EXTENDED TO MAY 15, 2018

	Return o	of Orgar	nization	Exempt	From	Income	Tax
é	r section 501(c	c), 527, or 4947	7(a)(1) of the I	nternal Revenu	je Code (e	xcept private	foundations

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

2076	<u>) </u>
Open to Publ	ic

A For the 2018 calendary year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017 B Grows, a secondary or the seconda			enuse Service	▶ Information about Form 990 and its instructions is at www.i	irs.gov/form990. 🗸 🗸 🗸 🗸	Inspection
SANTA BARBARA TRUST FOR HISTORIC PRESERVATION PRESERVATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 23 EAST CANON PERDIDO STREET 805-966-1279 Government 4,528,629. May SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number SANTA BARBARA CA 93101 High street is provinced or street address Room/suite E Telephone number Room suite Room	A F	or th	e 2 016 calen	dar year, or tax year beginning JUL 1, 2016 and ending	JUN 30, 2017	
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Number and street (or P.O. Doud mails and delevered to street address) Room/suite E Telephone number 2.3 BAST CANON PERDIDO STREET City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101 High is the a group return Farmar and address of principal officer SANTA BARBARA, CA 93101 High is the a group return Farmar and address of principal officer SANTA BARBARA, CA 93101 High is the a group return Farmar and address of principal officer SANTA BARBARA, CA 93101 High is the a group return Farmar and address of principal officer SANTA BARBARA, CA 93101 High is the a group return Farmar and address of principal officer SANTA BARBARA, CA 93101 High is the agroup return Hig	<u> </u>	□Nam	. —		05_61	11606
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Name and address of principal officer DEBBY ACEVES No No No No No No No N		Ame	, ,			
SAME AS C ABOVE High restriction Very No. High restriction High r		Appl				
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Part Summary	17	ax-e			–1	
Benefit describe the organization's mission or most significant activities TO PRESERVE, REHABILITATE, RESTORE, RECONSTRUCT, OPERATE, AND INTERPRET HISTORIC Check this box I we organization discontinued its operations or disposed of more than 25% of its net assets. 3 Xumber of voting members of the governing body (Part VI, line 1b) 3 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 0 0 0 0 0 0 0 0	J	Nebs	ite: > WWW	.SBTHP.ORG	H(c) Group exemption	number 🕨
Binefly describe the organization's mission or most significant activities TO PRESERVE, REHABILITATE, RESTORE, RECONSTRUCT, OPERATE, AND INTERPRET HISTORIC Check this box					ar of formation: 1963 M	State of legal domicile: CA
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7g) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 94, 10c, 6015 137, N, 1 1 1 1, 257, 715. 11 Cottal revenue - add lines 8 through 11 (must equal Part VIII-column-(A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (D), line 21b) 17 Other expenses (Part IX, column (D), line 21b) 18 Total expenses (Part IX, column (A), lines 11-11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Professional fundraising from the part IX is signature of officer 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. Part II Signature Block Part II Signature Block Primit ype preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's address P127 HOLLISTER AVE SUITE 25A-118		†	7 101 0111 01010	RECEIVED		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7g) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1g) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labbilities (Part X, line 16) 22 Net assets or fund balances Subtract line 21 from line 20 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. Part II Signature of officer Date Trim's address 7127 HOLLISTER AVE SUITE 25A-118	(1)	8-	Contribution	ns and grants (Part VIII, line 1h)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, (2) (19) (19) (19) (19) (19) (19) (19) (19	Ž	9		rvice revenue (Part VIII, line 2g)		
11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, (a)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	eve	10	Investment	incomo (i are vin, colarini p y, inico o, i, aria i aria aria i aria aria i aria i aria i aria	312,505.	
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Total liabilities 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 rule, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Primt/Type preparer's name GAIL H. ANIKOUCHINE Preparer Use Only Firm's address 7127 HOLLISTER AVE SUITE 25A-118		12	Total revenu	ie - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,257,715.	1,802,748.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 813,125. 722,275. 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,600. 12,598. 17 Other expenses (Part IX, column (D), line 25) 25,632. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,455,637. 1,213,195. 19 Revenue less expenses Subtract line 18 from line 12 -197,922. 589,553. 19 Revenue less expenses Subtract line 18 from line 12 -197,922. 589,553. 10 Total assets (Part X, line 16) 9,151,910. 9,925,575. 10 Total liabilities (Part X, line 26) 9,051,368. 9,870,154. 10 Part II Signature Block 1 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. Signature of officer Date Dat		13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	· ·			
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19 Revenue less expenses Subtract line 18 from line 12 -197,922. 589,553. Beginning of Current Year End of Year	_	17		•		
Beginning of Current Year End of Year 9,151,910. 9,925,575. 20 Total assets (Part X, line 16) 9,151,910. 9,925,575. 21 Total liabilities (Part X, line 26) 100,542. 55,421. 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. Signature of officer DEBBY ACEVES, PRESIDENT Type or print name and title Print/Type preparer's name GAIL H. ANIKOUCHINE Firm's name ANIKOUCHINE & ASSOCIATES Firm's laddress 7127 HOLLISTER AVE SUITE 25A-118		10				
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Under penalities 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 Print/Type preparer's name Preparer Firm's name ANIKOUCHINE ANIKOUCHINE Firm's address 7127 HOLLISTER AVE SUITE 25A-118	Feet	22		• • • • • • • • • • • • • • • • • • • •		
Sign Here DEBRY ACEVES, PRESIDENT Type or print name and title Print/Type preparer's name GAIL H. ANIKOUCHINE Preparer Use Only Firm's address 7127 HOLLISTER AVE SUITE 25A-118	P	art I	Signatu	re Block		
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		-	<u> </u>		THIHSEIN	OT-4003243
)	J.113	i iiiii s audit		Phone no.80	5-451-5430

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

	SEE SCHEDILE O FOR CONTINUATION(S		990 (2016)
4e	Total program service expenses ► 797,409.		200
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	_
	Other program convices (Describe in Schedule O.)	•	
4c	(Code) (Expenses \$) (Revenue	B \$)
			
4b	(Code) (Expenses \$	•\$)
	RESTORATION OF THE COTA KNOX BUILDING.	OLII MID	
	HISTORIC PRESERVATION WORK THAT INCLUDES THE PRESIDIO NO ALHECAMA THEATRE RESTORATION, AND PLANS FOR SEISMIC RETR		NER,
	NORTHWEST CORNER). THE TRUST CONDUCTS ARCHAEOLOGY, RESE		
	RESTORATION (CASA DE LA GUERRA), REHABILITATION (PRESIDI CENTER), AND RECONSTRUCTION (PRESIDIO CHAPEL, NORTHEAST		
	TREATMENT OF HISTORIC PROPERTIES, INCLUDING PRESERVATION RESTORATION (CASA DE LA GUERRA), REHABILITATION (PRESIDI		上) ,
	IN SUPPORT OF THE SECRETARY OF THE INTERIOR'S STANDARDS	FOR THE	
	THE TRUST CONTINUES TO CONDUCT ARCHAEOLOGICAL AND HISTOR		СН
	ARCHAEOLOGY, RESEARCH, AND HISTORIC PRESERVATION:		
4a	(Code	821,	<u>632.</u>)
	revenue, if any, for each program service reported		
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
А	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses	•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these new services on Schedule O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Vec	X No
		SBTHP ALSO	
	INCLUDING JIMMY'S ORIENTAL GARDENS AND CASA DE LA GUERRA	, AS WELL A	S
	TO RESTORE, PRESERVE, RECONSTRUCT, OPERATE AND INTERPRET DE SANTA BARBARA STATE HISTORIC PARK, ITS NEIGHBORING PRO		<u> </u>
1	Briefly describe the organization's mission.	PT DEPCTOT	0
	Check if Schedule O contains a response or note to any line in this Part III		X
	990 (2016) PRESERVATION t III Statement of Program Service Accomplishments	<u> </u>	Page Z
orm	900 (2016) PRICKEVATEON	47-h	Page Z

