADVISED FUNDS, DONOR DESIGNATED FUNDS AND FIELD OF INTEREST FUNDS. DISCRETIONARY GRANTS, TOTALING OVER $5 MILLION IN 2020, ARE SUPPORTED BY SBF'S UNRESTRICTED ENDOWMENT INCOME AND ARE AWARDED WITH THE APPROVAL OF THE BOARD OF TRUSTEES BASED ON RECOMMENDATIONS OF SBF STAFF FOLLOWING A RIGOROUS PROCESS OF RESEARCH, DUE DILIGENCE, PLANNING AND EVALUATION.

4b (Code:) (Expenses $ 1,564,756 including grants of $ 1,334,400) (Revenue $ 0)

SBF PROVIDED FUNDING OF OVER $1 MILLION IN 2020 TO THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA FOR STUDENT AID. THROUGH THIS COLLABORATION, OVER 300 STUDENTS OF SANTA BARBARA COUNTY RECEIVED SCHOLARSHIP AWARDS.

4c (Code:) (Expenses $ 4,099,904 including grants of $ 3,496,337) (Revenue $ 0)

THE SANTA BARBARA FOUNDATION, UNITED WAY OF SANTA BARBARA COUNTY AND HUTTON PARKER FOUNDATION BEGAN A COUNTYWIDE COLLABORATIVE OF FUNDERS TO PROVIDE ASSISTANCE TO INDIVIDUALS AND FAMILIES AS WELL AS ORGANIZATIONS ACTIVELY ENGAGED IN ASSISTANCE EFFORTS FOR MEMBERS OF THE COMMUNITY AFFECTED BY THE COVID-19 PANDEMIC. FUNDING TO ORGANIZATIONS FOCUSED ON:* MEETING EMERGENCY NEEDS* ADAPTING THEIR SERVICES IN RESPONSE TO THE PANDEMIC* SUPPORTING THE OPERATIONAL NEEDS OF THE ORGANIZATIONS

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

4e **Total program service expenses** ▶ 29,156,172

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D,* Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	77		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	36		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	No
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	16		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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?		**2**		No
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?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ C A

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶TODD YUBA 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, C A 93101 (805) 963-1873

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, or 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.

See instructions for the order in which to list the persons above.

☐ 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 dotted 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) RONALD GALLO EDD CEO EMERITUS (THRU 7/19/20)	40.00 3.00			X				369,111	0	59,329
(2) JACQUELINE CARRERA PRESIDENT & CEO	40.00 3.00			X				324,918	0	62,432
(3) JANET MOCKER CFO	40.00 1.00			X				166,837	0	37,223
(4) CHERI SAVAGE DIRECTOR OF INVESTMENTS	40.00					X		132,574	0	28,805
(5) RUBAYI ESTES VICE PRESIDENT, PROGRAMS	40.00					X		127,151	0	24,601
(6) PEDRO PAZ DIRECTOR OF GRANTMAKING	40.00					X		100,457	0	25,409
(7) TOM SHEIL CONTROLLER	40.00					X		104,354	0	20,016
(8) PAMELA GANN CHAIR	4.00	X		X				0	0	0
(9) STEPHEN HICKS VICE CHAIR	3.00	X		X				0	0	0
(10) SUSAN RICHARDS TREASURER	3.00	X		X				0	0	0
(11) NIKI SANDOVAL SECRETARY	3.00	X		X				0	0	0
(12) DIANE ADAM TRUSTEE	2.00	X						0	0	0
(13) PHIL ALVARADO TRUSTEE	2.00	X						0	0	0
(14) RANDALL DAY TRUSTEE	2.00	X						0	0	0
(15) DONNA FRANCE TRUSTEE	2.00	X						0	0	0
(16) ANGEL ISCOVICH TRUSTEE	2.00	X						0	0	0
(17) DANNA MCGREW TRUSTEE	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(18) JENNIFER MURRAY TRUSTEE	2.00	X						0	0	0
(19) ROBERT NAKASONE TRUSTEE	2.00	X						0	0	0
(20) ERNESTO PAREDES TRUSTEE	2.00	X						0	0	0
(21) CATHY PEPE TRUSTEE	2.00	X						0	0	0
(22) GINGER SALAZAR TRUSTEE	2.00	X						0	0	0
(23) MICHAEL YOUNG TRUSTEE	2.00	X						0	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,325,402	0	257,815

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEKETA INVESTMENT GROUP INC 80 UNIVERSITY AVENUE WESTWOOD, MA 02090	FINANCIAL MANAGEMENT SERVICES	304,588
YOUNG CONSTRUCTION 9 ASHLEY AVENUE SANTA BARBARA, CA 93103	CONSTRUCTION SERVICES	289,718
THE 360 GROUP 201 MISSION STREET 12TH FLOOR SAN FRANCISCO, CA 94105	EMPLOYMENT RECRUITING SERVICES	141,302
CENTERED NETWORKS INC 1527 STOCKTON STREET 2ND FLOOR SAN FRANCISCO, CA 94133	VIRTUAL DESKTOP SERVICES	114,966

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	250,000			
	e Government grants (contributions)	1e	324,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,732,178			
	g Noncash contributions included in lines 1a - 1f: $	1g	14,688,619			
	h **Total.** Add lines 1a-1f		32,306,178			
Program Service Revenue		Business Code				
	2a FOUNDATION SUPPORT FEES	561000	521,808	521,808		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		521,808			
	3 Investment income (including dividends, interest, and other similar amounts)		2,456,070		35,205	2,420,865
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	388,817				
	b Less: rental expenses	629,739				
	c Rental income or (loss)	-240,922				
	d Net rental income or (loss)			-240,922		44,714	-285,636
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	124,086,295				
	b Less: cost or other basis and sales expenses	115,910,996				
	c Gain or (loss)	8,175,299				
	d Net gain or (loss)			8,175,299			8,175,299
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less					

returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS REVENUE		561000	36,271			36,271
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d . . . . . ▶			36,271			
12 **Total revenue.** See instructions . . . . . ▶			43,254,704	521,808	79,919	10,346,799