Form 990 (2016)

Form 990 (2016) PRESERVATION
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)?		7.7	
•	If "Yes," complete Schedule A	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
3	public office? If "Yes," complete Schedule C, Part I	2		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		_	
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- 0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8	ĺ	x_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		ļ	-
3	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		X
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		x_
11	If the organization's answer to any of the following questions is: "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ļ
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	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	ļ 	X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	<u> </u>	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	<u>15</u>		<u>X</u>
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ <u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l <u>.</u> _	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			4,
	complete Schedule G, Part III	19	000	(2010)
		Form	99U	(2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L., Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
_	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	ļ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
26	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?			v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(2016)
		Form	フゴリ	(2016)

Form 990 (2016) PRESERVATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Solution		Check if Schedule O contains a response or note to any line in this Part V			
16 Enter the number or forms V30 Genucladed in in a Lister's of an applicable 17 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize writings? 28 Enter the number of amplitudes reported on Form W3, Transmittal of Wage and Tax Statements. 18 Enter the number of amplitudes reported on Form W3, Transmittal of Wage and Tax Statements. 19 If a less are seported on the 2s, did the organization file all required deciral employment tax returns? Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-five (see instructions) 19 If a less are in a second or see an applicable of the calculation of the second of the calculation of the second of the calculation of the second of th				Yes	No
b Enter the number of Forms W-20 included in line 1a. Enter 0-if not applicable Did the organization comply with backpu witholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. If we can be a sum of lines 1s and 2 as greater than 250, you may be required to e-life (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a Life with experiments of the calendar year, and the organization have an interest in, or a signature or other function account? 5b If Yes, 1 and 1 field a Form 990-Tf for the year? 1/100, for line 3, parcine an interest in, or a signature or other studionly over, a financial account in a foreign country (such as a bank account, securities account, or other function account? 5c If Yes, 1 and 1 field a Form 990-Tf for the year? 1/100, for line 3, part 1/100, for line 3, pa	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
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b if "Yes," has it field a Form 990 T for this year? if "No," to line 30, provide an explanation in Schedule O 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?] 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) Saw the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Dose 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 contributions? 6a X b if "Yes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chanables contributions? 6b Tyes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). all of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7c Ciganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year and the organization file Form 8899 as required? 7f If Yes," indicate the number of Forms 8282 filed during the year? 9 Sponsoring organization make all exhibitions under section 4966? 8 Sponsoring organization seminatining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a file and form 10 files form 10 files form 10 files. 11a Gross income from other sources (Do not net amounts d		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			$\bar{\mathbf{x}}$
Sec	tion 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 24			140
-	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.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
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	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		\mathbf{x}_{-}
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	х	
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	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 55		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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	- 1	X
	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	х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990	- 1.0		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ĺ		
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	_ _		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires as a sectio	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cıal	
	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			_
	CAY SANCHEZ - 805-966-1279			
	123 EAST CANON PERDIDO STREET, SANTA BARBARA, CA 93101			
63200	3 11-1 1-16	Form	990	(2016)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average	(40		Posi heck i			one	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week		er an	dad	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		e e	npen		(W-2/1099-MISC)		organization and related
	below	dual t	tiona	_	nploy	stcor	<u>.</u>			organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG MAKELA	6.50									
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(2) ARTHUR NAJERA	1.00								_	_
BOARD MEMBER		X					$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	0.	0.	0.
(3) KATIE HAY	1.00			'				_	_	
BOARD MEMBER		X		<u> </u>				0.	0.	0.
(4) TIMOTHY AGUILAR	1.00									
BOARD MEMBER		X	<u> </u>	L	<u> </u>	ļ		0.	0.	0.
(5) W. ELLIOT BROWNLEE	3.00								_	_
TREASURER		X		X				0.	0.	0.
(6) DOUGLAS CAMPBELL	1.00							_		_
BOARD MEMBER		X	_			ļ		0.	0.	0.
(7) RANDY BERGSTROM	1.00		1							
BOARD MEMBER		X		<u> </u>	ļ	ļ	<u> </u>	0.	0.	0.
(8) ROB ROSSI	1.00									
BOARD MEMBER		X				<u> </u>	ļ	0.	0.	0.
(9) DONALD G. SHARPE	1.00	ļ								
BOARD MEMBER		X				ļ		0.	0.	0.
(10) KEITH J. MAUTINO	5.00									
BOARD MEMBER		X	_		_	<u> </u>	_	0.	0.	0.
(11) ROBERT TULER	2.00						ĺ			
BOARD MEMBER		X			<u> </u>		<u> </u>	0.	0.	0.
(12) MICHAEL ARNOLD	1.00							_	_	
BOARD MEMBER		X	ļ_	L	ļ	_	<u> </u>	0.	0.	0.
(13) JAMES BROOKS	1.00							_		
BOARD MEMBER		X	ļ	ļ		<u> </u>	_	0.	0.	0.
(14) DEBBY ACEVES	3.00	ļ						_		
FIRST VICE PRESIDENT 2017		X	<u> </u>	X	<u> </u>	_		0.	0.	0.
(15) MAGGIE CAMPBELL	3.00	1						_	_	
SECOND VICE PRESIDENT		X	<u> </u>	X	<u> </u>	_	<u> </u>	0.	0.	0.
(16) JOHN POUCHER	3.00	1								_
IMMEDIATE PAST PRESIDENT		X	_	X	<u> </u>			0.	0.	0.
(17) TEREASE CHIN	3.00	1				1				
PRESIDENT		X		X					0.	0.
632007 11-11-16										Form 990 (2016