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	24,174,451	24,174,451		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	604,500	604,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	85,000	85,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,019,850	254,940	428,391	336,519
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	2,234,412	796,340	925,667	512,405
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	177,889	65,027	70,380	42,482
9 Other employee benefits	299,901	106,718	120,668	72,515
10 Payroll taxes	214,217	70,692	87,829	55,696
11 Fees for services (non-employees):				
a Management	319,292	70,627	226,089	22,576
b Legal	12,970	3,891	3,891	5,188
c Accounting	103,558		103,558	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	545,765	545,765		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	994,567	994,567		
12 Advertising and promotion	176,965	126,947	2,404	47,614
13 Office expenses	103,243	37,186	41,842	24,215
14 Information technology	227,315	85,459	93,089	48,767
15 Royalties				
16 Occupancy	268,863	116,724	86,374	65,765
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	57,110	24,321	21,691	11,098
20 Interest	3,257	3,257		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	227,325	75,618	87,491	64,216
23 Insurance	83,320	61,313	17,515	4,492
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 PRESENT VALUE DISCOUNT	370,586	370,586		
b COMMUNITY RELATIONS	319,313	229,010	4,299	86,004
c DIRECT PROGRAM ACTIVITY	156,780	156,780		
d DUES AND SUBSCRIPTIONS	127,639	87,795	26,358	13,486
e All other expenses	8,658	8,658		
25 **Total functional expenses.** Add lines 1 through 24e	32,916,746	29,156,172	2,347,536	1,413,038
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	94,016	1	64,508
	2	Savings and temporary cash investments	33,984,452	2	40,670,728
	3	Pledges and grants receivable, net	45,176,463	3	45,523,168
	4	Accounts receivable, net	931,191	4	627,857
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	5,950,389	7	5,901,538
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	116,650	9	144,345
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 18,266,543			
	b	Less: accumulated depreciation — 10b: 4,446,686	14,301,910	10c	13,819,857
	11	Investments—publicly traded securities	94,154,197	11	113,679,061
	12	Investments—other securities. See Part IV, line 11	117,162,187	12	117,915,856
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	80,794,142	15	82,619,409
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	392,665,597	16	420,966,327
Liabilities	17	Accounts payable and accrued expenses	537,573	17	328,339
	18	Grants payable	38,141	18	205,250
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,667,110	23	2,992,144
	24	Unsecured notes and loans payable to unrelated third parties	0	24	602,500
	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	24,658,657	25	25,736,975
	26	**Total liabilities.** Add lines 17 through 25	28,901,481	26	29,865,208
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	230,790,268	27	244,699,005
	28	Net assets with donor restrictions	132,973,848	28	146,402,114
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	363,764,116	32	391,101,119
	33	Total liabilities and net assets/fund balances	392,665,597	33	420,966,327

Part XI Reconcilliation 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	43,254,704
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,916,746
3	Revenue less expenses. Subtract line 2 from line 1	3	10,337,958
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	363,764,116
5	Net unrealized gains (losses) on investments	5	13,349,345
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	3,649,699
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	391,101,119

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: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ 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?	2c	Yes	
	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?	3a		No
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.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	19,925,683	167,681,429	17,917,025	23,257,441	32,306,178	261,087,756
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	19,925,683	167,681,429	17,917,025	23,257,441	32,306,178	261,087,756
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). .						110,050,815
6 **Public support.** Subtract line 5 from line 4.						151,036,941

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	19,925,683	167,681,429	17,917,025	23,257,441	32,306,178	261,087,756
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	5,095,929	4,752,506	3,575,430	3,910,903	2,809,682	20,144,450
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .				1,275		1,275
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .				20,444	36,271	56,715
11 **Total support.** Add lines 7 through 10						281,290,196

12 Gross receipts from related activities, etc. (see instructions) **12** 2,643,141

13 **First 5 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

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	**14**	53.690 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	**15**	50.340 %

16a **33 1/3% support test—2020.** 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 . . . . . ▶☑

b **33 1/3% support test—2019.** 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 . . . . . ▶☐

17a **10%-facts-and-circumstances test—2020.** 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 . . . . . ▶☐

b **10%-facts-and-circumstances test—2019.** 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 . . . . . ▶☐

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 . . . . . ▶☐

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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.*	**1**		
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.*	**2**		

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).*	**1**		

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?	**1**		
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).*	**2**		
3	By reason of the relationship described in line 2 above, 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.*	**3**		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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.*	**2a**		
b	Did the activities described in line 2a 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.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
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.*	**3b**		

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):	**1**		
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 0.015 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 0.035	**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 ☐ 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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

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

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

Name of organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** _____

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

Additional Da

ta

Sof

Software

ftware ID:

Version:

Return to

Form

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

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	229	186
2	Aggregate value of contributions to (during year)	21,811,170	10,495,008
3	Aggregate value of grants from (during year)	13,862,387	11,001,564
4	Aggregate value at end of year	99,649,393	291,451,726

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	54,112,048	45,624,058	48,728,257	46,045,609	46,415,142
b Contributions . . .	7,082,517	115,940	761,500	326,104	80
c Net investment earnings, gains, and losses	6,633,210	10,450,082	-1,269,725	5,252,838	1,636,901
d Grants or scholarships . . .	2,206,827				
e Other expenditures for facilities and programs . . .		2,078,032	2,595,974	2,896,294	2,006,514
f Administrative expenses	590,753				
g End of year balance	65,030,195	54,112,048	45,624,058	48,728,257	46,045,609

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 99.000 %
- c Term endowment ▶ 1.000 %

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:

	Yes	No
(i) Unrelated organizations	3a(i)	No
(ii) Related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		3,265,379		3,265,379
b Buildings		12,528,987	3,648,532	8,880,455
c Leasehold improvements		1,770,046	350,608	1,419,438
d Equipment		702,131	447,546	254,585
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				13,819,857

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) LIMITED PARTNERSHIPS	3,146,000	F
(B) REAL ASSETS	11,303,543	F
(C) HEDGE FUNDS	4,013,310	F
(D) PRIVATE EQUITY	13,542,232	F
(E) INFRASTRUCTURE	4,039,369	F
(F) GLOBAL EQUITIES	32,398,044	F
(G) GLOBAL FIXED INCOME	49,473,358	F
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	117,915,856	

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (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)FAIR MARKET VALUE OF ASSETS UNDER CHARITABLE TRUST AGREEMENTS	64,780,590
(2)VALUE OF INCOME INTEREST IN TRUSTS	17,656,337
(3)DEPOSITS	17,364
(4)OTHER ASSETS	165,118
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	82,619,409

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	25,736,975

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2:	SBF AND ITS SUPPORTING ORGANIZATIONS AND AFFILIATES EVALUATE UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2020, SBF AND ITS SUPPORTING ORGANIZATIONS AND AFFILIATES HAVE NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.
PART V, LINE 4:	ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR GRANTMAKING, STUDENT AID AND ADMINISTRATIVE EXPENSES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		85,000
(2)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		7,385,096
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			7,470,096
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			7,470,096

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND & GREENLAND)	ARTS, CULTURE, AND HUMANITIES	55,000	CHECK			
(2)			EUROPE (INCLUDING ICELAND & GREENLAND)	ARTS, CULTURE, AND HUMANITIES	30,000	CHECK			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 2

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☑ Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	INTERNATIONAL ORGANIZATIONS MUST BE PREDETERMINED TO BE EQUIVALENT TO DOMESTIC 501(C)(3) ORGANIZATIONS OR FOLLOW THE EXPENDITURE RESPONSIBILITY PROCESS FOR THE COMMUNITY FOUNDATION TO CONSIDER THEM ELIGIBLE TO RECEIVE GRANTS. GRANTEES OF ADVISED GRANTS HAVE TO AGREE NOT TO PAY ANY PORTION OF GOODS OR SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: SANTA BARBARA FOUNDATION

Employer identification number: 95-1866094

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.