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)		
(A)	(B)			•	C)			(D)	(E)		(F)
Name and title	Average	(do		Posi			one	Reportable	Reportable		stimated
	hours per week			ss pe nd a d				compensation	compensation	ar	nount of
	(list any						ΓĖ	from the	from related organizations	com	other pensation
	hours for	or director	ł					· ·	(W-2/1099-MISC)		rom the
	related	o aa	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)		anization
	organizations	Trust	lal tru		eg Se	ed wo		,			d related
	below	Individual trustee	Institutional trustee	<u>ب</u>	Key employee	Highest compensated employee	횰			org	anızatıons
	line)	를	Inst	Officer	χ ç	물통	퉏			<u>.</u>	
(18) SUZANNE SCHOMER	3.00										
FIRST VICE PRESIDENT 2016		X	<u> </u>	X			ļ	0.	0.		0.
(19) MARY LOUISE DAYS	6.00		1						_		_
BOARD MEMBER		X	_			_	ļ	0.	0.	-	0.
(20) KEVIN NIMMONS	3.00					1			_		_
BOARD MEMBER	<u> </u>	X	ļ	ļ	<u> </u>	ļ	ļ	0.	0.	·	0.
(21) WAYNE NATALE	1.00								_		_
BOARD MEMBER	1 22	X				-	<u> </u>	0.	0.	4	0.
(22) KEVIN SNOW	1.00	↓									
BOARD MEMBER	1 00	X	├-		ļ		ļ	0.	0.	-	0.
(23) LESLIE ZOMALT	1.00	- _ ⊦			ļ						_
BOARD MEMBER	1 00	X	_			 		0.	0.	 	0.
(24) ANTHONY GRUMBINE	1.00								•		•
BOARD MEMBER	50.00	X		-		-		0.	0.	<u>:</u>	0.
(25) ANNE PETERSEN	50.00	-						04 605	•	_	
EXECUTIVE DIRECTOR	F0 00		-	X		-	-	94,625.	0.	1	0,155.
(26) JARREL C. JACKMAN	50.00	ł		,,				60 750	•		4 0 4 0
PRIOR EXECUTIVE DIRECTOR	<u> </u>]	j	X		_	Ļ	60,758.	0.		$\frac{4,940}{5}$
1b Sub-total								155,383.	0,		5,095.
c Total from continuation sheets to Part V	II, Section A							69,279.	0.	_	3,282.
d Total (add lines 1b and 1c)				-				224,662.	0,	•	8,377.
2 Total number of individuals (including but r	not limited to tr	nose	list	ed al	DOV	e) w	no r	eceived more than \$100	,000 of reportable		,
compensation from the organization									· · · · · · · · · · · · · · · · · · ·		Yes No
3 Did the organization list any former officer.	director or tri	ıoto	ما م		~~l		~-	highest companies of a	malayaa aa	Γ	163 110
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, Re	зу ет	пріс	учч	, Oi	mignest compensated e	inployee on	3	x
•			omo	oner	atioi	n an	d 0+	har companeation from	the erganization	3	
4 For any individual listed on line 1a, is the st and related organizations greater than \$15									trie organization	4	x
5 Did any person listed on line 1a receive or									idual for convious		- A
rendered to the organization? If "Yes," corr	•					•	CIA	ted organization or indiv	idual for services	5	X
Section B. Independent Contractors	ipiete ochedal	C 0 .	101 3	ucn	ры	3011					1 122
Complete this table for your five highest co	mpensated in	den	ende	ent c	cont	racti	ors	that received more than	\$100,000 of compen	sation	from
the organization. Report compensation for	-	-									
(A)								(B)	,	(C)
Name and business	address	N	ON	E				Description of s	services	Compe	ensation
				<u> </u>							
										1	
								<u> </u>		<u></u>	
2 Total number of independent contractors (not li	ımıte	d to		_	sted	d above) who received n	nore than	•	
\$100,000 of compensation from the organ						0	~				000
SEE PART VII, SECTION	n a con'	TI.	NŰ	AΤ.	TO:	N	SH	eets		Form	990 (2016)

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Form 990

PRESERVATION

Part VII Section A. Officers, Directors, Tr		nnle	VAA	e a	nd F	liah	est.	Compensated Employ	95-011	1050	
(A) (B) Name and title Average hours				(C Pos	c) ition that			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
•	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
27) SALLY FOUHSE	50.00			,,				60 270		2 202	
CFO BEGINNING	30.00	-		X				69,279.	0.	3,282	
(28) JACKIE ALARCON CFO. END OF YEAR	30.00			Х				0.	0.	0	
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Total to Part VII, Section A, line 1c								69,279.		3,282	

Form 990 (2016) PRESERV
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line		(D)		
		`			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
e a	b	Membership dues	1b	24,880.				
S, C	С	Fundraising events	1c	4 850				
ᆲ	d	Related organizations	1d					
S,E	е	Government grants (contributi	ons) 1e					
P S	f	All other contributions, gifts, grant	ts, and					
를		similar amounts not included above	ve 1f	506,740.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in Times	1a-1f \$	·				
용	h	Total. Add lines 1a-1f		•	536,470.			
				Business Code				
9	2 a	ADMISSIONS		713990	3,685.	3,685.		
<u>7</u> e <u>₹</u>	b							
S E	С							
Program Service Revenue	d							
<u>5</u> _	е							
-		All other program service reve	nue					
\rightarrow		Total. Add lines 2a-2f		•	3 685.		·	
	3	Investment income (including	dividends, inter	_				
		other similar amounts)			163,061.			163,061,
	4	Income from investment of tax	x-exempt bond p	proceeds			 	
	5	Royalties .	() Deal	(v) Paranal				
	•	0	(ı) Real	(ii) Personal				
	6 a	•	266,457					
		Less rental expenses	22,021,					
		Rental income or (loss) Net rental income or (loss)	244,436		244 426	244 426		
		Gross amount from sales of	(ı) Securities	(ii) Other	244,436.	244.436.		
}	/ a	assets other than inventory	- ·	(ii) Other				
	.	Less: cost or other basis	2,854,090					
	ь	and sales expenses	2 652 427					
	_	Gain or (loss)	2,652,427					
		Net gain or (loss)	201,003	<u>'</u>	201,663.			201,663.
_		Gross income from fundraising	a events (not		201,005.		·	201,003.
ag	0 4	•	.850. of					
Other Revenu		contributions reported on line						
Ę.		Part IV, line 18	а а	108,162.				
훜	b	Less direct expenses	b					
°		Net income or (loss) from fund	fraising events	•	59,105.			59,105.
		Gross income from gaming ac	•					
		Part IV, line 19	а	285.				
	b	Less. direct expenses	b					
	С	Net income or (loss) from gam	ing activities	•	285,			285.
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	22,908.				
1	b	Less cost of goods sold	b					
L	<u>c</u>	Net income or (loss) from sale	s of inventory	•	20,532.			20 532.
L		Miscellaneous Revenu	е	Business Code				
	11 a	REIMBURSED PAYROLL COS	TS	900099	557,936.	557,936.		
	b	OTHER INCOME		900099	15,575.	15,575.		<u> </u>
	С							<u> </u>
		All other revenue						1
		Total. Add lines 11a-11d		<u> </u>	573,511.			
1	12	Total revenue See instructions.		▶	1.802.748.	821 632.		444 646

2016.05060 SANTA BARBARA TRUST FOR HIS 80588__1

Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a respons of Include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	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				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	240,344.	192,548.	47,124.	672
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	467,822.	452,789.	10,437.	4,596
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,618.	565.	623.	430
10	Payroll taxes	12,491.	7,307.	4,885.	299
11	Fees for services (non-employees)				
а	Management				
b	Legal _	5,829.		5,829.	
С	Accounting	20,400.	_	20,400.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	12,598.			12,598
f	Investment management fees	52,392.		52,392.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	195,364.	111,844.	83,520.	
12	Advertising and promotion	6,923.	3,996.	2,307.	620
13	Office expenses	74,073.	9,859.	57,797.	6,417
14	Information technology				
15	Royalties				
16	Occupancy	21,745.		21,745.	
17	Travel	4,155.	1,536.	2,619.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,810.	2,810.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,718.		32,718.	
23	Insurance	27,425.		27,425.	
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 0.)	12 760	12 760		
а	PROGRAM SUPPLIES	13,760.	13,760.	10 701	
b	REPAIRS & MAINTENANCE	13,096.	395.	12,701.	
C	LEASED EQUIPMENT	7,632.		7,632.	
d		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	All other expenses	1 010 105	707 400	200 154	25 622
25	Total functional expenses. Add lines 1 through 24e	1,213,195.	797,409.	390,154.	25,632
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form **990** (2016)