(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
(1) 2ND STORY ASSOCIATES 808 LAGUNA ST SANTA BARBARA,CA 93101	26-0417729	501(C)(3)	12,000				HOUSING AND SHELTER
(2) 4-H CLUBS & AFFILIATED 4-H ORGANIZATIONS 2801 SECOND STREET DAVIS,CA 956187774	23-7327765	501(C)(3)	10,000				HUMAN SERVICES
(3) AFRICAN COMMUNITY EXCHANGE PO BOX 444 MIDLOTHIAN,VA 23113	20-4962182	501(C)(3)	15,000				GENERAL SUPPORT
(4) AFRICAN WOMEN RISING 801 COLD SPRINGS RD SANTA BARBARA,CA 93108	26-0140533	501(C)(3)	24,000				HUMAN SERVICES
(5) AHA ATTITUDE HARMONY ACHIEVEMENT 1209 DE LA VINA STREET SUITE A SANTA BARBARA,CA 93101	20-4418873	501(C)(3)	47,750				BEHAVIORAL HEALTH
(6) ALL SAINTS BY THE SEA EPISCOPAL CHURCH 83 EUCALYPTUS LN SANTA BARBARA,CA 93108	13-5562208	501(C)(3)	140,718				GENERAL SUPPORT
(7) ALLAN HANCOCK COLLEGE FOUNDATION 936 S COLLEGE DR SANTA MARIA,CA 934565170	95-3143396	501(C)(3)	22,000				EDUCATION
(8) ALTERNATIVES TO VIOLENCE PROJECT SANTA BARBARA 725A MAS AMIGOS SANTA BARBARA,CA 93105	81-5079846	501(C)(3)	15,000				EDUCATION
(9) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 1528 CHAPALA STREET SUITE 204 SANTA BARBARA,CA 93101	13-3039601	501(C)(3)	48,900				HUMAN SERVICES
(10) AMALGAMATED CHARITABLE FOUNDATION 1825 K ST NW WASHINGTON,DC 20006	82-1517696	501(C)(3)	43,490				PUBLIC AND SOCIETAL BENEFIT
(11) AMERICAN DANCE AND MUSIC INC PO BOX 90708 SANTA BARBARA,CA 931900708	20-5657230	501(C)(3)	10,000				ARTS, CULTURE, AND HUMANITIES
(12) AMERICAN HEART ASSOCIATION OF SANTA BARBARA COUNTY 212 W FIGUEROA ST SANTA BARBARA,CA 93101	13-5613797	501(C)(3)	9,075				HEALTH CARE
(13) AMERICAN NATIONAL RED CROSS 2707 STATE ST SANTA BARBARA,CA 93105	95-1643302	501(C)(3)	122,075				HUMAN SERVICES
(14) ANGELS FOSTER CARE OF SANTA BARBARA 3905 STATE ST 7-115 SANTA BARBARA,CA 93105	16-1749619	501(C)(3)	26,200				HUMAN SERVICES
(15) ANIMAL GRANTMAKERS INC 1706 LOWER ELWHA RD PORT ANGELES,WA 98363	26-0688246	501(C)(3)	20,000				ENVIRONMENT AND ANIMALS
(16) ANIMAL SHELTER ASSISTANCE PROGRAM OF SANTA BARBARA PO BOX 357 GOLETA,CA 931160357	77-0283500	501(C)(3)	20,200				ENVIRONMENT AND ANIMALS
(17) ANTI-DEFAMATION LEAGUE 1528 CHAPALA STREET SUITE 301 SANTA BARBARA,CA 93101	13-1818723	501(C)(3)	101,100				PUBLIC AND SOCIETAL BENEFIT
(18) APPLES TO ZUCCHINI COOKING SCHOOL PO BOX 30912 SANTA BARBARA,CA 93130	84-4191622	501(C)(3)	82,647				HUMAN SERVICES
(19) ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD 6TH FL LOS ANGELES,CA 90010	95-1642382	501(C)(3)	51,100				GENERAL SUPPORT
(20) ARTHRITIS FOUNDATION INC 2261 LAS POSITAS RD SANTA BARBARA,CA 93105	95-1885447	501(C)(3)	9,000				HEALTH CARE
(21) ARTS CORPS 4408 DELRIDGE WAY SW 110 SEATTLE,WA 98106	91-2044679	501(C)(3)	25,000				ARTS, CULTURE, AND HUMANITIES
(22) ARTS MENTORSHIP PROGRAM INC 531 E COTA STREET SANTA BARBARA,CA 931033101	45-1567553	501(C)(3)	13,000				ARTS, CULTURE, AND HUMANITIES
(23) ARTSPACE INC 751 PASEO NUEVO SANTA BARBARA,CA 93101	77-0233621	501(C)(3)	12,500				ARTS, CULTURE, AND HUMANITIES
(24) BASIC ASSISTANCE TO STUDENTS IN THE COMMUNITY PO BOX 1914 BORREGO SPRINGS,CA 920041914	33-0631683	501(C)(3)	25,000				PUBLIC AND SOCIETAL BENEFIT
(25) BISHOP GARCIA DIEGO HIGH SCHOOL 4000 LA COLINA RD SANTA BARBARA,CA 93110	95-2056632	501(C)(3)	10,000				EDUCATION
(26) BLUE SKY SUSTAINABLE LIVING CENTER 1000 PERKINS ROAD NEW CUYAMA,CA 93254	46-1239650	501(C)(3)	20,900				ENVIRONMENT AND ANIMALS
(27) BOXTALES THEATRE COMPANY PO BOX 91521 SANTA BARBARA,CA 93190	20-0905385	501(C)(3)	30,000				ARTS, CULTURE, AND HUMANITIES
(28) BOY SCOUTS OF AMERICA COUNCIL 4000 MODOC RD SANTA BARBARA,CA 93110	95-1696725	501(C)(3)	14,913				PUBLIC AND SOCIETAL BENEFIT
(29) BOYS & GIRLS CLUB OF MID CENTRAL COAST 901 N RAILROAD AVENUE SANTA MARIA,CA 934560760	95-2468116	501(C)(3)	90,000				HUMAN SERVICES
(30) BOYS & GIRLS CLUB OF SANTA BARBARA INC 632 E CANON PERDIDO STREET SANTA BARBARA,CA 93103	95-1641425	501(C)(3)	21,171				HUMAN SERVICES
(31) BOYS AND GIRLS CLUB OF VENTURA INC 6020 NICOLLE ST STE D VENTURA,CA 93003	95-2248919	501(C)(3)	7,500				HUMAN SERVICES
(32) BRAILLE INSTITUTE OF AMERICA INC PO BOX 5411 SANTA BARBARA,CA 93150	95-1641426	501(C)(3)	11,750				HUMAN SERVICES
(33) BRAZIL FOUNDATION 345 SEVENTH AVE STE 1401 NEW YORK,NY 10001	13-4131482	501(C)(3)	10,000				GENERAL SUPPORT
(34) BRAZILIAN CULTURAL ARTS CENTER OF SANTA BARBARA 5370 HOLLISTER AVE STE 2 GOLETA,CA 93117	46-3935158	501(C)(3)	8,000				PUBLIC AND SOCIETAL BENEFIT
(35) BREAST CANCER RESOURCE CENTER OF SANTA BARBARA 55 HITCHCOCK WAY STE 101 SANTA BARBARA,CA 93105	91-1790842	501(C)(3)	10,000				HEALTH CARE
(36) BRIDGE HOUSE 5345 ARAPAHOE AVE UNIT 5 BOULDER,CO 80303	84-1440292	501(C)(3)	15,000				HUMAN SERVICES
(37) BRING ON THE MUSIC INC 4652 HOLLYWOOD BLVD LOS ANGELES,CA 90027	27-0030546	501(C)(3)	10,000				GENERAL SUPPORT
(38) BURLINGTON HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION 200 S 6TH ST BURLINGTON,KS 66839	48-1152997	501(C)(3)	15,000				EDUCATION
(39) BURNON INC 1006 E MAIN ST VENTURA,CA 93001	77-0495901	501(C)(3)	6,000				ARTS, CULTURE, AND HUMANITIES
(40) CARE4PAWS PO BOX 60524 SANTA BARBARA,CA 93160	27-0207473	501(C)(3)	25,300				ENVIRONMENT AND ANIMALS
(41) CALIFORNIA ASSOCIATION OF NONPROFITS PO BOX 1610 CAPITOLA,CA 95010	77-0045382	501(C)(3)	20,000				PUBLIC AND SOCIETAL BENEFIT
(42) CALIFORNIA LUTHERAN UNIVERSITY 60 W OLSEN RD 4400 THOUSAND OAKS,CA 91360	95-2962604	501(C)(3)	5,550				EDUCATION
(43) CALIFORNIA RESTAURANT ASSOCIATION FOUNDATION 621 CAPITOL MALL SUITE 2000 SACRAMENTO,CA 95814	95-3676330	501(C)(3)	25,000				GENERAL SUPPORT
(44) CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO ST STE 110 SAN FRANCISCO,CA 94105	94-1707583	501(C)(3)	5,500				HUMAN SERVICES
(45) CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS 1 UNIVERSITY DR CAMARILLO,CA 93012	77-0433230	501(C)(3)	51,000				EDUCATION
(46) CALIFORNIA WILDLIFE CENTER PO BOX 2022 MALIBU,CA 90265	95-4580790	501(C)(3)	10,000				HEALTH CARE
(47) CAMERATA PACIFICA PO BOX 30116 SANTA BARBARA,CA 93130	33-0104649	501(C)(3)	27,000				ARTS, CULTURE, AND HUMANITIES
(48) CANCER FOUNDATION OF SANTA BARBARA 601 WEST JUNIPERO STREET SANTA BARBARA,CA 93105	95-2158727	501(C)(3)	316,800				HEALTH CARE
(49) CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA,CA 954020446	94-2494324	501(C)(3)	21,000				ENVIRONMENT AND ANIMALS
(50) CARPINTERIA ARTS CENTER 855 LINDEN AVE CARPINTERIA,CA 93013	77-0578720	501(C)(3)	16,600				ARTS, CULTURE, AND HUMANITIES
(51) CARPINTERIA CHILDREN'S PROJECT 5201 8TH ST CARPINTERIA,CA 93013	81-1407122	501(C)(3)	74,200				CHILD CARE
(52) CARPINTERIA COMMUNITY THEATRE INC 4916 CARPINTERIA AVE CARPINTERIA,CA 93013	95-3565433	501(C)(3)	50,000				ARTS, CULTURE, AND HUMANITIES
(53) CARPINTERIA EDUCATION FOUNDATION INC PO BOX 9 CARPINTERIA,CA 93014	77-0354256	501(C)(3)	57,000				EDUCATION
(54) CARPINTERIA SKATE FOUNDATION INC PO BOX 65 CARPINTERIA,CA 93013	27-0394632	501(C)(3)	30,000				HUMAN SERVICES
(55) CARRILLO COUNSELING SERVICES INC 324 EAST CARRILLO STREET SUITE C SANTA BARBARA,CA 93101	77-0556795	501(C)(3)	88,000				HUMAN SERVICES
(56) CASA DEL HERRERO FOUNDATION PO BOX 5612 SANTA BARBARA,CA 931505612	77-0340301	501(C)(3)	12,850				PUBLIC AND SOCIETAL BENEFIT
(57) CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES 1722 S LEWIS ROAD CAMARILLO,CA 93012	77-0195022	501(C)(3)	35,500				BEHAVIORAL HEALTH
(58) CASA SERENA INC 1515 BATH ST SANTA BARBARA,CA 93101	95-2862385	501(C)(3)	37,000				BEHAVIORAL HEALTH
(59) CATE SCHOOL 1960 CATE MESA RD CARPINTERIA,CA 93013	95-1644630	501(C)(3)	101,350				EDUCATION
(60) CATHOLIC CHARITIES OF SANTA BARBARA COUNTY 609 E HALEY ST SANTA BARBARA,CA 93101	95-1690973	501(C)(3)	60,500				HUMAN SERVICES
(61) CATHOLIC EDUCATION FOUNDATION 3424 WILSHIRE BLVD 3RD FL LOS ANGELES,CA 90010	75-6725640	501(C)(3)	25,000				GENERAL SUPPORT
(62) CENTER FOR SUCCESSFUL AGING 228 E ANAPAMU STE 208 SANTA BARBARA,CA 93101	80-0422344	501(C)(3)	24,750				HUMAN SERVICES
(63) CENTER FOR URBAN AGRICULTURE AT FAIRVIEW GARDENS 598 N FAIRVIEW AVE GOLETA,CA 93117	93-1213893	501(C)(3)	25,000				FOOD SYSTEMS
(64) CHANNEL ISLANDS RESTORATION 928 CARPINTERIA ST STE 3 SANTA BARBARA,CA 93103	61-1463876	501(C)(3)	38,000				ENVIRONMENT AND ANIMALS
(65) CHANNEL ISLANDS YMCA OFFICE 301 W FIGUEROA ST SANTA BARBARA,CA 93101	95-1643379	501(C)(3)	94,370				HUMAN SERVICES
(66) CHILD ABUSE LISTENING MEDIATION INC (CALM) 1236 CHAPALA ST SANTA BARBARA,CA 93103	23-7097910	501(C)(3)	195,850				HUMAN SERVICES
(67) CHILDREN AND FAMILY RESOURCE SERVICES 3970 LA COLINA ROAD SUITE 6 SANTA BARBARA,CA 93110	82-4121880	501(C)(3)	82,500				HUMAN SERVICES