	Check if Schedule O contains a response or not	e to any line in this Part X			
	·		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		3,483.	1	3,465.
2	Savings and temporary cash investments		183,105.	2	825,401.
3	Pledges and grants receivable, net		3	6,000.	
4	Accounts receivable, net			4	
5	Loans and other receivables from current and for	ormer officers, directors,			
	trustees, key employees, and highest compensations	ated employees. Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disquali	fied persons (as defined under			
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
7	Notes and loans receivable, net	1		7	<u>226,438.</u>
8	Inventories for sale or use			8	34,146.
9	Prepaid expenses and deferred charges		2,666.	9	2,804.
10a	Land, buildings, and equipment. cost or other				
	basis. Complete Part VI of Schedule D				
b	Less' accumulated depreciation	10b 488,670.	2,607,382.		2,596,918. 6,025,169.
11	Investments - publicly traded securities	5,907,413.	11	6,025,169.	
12	Investments - other securities See Part IV, line	11		12	
13					
14		404.455			
15				205,234.	
16				9,925,575.	
		_	71,114.		14,993.
		_			
		Į.			
	·	Doubly of Oakodulo D			
				21	
22					
		es, and disquaimed persons.			
02		ated third parties		1	
					25,000.
	· •	·	-	27	23,000.
20				}	
		, , , , , , , , , , , , , , , , , , ,	29.428.	25	15,428.
26					55,421.
		3), check here X and			
				1	
27	Unrestricted net assets		1,831,340.	27	2,658,682.
28	Temporarily restricted net assets			-	6,493,274.
29	Permanently restricted net assets				718,198.
		SC 958), check here 🕨 🔲	-		
	and complete lines 30 through 34.			1 1	
30	-			30	
31				31	
32				32	
33	Total net assets or fund balances	, in the second of the second	9,051,368.	33	9,870,154.
34	Total liabilities and net assets/fund balances		9,151,910.	34	9,925,575.
	6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 1 22 23 24 25 26 27 28 9 30 31 23 33	trustees, key employees, and highest compensa Part II of Schedule L 6 Loans and other receivables from other disqualir section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D b Less' accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 1 13 Investments - program-related See Part IV, line 1 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equ 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete 22 Loans and other payables to current and former 23 key employees, highest compensated employee 24 Complete Part II of Schedule L 25 Secured mortgages and notes payable to unrelate 26 Other liabilities (including federal income tax, pay 27 parties, and other liabilities not included on lines 28 Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 956 29 complete lines 27 through 29, and lines 33 ar 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Pad-in or capital surplus, or land, building, or ex 32 Retained earnings, endowment, accumulated in 33 Total net assets or fund balances	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment. cost or other basis. Complete Part IV of Schedule D 10a 3,085,588. b Less' accumulated depreciation 10b 488,670. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 11 Tax-exempt bond liabilities 12 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 27 Imporarily restricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 10 Action or capital surplus, or land, building, or equipment fund 10 Action or capital surplus, or land, building, or equipment fund 11 Action or capital sur	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 1 Notes and loans receivable, net 2 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment, cost or other basis. Complete Part IV of Schedule D 10 Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10 Less' accumulated depreciation 1 Investments - publicly traded securities 1 Investments - other securities See Part IV, line 11 1 Interestments - program-related See Part IV, line 11 1 Interestments - program-related See Part IV, line 11 1 Interestments - program-related See Part IV, line 11 1 Interestments - publicly traded securities 1 Other assets See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Accounts payable and accrued expenses 1 Grants payable 2 Eacrow or custodial account liability 2 Tax-exempt bond liabilities 2 Eacrow or custodial account liability 2 Eacrow or custodial account liability 3 Eacrow or custodial account liability 4 Unsecured notes and loans payable to unrelated third parties 2 Eacrow or custodial account liability 3 Eacrow or custodial account liability 4 Unsecured notes and loans payable to unrelated third parties 4 Unsecured notes and loans payable to unrelated third parties 5 Organizations that follow SFAS 117 (ASC 958), check here 2 Organizations that follow SFAS 117 (ASC 958), check here 2 Tax-exempt of the parties of the parti	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Lans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(B) volunitary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventrones for sale or use Prepard expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part IV of Schedule D Less' accumulated depreciation Investments - publicly traded securities Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Intangible assets 15 Other assets. Add lines 11 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Total assets, add lines 11 through 15 (must equal line 34) 19 Accounts payable and accrued expenses 10 Earror or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 29 Secured mortages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Total Habilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here And complete lines 27 through 29, a

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

X

2c

За

3b

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization SANTA BARBARA TRUST FOR HISTORIC 95-6111696 PRESERVATION 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's city, and state. 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

SANTA BARBARA TRUST FOR HISTORIC Schedule A (Form 990 or 990-EZ) 2016 PRESERVATION 95-6111696 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 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 limes 1 through 3 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) 6 Public support. Subtract line 5 from line Section B. Total Support (c) 2014 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public support	percentage	for 2016	(line 6. d	cólumn (f)	divided by	v line 11	column (f))
----	----------------	------------	----------	------------	------------	------------	-----------	-------------

15 Public support percentage from 2015 Schedule A, Part II, line 14

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private four dation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

14

15

632022 09-21-16

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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(6) 2013	(6) 2014	(0) 2013	(e) 2010	(I) IOIAI
٠	membership fees received (Do not						
	include any "unusual grants ")	300 387	646,434.	3/1 052	240 215	536,470.	2 064 FE0
_	Gross receipts from admissions,	300,301.	040,454.	341,032.	240,213.	330,470.	2,064,558,
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	424,245.	458,694.	524,689.	541,906.	584,529.	2,534,063.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				ļ		
5	The value of services or facilities		-				
	furnished by a governmental unit to				,		
	the organization without charge						
6	Total. Add lines 1 through 5	724,632.	1,105,128.	865,741.	782,121.	1,120,999.	4,598,621.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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	98,532.	382,849.	85,934.	60,508.	353,723.	981,546.
c	Add lines 7a and 7b	98,532.	382,849.	85,934.	60,508.	353,723.	981,546.
8	Public support. (Subtract line 7c from line 6)						3 617 075
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	724,632.	1,105,128.	865,741.	782,121.	1,120,999.	4,598,621,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	312,102.	378,320.	337,578.	330,191.	429,518.	1,787,709.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	312,102.	378,320.	337,578.	330,191.	429,518.	1,787,709.
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)	1,036,734.	1,483,448.	1,203,319.	1,112,312.	1,550,517.	6,386,330.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13, o	column (f))		15	56.64 %
	Public support percentage from 2015					16	<u>60.56 %</u>
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	27 . 99 %
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	<u>27.35</u> %
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a 33 1/3% support tests - 2015. If the						▶ X
K	line 18 is not more than 33 1/3%, che	_					▶ □
	Private foundation If the organization						₹H

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part 1 of Schedule L (Form 990 or 990-EZ).
- 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.
- **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**.
- 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.
- 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 10b below
 - **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.)

r		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3c		
	4a		
	4b		
	4.		
ļ	4c		-
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	0.		
	9b		
	9c		
	10a		
	101-		
	10b) 20-F7	2016

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Parent of Supported Organizations Answer (a) and (b) below.

activities but for the organization's involvement.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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	dule A (Form 990 or 990-EZ) 2016 PRESERVATION			05-6111696 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	<u>g Orgar</u>	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	in structions for short tax year or assets held for part of year)			
а	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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	, , , , , , , , , , , , , , , , , , , 	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion 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-functiona	ily ıntegrat	ed Type III supporting org	janization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Sectio			nizations (continued)	
	n D - Distributions			Current Year
1 /	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2 /	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3 /	Administrative expenses paid to accomplish exempt purpose	s		
4 /	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which th	ne organization is responsive	•	
	provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Section	on E - Distribution Aflocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	-		
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013	. JIIUINAI		
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f		· · · · · · · · · · · · · · · · · · ·	
	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4	1,00,000		
	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
	Remaining underdistributions for 2016 Subtract lines 3h	H.00 Well-mann		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
	Excess distributions carryover to 2017. Add lines 3j			
•				,
8	and 4c Breakdown of line 7:			
	DIGARAGWII OI IIIIG 1 .			
a_	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
<u>е</u>	Excess from 2016		Cabadata A	