(68) CHILDREN'S MONTESSORI SCHOOL OF LOMPOC PO BOX 3510 LOMPOC,CA 93438	77-0185213	501(C)(3)	7,500				PUBLIC AND SOCIETAL BENEFIT
(69) CHILDREN'S MUSEUM OF SANTA BARBARA 125 STATE ST SANTA BARBARA,CA 93107	77-0252722	501(C)(3)	35,000				ARTS, CULTURE, AND HUMANITIES
(70) CHRISTIAN CENTER OF PARK CITY 1283 DEER VALLEY DR PARK CITY,UT 84060	87-0643778	501(C)(3)	10,000				GENERAL SUPPORT
(71) CITY OF CARPINTERIA 5775 CARPINTERIA AVE CARPINTERIA,CA 930132603	95-2414438	CITY OF CARPINTERIA	30,000				PUBLIC AND SOCIETAL BENEFIT
(72) CLIFF DRIVE CARE CENTER 1435 CLIFF DRIVE SANTA BARBARA,CA 93109	95-2281908	501(C)(3)	10,000				EDUCATION
(73) COALITION FOR SUSTAINABLE TRANSPORTATION PO BOX 2495 SANTA BARBARA,CA 93120	30-0022937	501(C)(3)	5,500				HUMAN SERVICES
(74) COLLATERAL REPAIR PROJECT PO BOX 23146 BROOKLYN,NY 11202	20-4928141	501(C)(3)	35,000				GENERAL SUPPORT
(75) COMMERCIAL FISHERMEN OF SANTA BARBARA 6 HARBOR WAY 155 SANTA BARBARA,CA 93109	95-2916932	501(C)(3)	25,000				ENVIRONMENT AND ANIMALS
(76) COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY 5638 HOLLISTER AVE STE 230 GOLETA,CA 93117	95-2491790	501(C)(3)	53,475				FOOD SYSTEMS
(77) COMMUNITY ARTS MUSIC ASSOCIATION OF SANTA BARBARA 2060 ALAMEDA PADRE SERRA SUITE 201 SANTA BARBARA,CA 931031713	95-1816010	501(C)(3)	135,700				ARTS, CULTURE, AND HUMANITIES
(78) COMMUNITY COUNSELING CENTER 923 OLIVE ST STE 1 SANTA BARBARA,CA 93101	77-0071282	501(C)(3)	29,800				HUMAN SERVICES
(79) COMMUNITY ENVIRONMENTAL COUNCIL INC 26 W ANAPAMU ST 2ND FLOOR SANTA BARBARA,CA 93101	94-1728064	501(C)(3)	108,900				ENVIRONMENT AND ANIMALS
(80) COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST INC PO BOX 430 NIPOMO,CA 934440430	95-3253302	501(C)(3)	20,000				BEHAVIORAL HEALTH
(81) COMMUNITY PARTNERS IN CARING 120 E JONES ST STE 123 SANTA MARIA,CA 93454	77-0477176	501(C)(3)	21,000				HUMAN SERVICES
(82) CONGREGATION B'NAI B'RITH CORPORATION 1000 SAN ANTONIO CREEK RD SANTA BARBARA,CA 931111310	95-6006585	501(C)(3)	139,400				GENERAL SUPPORT
(83) CORPORATE ACCOUNTABILITY 10 MILK STREET STE 610 BOSTON,MA 02108	41-1322686	501(C)(3)	66,000				PUBLIC AND SOCIETAL BENEFIT
(84) COTTAGE REHABILITATION HOSPITAL FOUNDATION 2415 DE LA VINA ST SANTA BARBARA,CA 931053819	26-0433816	501(C)(3)	125,000				HEALTH CARE
(85) COUNCIL ON ALCOHOLISM & DRUG ABUSE PO BOX 28 SANTA BARBARA,CA 931020028	95-1878858	501(C)(3)	64,700				BEHAVIORAL HEALTH
(86) COUNTY OF SANTA BARBARA ARTS FUND PO BOX 333 SANTA BARBARA,CA 93102	77-0015381	501(C)(3)	10,500				ARTS, CULTURE, AND HUMANITIES
(87) COURT APPOINTED SPECIAL ADVOCATES OF SANTA BARBARA COUNTY 2125 S BROADWAY SUITE 106 SANTA MARIA,CA 93454	33-0662734	501(C)(3)	26,000				PUBLIC AND SOCIETAL BENEFIT
(88) CRANE SCHOOL 1795 SAN LEANDRO LN SANTA BARBARA,CA 93108	95-1643315	501(C)(3)	269,005				EDUCATION
(89) CUYAMA VALLEY FAMILY RESOURCE CENTER PO BOX 5 NEW CUYAMA,CA 93254	45-1221069	501(C)(3)	64,046				HUMAN SERVICES
(90) DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON,MA 022849168	04-2263040	501(C)(3)	50,000				HEALTH CARE
(91) DELOITTE FOUNDATION 695 E MAIN ST PO BOX 10098 STAMFORD,CT 069012150	13-6400341	501(C)(3)	30,000				PUBLIC AND SOCIETAL BENEFIT
(92) DEVEREUX FOUNDATION PO BOX 6784 SANTA BARBARA,CA 931606784	23-1390618	501(C)(3)	7,500				HEALTH CARE
(93) DIGNITY & POWER NOW 3655 SOUTH GRAND AVE STE 240 LOS ANGELES,CA 90007	46-3064675	501(C)(3)	20,000				PUBLIC AND SOCIETAL BENEFIT
(94) DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA,CA 93117	95-1831116	501(C)(3)	286,100				PUBLIC AND SOCIETAL BENEFIT
(95) DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI,OH 45250	31-0263158	501(C)(3)	15,100				GENERAL SUPPORT
(96) DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 HAGERSTOWN,MD 217415030	13-3433452	501(C)(3)	19,950				GENERAL SUPPORT
(97) DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE PO BOX 3751 SANTA BARBARA,CA 93103	33-1210731	501(C)(3)	52,200				HEALTH CARE
(98) DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY PO BOX 1536 SANTA BARBARA,CA 93102	95-3495141	501(C)(3)	202,934				HUMAN SERVICES
(99) DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION PO BOX 313 GOLETA,CA 931160313	26-1115393	501(C)(3)	22,000				EDUCATION

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) 2020 BREITLING AWARD RECIPIENT	3	5,700			
(2) COVID RENT RELIEF	1	1,800			
(3) COVID SMALL BUSINESS RELIEF	95	597,000			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	SBF PROVIDES COMPETITIVE GRANTS TO 501(C)(3) ORGANIZATIONS SERVING THE PEOPLE OF SANTA BARBARA COUNTY. GRANTEES MUST PROVIDE ANNUAL FOLLOW-UP REPORTS INDICATING HOW THE FUNDS WERE UTILIZED. IN ADDITION, SBF DOES SITE VISITS AND INTERVIEWS WITH GRANTEES THROUGHOUT THE YEAR. 501(C)(3) GRANTEES OF ADVISED GRANTS HAVE TO AGREE NOT TO PAY ANY PORTION OF GOODS OR SERVICES FOR THE BENEFIT OF THE DONOR OR RELATED PARTIES. SBF MAY ALSO PROVIDE GRANTS TO INDIVIDUALS IN SANTA BARBARA COUNTY. GRANTEES MUST CERTIFY THAT ALL FUNDS WERE AWARDED IN ACCORDANCE TO GRANT PROGRAM ELIGIBILITY CRITERIA AND THAT GRANTEE EXPENDITURES ARE ELIGIBLE COSTS AS DESCRIBED IN THE ELIGIBILITY CRITERIA. THEY MUST ALSO PROVIDE A REPORT OF EXPENDITURES ALONG WITH SUPPORTING DOCUMENTATION, SUCH AS INVOICES, RECEIPTS OR PAYROLL REPORTS.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**	Yes	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1RONALD GALLO EDD CEO EMERITUS (THRU 7/19/20)	**(i)**	239,116	0	129,995	23,895	35,434	428,440	0
	(ii)	0	0	0	0	0	0	0
2JACQUELINE CARRERA PRESIDENT & CEO	**(i)**	304,918	0	20,000	28,500	33,932	387,350	0
	(ii)	0	0	0	0	0	0	0
3JANET MOCKER CFO	**(i)**	166,837	0	0	16,975	20,248	204,060	0
	(ii)	0	0	0	0	0	0	0
4CHERI SAVAGE DIRECTOR OF INVESTMENTS	**(i)**	132,574	0	0	13,216	15,589	161,379	0
	(ii)	0	0	0	0	0	0	0
5RUBAYI ESTES VICE PRESIDENT, PROGRAMS	**(i)**	127,151	0	0	11,783	12,818	151,752	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	SBF REQUIRES THE PRESIDENT & CEO TO RESIDE IN A RESIDENCE OWNED BY SBF AS A CONDITION OF CONTINUED EMPLOYMENT. DURING A TRANSITION PERIOD, RONALD GALLO, FORMER PRESIDENT & CEO, CONTINUED TO LIVE IN THE RESIDENCE WHILE THE NEWLY APPOINTED PRESIDENT & CEO, JACQUELINE CARRERA RECEIVED A HOUSING ALLOWANCE TREATED AS ADDITIONAL TAXABLE COMPENSATION BECAUSE SHE WAS NOT YET LIVING ON THE BUSINESS PREMISES. JACQUELINE CARRERA NOW RESIDES IN THE CEO RESIDENCE.
PART I, LINE 4A	RONALD GALLO, FORMER PRESIDENT & CEO, ENTERED INTO A SEPARATION AGREEMENT WITH THE BOARD OF TRUSTEES ON NOVEMBER 20, 2019. HE WAS TERMINATED ON JULY 19, 2020 UPON ACCEPTING OTHER EMPLOYMENT. HE RECEIVED SEPARATION PAY OF $129,995 PER THE TERMS OF THE AGREEMENT.
PART I, LINE 8	THE 2020 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION, BASED ON COMPARABLE DATA FROM VARIOUS SOURCES SUCH AS THE COUNCIL ON FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION REPORT, AND/OR OTHER APPLICABLE SURVEYS AND INFORMATION, INCLUDING INFORMATION OBTAINED FROM PROFESSIONAL CONSULTANTS. ON APRIL 28, 2020 THE CEO AND BOARD ENTERED INTO AN EMPLOYMENT AGREEMENT ACKNOWLEDGING THE TERMS OF EMPLOYMENT, INITIAL ANNUAL BASE SALARY, AND THAT THE COMPENSATION COMMITTEE OF THE BOARD SHALL REVIEW THE CEO'S ANNUAL BASE SALARY IN CONNECTION WITH THE ANNUAL EVALUATION OF HER PERFORMANCE AND SHALL MAKE A RECOMMENDATION TO THE FULL BOARD.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