Schedule A	(Form 990 or 990 EZ) 2016 PRE	SERVATION		95-6111696	Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 : Section D, lines 5, 6, and 8, and	3c, 4b, 4c, 5a, 6, 9a, 9b, 9c. and 3; Part IV, Section E, lin	, 11a, 11b, and 11c; Part IV, \$ es 1c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b, Part III, line 12; Section B, lines 1 and 2; Part IV, Section It V, line 1, Part V, Section B, line 1e, Par It for any additional information	C, rt V,
	(See instructions)				
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Employer identification number 95-6111696

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
-	3	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed 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 a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) X Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 1
b	Total acreage restricted by conservation easements		2b 0.50
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c 1
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d 0
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ►0_		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	- ·	
	violations, and enforcement of the conservation easements it		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	▶ 50		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
_	▶ \$2,500.		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		X Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Traccures or O	thar Cimilar Assats
ra	Complete if the organization answered "Yes" on Form		ther Similar Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		post and belongs about wades of out
ıa			
	historical treasures, or other similar assets held for public exh		rice of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describes organization elected as permitted under SEAS 116 (AS		. and balance about wedge of add beck and
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	olic 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	course or other similar	> -
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 4.		ı gain, provide
_	the following amounts required to be reported under SFAS 1:	וס (אסט שטט) relating to these items.	▶ •
a	Revenue included on Form 990, Part VIII, line 1	-	▶ \$ ▶ \$
D	Assets included in Form 990, Part X		▶ \$

632051 08-29-16

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

Schedule D (Form 990) 2016

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

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

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		1,991,735.		1,991,735.
b Buildings		763,661.	275,376.	488,285.
c Leasehold improvements				
d Equipment				
e Other		330,192.	213,294.	<u>116,898.</u>
otal. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, colu	mn (B), line 10c.)	•	2,596,918.

Schedule D (Form 990) 2016

	(Form 990) 2016 PRESERVATIO	<u> </u>		95	<u>-6111696</u>	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line				
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of va	luation. Cost or end	l-of-year market va	alue
(1) Financia	al derivativės					
(2) Closely	-held equity interests			<u> </u>		
(3) Other						
(A)						
(B)						
(C)		-				
(D)		,			•	
(E)						
(F)	- -		,	•		
(G)	· · · · · · · · · · · · · · · · · · ·				<u>-</u>	-
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.)				**	
	Investments - Program Related.		1			
·	Complete if the organization answered "Yes"	on Form 990 Part IV. line	11c See Form 990. F	Part X. line 13		
	(a) Description of investment	(b) Book value		lluation. Cost or end	I-of-year market va	alue
(1)		(-)	 		<u> </u>	
(2)						
						
(3)						
(4)						
(5)				·· ··· -·		
<u>(6)</u>						
(8)						
(9)	(1) 15 000 D 1V 1 (D) 1 (0) 5					
Dort IV	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.					
raitin	•	! F 000 P !\/ !	111 0 5 000	Dant V. Ima 45		
	Complete if the organization answered "Yes"	Description	110 See Form 990, 1	Part X, line 15	(b) Book va	110
	(a)	Description			(D) BOOK Val	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)			 			
(9)						
	umn (b) must equal Form 990, Part X, col. (B) lir	ne 15)		<u> </u>		
Part X	Other Liabilities.					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		990, Part X, line 25		
1.	(a) Description of liability		(b) Book value			
(1) Fed	deral income taxes					
(2) D H	EPOSITS		15,428.			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X, col (B) lii	ne 25)	15,428.			
	, 1-7 ···					

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

Schedule D (Form 990) 2016

2016	PRESER'	VATION
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XI	Reconciliation	of Revenue per Audited F	inancial Statements With	Revenue per Return

1 Total revenue, gams, and other support per audited francolal statements 2 Amounts included on in a 1 but not on Form 990, Part VIII, line 12: a Net unrealized gams (passes) on investments b Donated services and use of facilities c Recoveres of prory year grants d Other (Describe in Part XIII) e Add lines 2a through 26 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 17, but not on line 1 but of the Cheschibe in Part XIII) c Add lines 4a and 4b c Total expenses and losses per audited francolal Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part I, line 12: 1 Total expenses and losses per audited francolal statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part I, line 12: 1 Total expenses and losses per audited francolal statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part I, line 12: 1 Total expenses and losses per audited francolal statements 2	Part XI Reconciliation of Revenue per Audited Financial State	•	eturr	1.
2 Amounts included on line 1 but not on 6 comm 980, Part VIII, line 12: a Net unrealized gains (Dassed) on investments b Donated services and use of facilities c Recoveree of prior year grants d Other (Describe in Part XIII) - Ard Lines 2 at mough 2d 3 Subtract line 2a from line 1 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 b Citer (Describe in Part XIII) - Add lines 24 and 4b 5 Total expenses and issees 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 issees per audited financial statements 1 Total expenses and issees per audited financial statements 2 Amounts included in line 1 but not on Form 990, Part IV, line 12b 2 Amounts included on Form 990, Part IV, line 25. 2 Donated services and use to facilities b Prior year adjustments 2 Amounts included on Form 990, Part IV, line 25. 2 a Subtract line 26 from line 1 4 Amounts included on Form 990, Part IV, line 25. 2 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	I	2 001 610
a Net unrealized gains (posses) on investments b Domated services and use of potenties c Recoveries of prior year grants c Recoveries c Re	= ''' '		1	2,001,610.
b Donated services and use of facilities c Recoverse of princy year grants d Other (Describe in Part XIII) e Add lines 2a through 2a 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 5 Total revenue. Add lines 3 and 46, (This must equal Form 990, Part I, line 12) Form XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part I, line 12) 1 Total sevenes and closses per audided financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 125 a Donated services and use of facilities c Other losses 2 Depart XIII Reconsidered in Part XIII	·	1 1 204 504		
c. Recoveres of prory year grants d. Other (Rescribes in Part XIII.) e. Add lines 2a through 2d 3. Subtractine 2e from line 1 3. Subtractine 2e from line 1 4. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a investment expanses not included on Form 990, Part VIII, line 7b b. Other (Rescribes in Part XIII) c. Add lines 4a and 4b c. Sold a review. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) f. Total expenses and losses per audicted financial Statements With Expenses per Return. Complete the organization ensewed "Yes" on Form 990, Part I, line 12) f. Total expenses and losses per audicted inflamous statements C. Complete the organization ensewed "Yes" on Form 990, Part I, line 12) f. Total expenses and losses per audicted inflamous statements C. Other losses d. Other (Rescribe in Part XIII) e. Add lines 2a through 2d d. Other (Rescribe in Part XIII) e. Add lines 2a through 2d d. Other (Rescribe in Part XIII) e. Add lines 2a through 2d d. Other (Rescribe in Part XIII) e. Add lines 2a through 2d d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines 4a and 4b d. Other (Rescribe in Part XIII) e. Add lines	· · · · · · · · · · · · · · · · · · ·			
d Other (Describe in Part XIII) Advancers included on Form 990, Part VIII, line 12, but not on line 1 Advancers included on Form 990, Part VIII, line 12, but not on line 1 Advancers included on Form 990, Part VIII, line 12, but not on line 1 Advancers included on Form 990, Part VIII, line 12, but not on line 1 Advancers included on Form 990, Part VIII, line 12, but not on line 1 Advancers included on Form 990, Part VIII, line 12, but not on line 1 Advancers included on Form 990, Part VIII, line 12 Advancers included on Ine 1 but not on Form 990, Part IV, line 12a 1 1,182,824. Advancers included on line 1 but not on Form 990, Part IV, line 12a 1 1,182,824. 1 1,182,824. Advancers included on line 1 but not on Form 990, Part IV, line 25. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25. 3 1,160,803. 4 Amounts included on Form 990, Part IV, line 25, but not on line 1 A mounts included on Form 990, Part IV, line 25, but not on line 1 A mounts included on Form 990, Part IV, line 7b C Add lines 2a through 2d 3 1,160,803. 4 Each 12 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4e, (This must equal Form 990, Part I, line 12) 1 Total expenses and included on Form 990, Part VIII, line 12 1 Total expenses and issees per audited francial statements With Expenses per Return. Compiler 6 the organization answered "Yes" on Form 990, Part IX, line 12a 1 Total expenses and issees per audited francial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) c Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 12a 1 Total expenses and included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IV, line 7b b Chier (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4e, (This must equal Form 990, Part IV, line 18) For add lines 4a and 4b 6 Total expenses and lines 3 and 4e, (This must equal Form 990, Part III, line 18) For add lines 4a and 4b 7 Total expenses and included on Form 990, Part IV, line 18) For add lines 4a and 4b 8 Total expenses and included on Form 990, Part IV, line 18) For add lines 4a and 4b 9 Total expenses and lines 3 and 4e, (This must equal Form 990, Part I, line 18) For add lines 4a and 4b 1 1 1, 182, 824 22 2, 2021 3 2, 2021 3 2, 2021 3 2, 2021 3 2, 2021 4 2, 2021 4 2, 2021 5 1, 213, 195 For Tall Supplemental Information. PART XIII Supplemental Information. For add lines 4a and 4b 8 Total expenses and exp				
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4 A Investment expenses not included on Form 990, Part VIII, line 12, but not on ine 1 a livestiment expenses on time dudged on Form 990, Part VIII, line 7b	•			
a Investment expenses not included on Form 990, Part VIII, Inne 75 b Other (Describe in Part XIII) c Add Innes 4a and 4b 5 Total reversion. Add Innes 3 and 4c, (This must equal Form 990, Part I, Inne 12) 5 Total reversion and Innes 5 and 1	·		3	1,750,356.
b Other (Describe in Part XIII) C Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses per Audited Financial Statements With Expenses per Return. Compiled if the organization answered 'Vest' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on ine 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments 2 Cither (Describe in Part XIII) 2 Add lines 2a through 2d 3 Subtract tine 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4 and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Fort XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5 and 9, Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. PART III, LINE 9: THE CONSERVATION EASEMENT IS NOT INCLUDED IN THE TRUST'S BALANCE SHEET OR STATEMENT OF OPERATIONS. PART III, LINE 4: THE TRUST'S COLLECTIONS ARE HISTORICALLY SIGNIFICANT ARTIFACTS FROM SANTA BARBARA AND FURTHER THE ORGANIZATION'S MISSION TO RESTORE AND PRESERVE HISTORICAL ARCHAEOLOGICAL SITES IN SANTA BARBARA. PART V, LINE 4: IN THE ABSENCE OF DONOR STIPULATIONS, THE INTENDED USE FOR THE ENDOWMENT FUNDS WILL BE TO CARRY ON THE ORGANIZATION'S MISSION STATEMENT.				
c Add lines 4a and 4b 5 Total evenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 6 1,802,748. [Part XII] Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "res" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Pror year adjustments c Other losses c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract hoge from 190, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental information. PART II, LINE 9: THE CONSERVATION EASEMENT IS NOT INCLUDED IN THE TRUST'S BALANCE SHEET OR STATEMENT OF OPERATIONS. PART III, LINE 4: THE TRUST'S COLLECTIONS ARE HISTORICALLY SIGNIFICANT ARTIFACTS FROM SANTA BARBARA AND FURTHER THE ORGANIZATION'S MISSION TO RESTORE AND PRESERVE HISTORICAL ARCHAEOLOGICAL SITES IN SANTA BARBARA. PART V, LINE 4: IN THE ABSENCE OF DONOR STIPULATIONS, THE INTENDED USE FOR THE ENDOWMENT FUNDS WILL BE TO CARRY ON THE ORGANIZATION'S MISSION STATEMENT.	•			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Ine 12) Part XLII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, Ine 25. a Donated services and use of facilities b Priory year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, Ine 25, but not on line 1 a Investment expenses not included on Form 990, Part IVIII, Ine 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, Ine 18) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, Ine 18) 5 Total expenses, Add lines 3 and 4d Also complete this part to provide any additional information Part XIII Supplemental information. Part XIII, LINE 9: THE CONSERVATION EASEMENT IS NOT INCLUDED IN THE TRUST'S BALANCE SHEET OR STATEMENT OF OPERATIONS. PART III, LINE 4: THE TRUST'S COLLECTIONS ARE HISTORICALLY SIGNIFICANT ARTIFACTS FROM SANTA BARBARA AND FURTHER THE ORGANIZATION'S MISSION TO RESTORE AND PRESERVE HISTORICAL ARCHAEOLOGICAL SITES IN SANTA BARBARA. PART V, LINE 4: IN THE ABSENCE OF DONOR STIPULATIONS, THE INTENDED USE FOR THE ENDOWMENT FUNDS WILL BE TO CARRY ON THE ORGANIZATION'S MISSION STATEMENT.	,	_4b		ED 202
Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return.				<u> </u>
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Innes 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART II, LINE 9: THE CONSERVATION EASEMENT IS NOT INCLUDED IN THE TRUST'S BALANCE SHEET OR STATEMENT OF OPERATIONS. PART III, LINE 4: THE TRUST'S COLLECTIONS ARE HISTORICALLY SIGNIFICANT ARTIFACTS FROM SANTA BARBARA AND FURTHER THE ORGANIZATION'S MISSION TO RESTORE AND PRESERVE HISTORICAL ARCHAEOLOGICAL SITES IN SANTA BARBARA. PART V, LINE 4: IN THE ABSENCE OF DONOR STIPULATIONS, THE INTENDED USE FOR THE ENDOWMENT FUNDS WILL BE TO CARRY ON THE ORGANIZATION'S MISSION STATEMENT.	Part XIII Supplemental Information.			
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PART V, LINE 4: IN THE ABSENCE OF DONOR STIPULATIONS, THE INTENDED USE FOR THE ENDOWMENT FUNDS WILL BE TO CARRY ON THE ORGANIZATION'S MISSION STATEMENT.	BARBARA AND FURTHER THE ORGANIZATION'S MISS	SION TO RESTORE AN	D P	RESERVE
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FUNDS WILL BE TO CARRY ON THE ORGANIZATION'S MISSION STATEMENT.	PART V, LINE 4:			
	IN THE ABSENCE OF DONOR STIPULATIONS, THE	INTENDED USE FOR T	HE	ENDOWMENT
63054 02-20-16 Schedule D (Form 000) 2016	FUNDS WILL BE TO CARRY ON THE ORGANIZATION	'S MISSION STATEME		

SANTA BARBARA TRUST FOR HISTORIC 95-6111696 Page 5 Sch edule D (Form 990) 2016 PRESERVATION Part XIII Supplemental Information (continued) PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN CRT RENTAL EXPENSES PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

PRESERY	BARBARA TRUST FOR H VATION	IST	ORI	C	95-6111	696
	S. Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,		
Indicate whether the organization ra	e Solicitat s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover using o ling of onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			-	-		
			_			
		-				
					_	
		<u> </u>				
Total 3 List all states in which the organizat or licensing.	ion is registered or licensed to solicit (contrib	outions	s or has been notified	d it is exempt from re	egistration

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

95-6<u>111696</u> Page 2 Schedule G (Form 990 or 990-EZ) 2016 PRESERVATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events CASA CANTINA NONE (add col (a) through EVENT col. (c)) (total number) (event type) (event type) 105,632. 105,632. 1 Gross receipts 4,850 4,850. 2 Less: Contributions 100,782 100,782. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses 3,055. 3,055. 6 Rent/facility costs Direct 12,000 12,000. 7 Food and beverages 9,120. 9,120. 8 Entertainment 24,882. 24,882 9 Other direct expenses 49,057. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) <u>51,725.</u> Part III Garming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net garning income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? __ Yes b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? __ Yes b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

832082 09-12-18

Sch	edule G (Form 990 or 990-EZ) 2016 PRESERVATION	<u>95-6</u>	11169	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility		13a	%
b	An outside fàcility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds		
	Name >			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$	ount		
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
47	Mandatan edutable ikana			
17				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			☐ No
_	retain the state gaming license?		162	L NO
10	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year > \$	in the		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v); and	Part III, II	nes 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
_				
6320	83 09-12-16 Schedule	G (Forn	1 990 or 99	0-EZ) 2016

			SANTA DARDAR	A TRUST	FOR	HISTORI		05 61116	
Schedule G	(Form 990 or	990 EZ)	PRESERVATION nation (continued)					95-61116	96 Page 4
Part IV	Supplem	ental Intorn	nation (continued)						
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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

2016

Open To Public Inspection

Name of the organization SANTA BARBARA TRUST FOR HISTORIC **Employer identification number PRESERVATION** 95-6111696 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or committee? (d) Loan to or (e) Original (i) Written (a) Name of (b) Relationship (c) Purpose (g) In (f) Balance due from the interested person with organization of loan principal amount default? agreement? organization? To From Yes No Yes Yes No Total ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (e) Purpose of (a) Name of interested person (c) Amount of (b) Relationship between (d) Type of assistance interested person and assistance assistance the organization

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016 PRESERVATION

Part IV Business Transactions Involving Interested Persons.

95-6111696 Page 2

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	_No
TEREASE CHIN, BOARD PRESID			TEREASE CHI		_X
SUZANNE SCHOMER, FIRST VIC			SUZANNE SCH		_X
KEVIN NIMMONS, BOARD TRUST			KEVIN NIMMO		_X
	EXECUTIVE DIRECTOR		MAGGIE CAMP		X
CRAIG MAKELA, BOARD TRUSTE			CRAIG MAKEL		_X
ANTHONY GRUMBINE, BOARD TR	ARCHITECT	<u>5,733.</u>	ANTHONY GRU		<u> </u>
					
Part V Supplemental Information Provide additional information for response	nses to questions on Schedule L (see i	nstructions)			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: TEREAS	E CHIN, BOARD PRESII	DENT			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON ANI	ORGANIZAT	ION:		
BANKER					
(C) AMOUNT OF TRANSACTION	\$ 52,392.				
(D) DESCRIPTION OF TRANSAC		IS A VICE-P	RESIDENT OF	-	_
MONTECITO BANK & TRUST WHE				прст	
MONTECTTO BANK & TROST WILL	RE THE ICON TOUCH	INVESIMENT	FUNDS. MON	TECI'	10
BANK & TRUST WAS PAID INVESTMENT FEES TOTALING \$52,392 DURING THE YEAR					
ENDED JUNE 30, 2017.					
(E) SHARING OF ORGANIZATION REVENUES? = NO					
(A) NAME OF PERSON: SUZANN	E SCHOMER, FIRST VIC	CE-PRESIDEN	T		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZAT	ION:		
BANKER					
(C) AMOUNT OF TRANSACTION	\$ 52,392.		· · ·	-	
(D) DESCRIPTION OF TRANSAC	TION: SUZANNE SCHOMI	ER IS A VIC	E-PRESIDENT	OF	
MONTECITO BANK & TRUST WHE	RE THE TRUST HOLDS	INVESTMENT	FUNDS. MON	reci	то
BANK & TRUST WAS PAID INVE	STMENT FEES TOTALING	\$ \$52,392 D	URING THE Y	EAR	
ENDED JUNE 30, 2017.					
(E) SHARING OF ORGANIZATIO					
			shadula I. /Earm 900 a	- 000 E	7) 0016

(A) NAME OF PERSON: ANTHONY GRUMBINE, BOARD TRUSTEE

632461 04-01-16

Schedule L (Form 990 or 990-EZ) PRESERVATION 95-6111696 Page 2
Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
ARCHITECT
(C) AMOUNT OF TRANSACTION \$ 5,733.
10/ 22:00:12 02 2:02:01:02:20:1 \$ 0//00:0
(D) DESCRIPTION OF TRANSACTION: ANTHONY GRUMBINE IS A PRINCIPAL
ARCHITECT AT HARRISON DESIGN. THE TRUST PAID HARRISON DESIGN \$5,733 FOR
ARCHITECT AT MARKIDON DESIGN: THE TROST FAID MARKIDON DESIGN \$3,733 FOR
ARCHITECTURAL PLANS AND PROJECT OVERSIGHT DURING THE CURRENT YEAR.
/E) CUADING OF ODGANIZATION DEVENUEGO NO
(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Employer identification number 95-6111696

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SITES, BUILDINGS, OBJECTS, AND ANTIQUITIES OF HISTORICAL SIGNIFICANCE IN
THE COUNTY OF SANTA BARBARA, INCLUDING, BUT NOT LIMITED TO THE EL
PRESIDIO DE SANTA BARBARA STATE HISTORIC PARK, CASA DE LA GUERRA,
JIMMY'S ORIENTAL GARDENS, HISTORIC EL PASEO, AND THE SANTA INES MISSION
MILLS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORTS THE PROTECTION AND PRESERVATION OF OTHER SIGNIFICANT HISTORIC
SITES IN SANTA BARBARA COUNTY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EDUACTION, INTERPRETATION, HISTORICAL RESEARCH, AND VOLUNTEER
MANAGEMENT:
AS PART OF OUR COMMITMENT TO EDUCATION, WE CONTINUE TO PROVIDE ON-SITE
TOURS USING CALIFORNIA DEPARTMENT OF EDUCATION K-12 CURRICULUM
FRAMEWORK TO OVER 1,000 SCHOOL-AGE STUDENTS. OVER 900 STUDENTS AND 150
ADULTS PARTICIPATE IN OUR ANNUAL CULTURAL ARTS AND SUMMER ADVENTURES
(CASA) CAMP FOR AT-RISK YOUTH, AND EARLY CALIFORNIA DAYS. COMMUNITY
PROGRAMMING INCLUDES LIVING HISTORY EVENTS OFFERED FREE OF CHARGE, AND
A PUBLIC LECTURE SERIES ON TOPICS RELATED TO COMMUNITY HISTORY AND
CULTURE WHICH ATTRACTS 1,000 VISITORS. TO HONOR THE HISTORIC ASIAN
AMERICAN COMMUNITY IN THE PRESIDIO NEIGHBORHOOD, THE TRUST HOSTS AN
ANNUAL ASIAN AMERICAN FILM SERIES AND ASIAN AMERICAN NEIGHBORHOOD
FESTIVAL, NOW BOTH IN THEIR SEVENTH YEAR. THE FILM SERIES REGULARLY HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7. (2016)

632211 08-25-16

Name of the organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
FILLS THE HOUSE, AND OVER 800 VISITORS ATTEND THE FESTIVA	L
INFORMATION ON CURRENT PROJECTS, EVENTS, AND PROGRAMS IS	AVAILABLE VIA
THE TRUST'S WEBSITE AT WWW.SBTHP.ORG.	
PROPERTY ACQUISITIONS, PROPERTY MANAGMENT AND COMMUNITY F	PARTNERSHIPS:
IN KEEPING WITH THE PARK'S GENERAL PLAN, THE TRUST COMPLE	TED
RECONSTRUCTION OF A SECTION OF THE NORTHWEST CORNER DEFEN	ISE WALL AT EL
PRESIDIO DE SANTA BARBARA HISTORIC PARK; IT ALSO CONTINUE	S TO PARTNER
WITH A LOCAL BUSINESS IN THE RESTORATION OF THE INTERIOR	OF THE
HISTORIC JIMMY'S ORIENTAL GARDENS BAR. THE TRUST HAS DEV	VELOPED FORMAL
AGREEMENTS WITH CA STATE PARKS, OLD MISSION SANTA INES, A	ND THE CITY OF
SOLVANG TO COMPLETE THE PLANNING PROCESS FOR THE FUTURE S	SANTA INES
MISSION MILLS STATE HISTORIC PARK. THE TRUST HOSTS SPECI	AL EVENTS AT
THE SANTA INES MISSION MILLS THAT ARE ATTENDED BY THE PUR	BLIC. A
CURRENT LIST OF TRUST OWNED/OPERATED PROPERTIES IN THE PR	RESIDIO
NEIGHBORHOOD IS AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION A, LINE 2:	
BOARD MEMEBER JOHN POUCHER IS A RETIRED PARTNER OF THE OF	RGANIZATION'S LAW
FIRM AND BOARD MEMBER KEVIN NIMMONS IS AN EMPLOYEE OF THE	S SAME FIRM.
FORM 990, PART VI, SECTION A, LINE 6:	
THE TRUST IS A MEMBERSHIP ORGANIZATION. MEMBERS CONSIST	OF INDIVIDUALS AND
ORGANIZATIONS FROM THE COMMUNITY WHO BECOME MEMBERS THROU	JGH MONETARY OR
OTHER CONTRIBUTIONS SUPPORTING THE ORGANIZATION'S MISSION	N.
FORM 990 DART VI CECTION A LINE 7A.	

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization SANTA BARBARA TRUST FOR HISTORIC Employer identification number PRESERVATION 95-6111696 A NOMINATING COMMITTEE, MADE UP OF THE TRUST'S MEMBERS, NOMINATED CANDIDATES FOR THE BOARD OF DIRECTORS. EACH YEAR THE TRUST HAS AN ANNUAL MEETING WHERE THE MEMBERS ELECT THE BOARD OF DIRECTORS BASED ON THE NOMINATING COMMITTEE'S RECOMMENDATIONS. FORM 990, PART VI, SECTION A, LINE 7B: EACH YEAR AT THE ANNUAL MEETING, THE MEMBERS RATIFY THE ACTIONS TAKEN BY THE BOARD OF DIRECTORS DURING THE PRIOR YEAR. FORM 990, PART VI, SECTION B, LINE 11B: THE ENTIRE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990. THE EXECUTIVE COMMITTEE MEETS TO REVIEW THE 990 TO ENSURE THAT THE 990 IS COMPLETE AND ACCURATE. FORM 990, PART VI, SECTION B, LINE 12C: EACH NEW BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE AND ALL BOARD MEMBERS SIGN A NEW CONFLICT OF INTEREST DISCLOSURE EACH JANUARY. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS SET BY BOARD ACTION. COMPENSATION IS FIRST REVIEWED BY THE FINANCE COMMITTEE, FOLLOWED BY THE EXECUTIVE COMMITTEE, THEN BY THE FULL BOARD. COMMITTEE MEMBERS DISCUSS COMPARABILITY DATA. FORM 990, PART VI, SECTION C, LINE 18:

THE 990 IS AVAILABLE UPON REQUEST AND IS ALSO LOCATED ON GUIDESTAR'S

WEBSITE AT WWW.GUIDESTAR.ORG

Name of the organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
FORM 990, PART VI, SECTION C, LINE 19:	
BYLAWS AND ARTICLES OF INCORPORATION ARE MADE AVAILABLE	TO ANY INTERESTED
PARTIES UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABL	E TO THE PUBLIC AT
AN ANNUAL MEETING EACH JANUARY. THE CONFLICT OF INTERES	T POLICY IS
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES - PROGRAM:	
PROGRAM SERVICE EXPENSES	111,844.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
CONTRACTED SERVICES - ADMINISTRATIVE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	83,520.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,520
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	195,364.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN CRT	7,512.
FORM 990, PART XII, LINE 2C:	
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDIT	AND SELECTION
OF INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED	SINCE THE
PRIOR YEAR.	

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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

Employer identification number Open to Public Inspection

95-6111696

SANTA BARBARA TRUST FOR (g) Section 512(b)(13) 634, 616, HISTORIC PRESERVATION Direct controlling entity 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 Ξ End-of-year assets <u>e</u> 14,026, Total income ত্র Legal domicile (state or foreign country) CALIFORNIA Primary activity RENTAL REAL ESTATE 95-6111696, 123 EAST CANON PERDIDO, SANTA Name, address, and EIN (if applicable) LOMPOC PRESERVATION PROPERTIES LLC of disregarded entity BARBARA, CA 93101 Part II

SEE PART VII FOR CONTINUATIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

632161 09-06-16 LHA

Schedule R (Form 990) 2016

No

Yes

controlled

Direct controlling entity

Public charity status (if section

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN of related organization

foreign country)

section

501(c)(3))

entity?

95-6111696

PRESERVATION Schedule R (Form 990) 2016

Page 2 General or Percentage managing ownership (i) Section 512(b)(13) controlled entity? Yes No 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. 3 Code V-UBI General of Pramount in box managing of Schedule Preside Not (Form 1065) Yes No 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 Percentage ownership $\widehat{\boldsymbol{\varepsilon}}$ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>(a</u> Type of entity (C corp, S corp, or trust) e Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III

Schedule R (Form 990) 2016

46

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Page 3 95-6111696

or 36	
4, 35b, c	
V, line 3	
990, Part IV, In	
Form 95	
Yes" on	_
swered "	
zation ar	
не organizat	
iplete if tl	
ns. Con	
anizatio	
ated Ori	
With Relate	
actions \	
Trans	
Part V	

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-			19
b Gift, grant, or capital contribution to related organization(s)				18
c Gift, grant, or capital contribution from related organization(s)				1c
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)				1e
				-
f Dividends from related organization(s)				#
g Sale of assets to related organization(s)				19
h Purchase of assets from related organization(s)				1 1
i Exchange of assets with related organization(s)				-I:
j Lease of facilities, equipment, or other assets to related organization(s)				i-
k Lease of facilities, equipment, or other assets from related organization(s)				14
1 Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			Ę
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			12
o Sharing of paid employees with related organization(s)				10
				a P
 Reimbursement paid by related organization(s) for expenses 				19
r Other transfer of cash or property to related organization(s)	-			11
s Other transfer of cash or property from related organization(s)		{		18
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	nation 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	holved
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
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95-6111696

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SANTA BARBARA TRUST FOR HISTORIC

PRESERVATION

Schedule R (Form 990) 2016

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)	Predominant income partners set (related, unrelated, sociologis sections 512-514)	(f) Share of total Income	(g) Share of end-of-year assets	Disproportionate allocations?	Code V-UBi General or Percentage amount in box 20 managing our Schedule K-1 partner? (Form 1065) Yes No	(j) · General or managing partner? Yes No	(k) Percentage ownership
				!					
			-						

Schedule R (Form 990) 2016

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION 95-6111696 Page 5 Schedule R (Form 990) 2016 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. PART I, IDENTIFICATION OF DISREGARDED ENTITIES: NAME OF DISREGARDED ENTITY: LOMPOC PRESERVATION PROPERTIES, LLC DIRECT CONTROLLING ENTITY: SANTA BARBARA TRUST FOR HISTORIC PRESERVATION