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				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	48	14,549,828	MARKET QUOTATIONS
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (COVID-19 FACEMASKS)	X	3	135,575	COST/SELLING PRICE
26 Other ▶ (ADVERTISEMENTS)	X	3	3,201	COST/SELLING PRICE
27 Other ▶ (ZOOM VIRTUAL)	X	1	15	COST/SELLING PRICE
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: 1

		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?		No
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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.		

Part II **Supplemental I**
organization is
combination of

Return Reference
PART I, COLUMN (B):

Information. Provide the inform
reporting in Part I, column (b), t
both. Also complete this part fo

	THE TOTALS REPORT RECEIVED FOR EACH

nation required by Part I, lin
the number of contributions
r any additional information

Expl

ED IN COLUMN (B) REPR
CATEGORY DURING THE

es 30b, 32b, and 33, and wheth
, the number of items received,
n.

anation

ESENT THE TOTAL NUMBER
CALENDAR YEAR ENDED DE

Schedu

her the
or a

OF CONTRIBUTIONS
CEMBER 31, 2020.

Additional

Data

Softw

Software ID:

ware Version:

Return to Form

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE SANTA BARBARA FOUNDATION, UNITED WAY OF SANTA BARBARA COUNTY AND HUTTON PARKER FOUNDATION BEGAN A COUNTYWIDE COLLABORATIVE OF FUNDERS TO PROVIDE ASSISTANCE TO INDIVIDUALS AND FAMILIES AS WELL AS ORGANIZATIONS ACTIVELY ENGAGED IN ASSISTANCE EFFORTS FOR MEMBERS OF THE COMMUNITY AFFECTED BY THE COVID-19 PANDEMIC. FUNDING TO ORGANIZATIONS FOCUSED ON: * MEETING EMERGENCY NEEDS * ADAPTING THEIR SERVICES IN RESPONSE TO THE PANDEMIC * SUPPORTING THE OPERATIONAL NEEDS OF THE ORGANIZATIONS
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE AND AUDIT COMMITTEES OF THE SBF BOARD REVIEWED THE FINAL FORM OF THE 990 PRIOR TO FILING THE FORM WITH THE IRS. IN ADDITION, PRIOR TO FILING THE 990, A COPY OF THE FINAL FORM 990 WAS DISTRIBUTED TO EACH VOTING MEMBER OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES, COMMITTEE MEMBERS AND STAFF COMPLETE A CONFLICT OF INTEREST POLICY ANNUALLY. COMMITTEE AND BOARD MEMBERS RECUSE THEMSELVES BEFORE ACTIONS ARE TAKEN DURING MEETINGS IF THEY HAVE A CONFLICT OF INTEREST. THEY WILL ALSO COMPLETE A CONFLICT OF INTEREST FORM (TO ABSTAIN FROM VOTING) TO VALIDATE THEIR CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	THE 2020 CEO COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION, BASED ON COMPARABLE DATA FROM VARIOUS SOURCES SUCH AS THE COUNCIL ON FOUNDATION SALARY SURVEY, THE GUIDESTAR COMPENSATION REPORT, AND/OR OTHER APPLICABLE SURVEYS AND INFORMATION, INCLUDING INFORMATION OBTAINED FROM PROFESSIONAL CONSULTANTS. ON APRIL 28, 2020 THE CEO AND BOARD ENTERED INTO AN EMPLOYMENT AGREEMENT ACKNOWLEDGING THE TERMS OF EMPLOYMENT, INITIAL ANNUAL BASE SALARY, AND THAT THE COMPENSATION COMMITTEE OF THE BOARD SHALL REVIEW THE CEO'S ANNUAL BASE SALARY IN CONNECTION WITH THE ANNUAL EVALUATION OF HER PERFORMANCE AND SHALL MAKE A RECOMMENDATION TO THE FULL BOARD. THE COMPENSATION COMMITTEE PERFORMS THE FOLLOWING ACTIVITIES: (A) CONDUCTS AN ANNUAL REVIEW OF THE CEO'S PERFORMANCE AND ASSESSES THE REASONABLENESS OF THE CEO'S TOTAL COMPENSATION IN RELATION TO THE MARKETPLACE, INCLUDING USING COMPARABILITY DATA; (B) SOLICITS BOARD INPUT REGARDING THE CEO'S PERFORMANCE; (C) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGES IN THE CEO'S TOTAL COMPENSATION; (D) DEVELOPS AND RECOMMENDS FOR BOARD APPROVAL ANY CHANGES IN THE CEO'S EMPLOYMENT AGREEMENT, SEVERANCE AND/OR RETENTION AGREEMENT, IF ANY ARE IN EFFECT; (E) WORKS COLLABORATIVELY WITH THE CEO TO RECOMMEND FOR EXECUTIVE COMMITTEE REVIEW AND BOARD APPROVAL THE CEO'S ANNUAL PERFORMANCE GOALS; AND (F) DOCUMENTS THE FOREGOING. ADDITIONALLY, STARTING WITH THE RECOMMENDATIONS OF THE CEO, THE COMPENSATION COMMITTEE ASSESSES, DETERMINES AND DOCUMENTS THE REASONABLENESS OF THE TOTAL COMPENSATION RANGES, AND THE TERMS OF ANY EMPLOYMENT AGREEMENTS, SEVERANCE AND/OR RETENTION AGREEMENTS, OF THE CFO V.P., FINANCE & ADMINISTRATION AND ALL EMPLOYEES WITH REPORTABLE COMPENSATION (W-2) RANGES AT OR OVER $150,000. WHEN APPROPRIATE, THE COMMITTEE SELECTS AND ENGAGES PROFESSIONALS TO GATHER AND REVIEW IN ADVANCE, APPROPRIATE MARKET COMPARABILITY DATA ON THE AMOUNT AND FORM OF COMPENSATION PAID FOR COMPARABLE POSITIONS BY OTHER COMPARABLE EMPLOYERS. THE REASONABLENESS OF THE 2020 CFO COMPENSATION WAS CONFIRMED BY THE COMPENSATION COMMITTEE AT ITS MEETING ON DECEMBER 2, 2019. THE 2020 CEO EMERITUS COMPENSATION WAS SET BY THE BOARD AT AN EXECUTIVE SESSION, FOLLOWING THE PROCESSES DESCRIBED ABOVE, AND DOCUMENTED IN A SEPARATION AGREEMENT DATED NOVEMBER 20, 2019.
FORM 990, PART VI, SECTION C, LINE 19	ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON SBF'S WEBSITE. ARTICLES OF INCORPORATION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF CRT AND TRUST 3,565,702. PASSTHROUGH INCOME FROM UBI -35,205. RETURNED GRANTS 119,202.
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE CURRENT TAX YEAR TO THE OVERSIGHT OR SELECTION PROCESS OF THE AUDIT AND INDEPENDENT ACCOUNTANT.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SANTA BARBARA FOUNDATION

Employer identification number
95-1866094

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 1111 CHAPALA STREET LLC 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101 27-0393865	RENTAL - OFFICE SPACE	CA	277,130	9,260,778	SANTA BARBARA FOUNDATION
(2) 300 EAST ISLAY STREET LLC 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CA	0	3,063,480	SANTA BARBARA FOUNDATION
(3) SBF PROPERTIES LLC 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	CHARITABLE ACTIVITIES	CA	0	0	SANTA BARBARA FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)HIGHLAND SANTA BARBARA FOUNDATION 300 CRESCENT COURT SUITE 700 DALLAS, TX 75201 45-3962008	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION	TX	501(C)(3)	LINE 12A	SANTA BARBARA FOUNDATION	Yes	
(2)ERIC AND KELLY SCHWARTZ CHARITABLE TRUST 1776 PLEASANT PLAIN ROAD FAIRFIELD, IA 52556 47-4959497	TO SUPPORT THE CHARITABLE ACTIVITIES OF THE SANTA BARBARA FOUNDATION	IA	501(C)(3)	LINE 12A	SANTA BARBARA FOUNDATION	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HIGHLAND SANTA BARBARA FOUNDATION	C	250,000	CASH PAID
(2) HIGHLAND SANTA BARBARA FOUNDATION	L	154,845	CASH PAID
(3) ERIC AND KELLY SCHWARTZ CHARITABLE TRUST	L	115,824	CASH PAID

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: