

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION		D Employer identification number 95-6111696
		Doing Business As		E Telephone number 805-966-9719
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 123 E. CANON PERDIDO	G Gross receipts \$ 5,589,265.	
		City or town, state or country, and ZIP + 4 SANTA BARBARA, CA 93101		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: HARVEY K LYNN SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SBTHP.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1963	
M State of legal domicile: CA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RESTORE AND PRESERVE HISTORICAL ARCHEOLOGICAL SITES IN SANTA BARBARA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	35
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,539,457.	908,911.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,405.	2,331.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,051,101.	602,809.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	669,287.	462,085.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,263,250.	1,976,136.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	821,689.	691,757.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 120,240.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	657,018.	1,346,686.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,478,707.	2,038,443.	
19 Revenue less expenses. Subtract line 18 from line 12	1,784,543.	-62,307.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,347,454.	8,934,833.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,533,760.	37,605.
		8,813,694.	8,897,228.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	HARVEY K LYNN, TREASURER	
Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4 MACFARLANE, FALETTI & CO. LLP 115 E. MICHELTORANA ST. #200 SANTA BARBARA, CA 93101	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 805 966-4157

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

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO PRESERVE, RESTORE, RECONSTRUCT, AND INTERPRET HISTORIC SITES IN SANTA BARBARA COUNTY.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,525,495. including grants of \$) (Revenue \$ 446,408.) REBUILT MAJOR PORTIONS OF SANTA BARBARA'S ROYAL PRESIDIO, WHICH THE TRUST OPERATES AS EL PRESIDIO DE SANTA BARBARA STATE HISTORIC PARK. PURCHASED JIMMY'S ORIENTAL GARDENS TO PROVIDE AN OPPORTUNITY TO INTERPRET THE HISTORY OF SANTA BARBARA'S ASIAN AMERICAN COMMUNITY IN THE PRESIDIO NEIGHBORHOOD. RESTORED AND OPERATE AS A HISTORIC HOUSE MUSEUM CASA DE LA GUERRA, THE 1820'S HOME OF PRESIDIO COMANDANTE JOSE DE LA GUERRA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses \$ 1,525,495.

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 22		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			24
1b	Enter the number of voting members that are independent		
			20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SALLY FOHSE - 805-966-1279**
123 EAST CANON PERDIDO STREET, SANTA BARBARA, CA 93102-0388

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

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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG A. MAKELA PRESIDENT	3.00	X		X			0.	0.	0.	
ROBERT L. HOOVER FIRST VICE PRESIDENT	3.00	X		X			0.	0.	0.	
JOHN POUCHER SECOND VICE PRESIDENT	3.00	X		X			0.	0.	0.	
JACK THEIMER SECRETARY	3.00	X		X			0.	0.	0.	
HARVEY K. LYNN TREASURER	3.00	X		X			0.	0.	0.	
RICHARD E. OGLESBY IMMEDIATE PAST PRESIDENT	3.00	X		X			0.	0.	0.	
MICHAEL ABERLE BOARD MEMBER	1.00	X					0.	0.	0.	
DEBBY ACEVES BOARD MEMBER	1.00	X					0.	0.	0.	
TIMOTHY AGUILAR BOARD MEMBER	1.00	X					0.	0.	0.	
W. ELLIOT BROWNLEE BOARD MEMBER	1.00	X					0.	0.	0.	
DOUGLAS CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
TEREASE CHIN BOARD MEMBER	1.00	X					0.	0.	0.	
MARY LOUISE DAYS BOARD MEMBER	1.00	X					0.	0.	0.	
PEKKA HAMALAINEN BOARD MEMBER	1.00	X					0.	0.	0.	
ROGER HORTON BOARD MEMBER	1.00	X					0.	0.	0.	
ARTHUR NAJERA BOARD MEMBER	1.00	X					0.	0.	0.	
ROGER PERRY BOARD MEMBER	1.00	X					0.	0.	0.	

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICH ROJAS BOARD MEMBER	1.00	X						0.	0.	0.
ROB ROSSI BOARD MEMBER	1.00	X						0.	0.	0.
SUZANNE SCHOMER BOARD MEMBER	1.00	X						0.	0.	0.
DONALD G. SHARPE BOARD MEMBER	1.00	X						0.	0.	0.
ANTHONY P. SPANN BOARD MEMBER	1.00	X						0.	0.	0.
MIKE STOKER BOARD MEMBER	1.00	X						0.	0.	0.
EDWARD W. VERNON BOARD MEMBER	1.00	X						0.	0.	0.
JARRELL C. JACKMAN EXECUTIVE DIRECTOR	40.00			X				90,465.	0.	3,079.
1b Total								90,465.	0.	3,079.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CHANNEL COAST CORPORATION, 123 SANTA BARBARA ST, SANTA BARBARA, CA 93101	CONSTRUCTION	884,174.

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

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Form 990 (2009)

95-6111696 Page **9**

Part VIII Statement of Revenue						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 20,130.				
	c Fundraising events	1c 26,463.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 418,143.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 444,175.				
	g Noncash contributions included in lines 1a-1f: \$	4,732.				
	h Total. Add lines 1a-1f		908,911.			
	Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code 713990	2,331.	2,331.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			2,331.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		127,773.		127,773.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	87,925.			
		(ii) Personal				
		b Less: rental expenses	75,304.			
	c Rental income or (loss)	12,621.				
	d Net rental income or (loss)		12,621.	12,621.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2439121.			
		(ii) Other	1500000.			
		b Less: cost or other basis and sales expenses	2282624.	1181461.		
		c Gain or (loss)	156,497.	318,539.		
	d Net gain or (loss)		475,036.		475,036.	
	8 a Gross income from fundraising events (not including \$ 26,463. of contributions reported on line 1c). See Part IV, line 18	a	82,599.			
		b Less: direct expenses	57,237.			
c Net income or (loss) from fundraising events			25,362.		25,362.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	9,149.				
	b Less: cost of goods sold	16,503.				
	c Net income or (loss) from sales of inventory		-7,354.		-7,354.	
Miscellaneous Revenue		Business Code				
11 a REIMBURSED PAYROLL COS	900099	399,149.	399,149.			
b OTHER INCOME	900099	32,307.	32,307.			
c						
d All other revenue						
e Total. Add lines 11a-11d		431,456.				
12 Total revenue. See instructions.		1,976,136.	446,408.	0.	620,817.	

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,390.	58,753.	18,982.	12,655.
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	535,955.	379,072.	87,072.	69,811.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	24,542.	5,750.	12,389.	6,403.
10 Payroll taxes	40,870.	24,151.	9,647.	7,072.
11 Fees for services (non-employees):				
a Management				
b Legal	15,937.		15,937.	
c Accounting	20,855.		20,855.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,310.		40,310.	
g Other	1,015,389.	985,674.	23,607.	6,108.
12 Advertising and promotion	12,564.	5,589.	2,876.	4,099.
13 Office expenses	91,367.	35,515.	42,280.	13,572.
14 Information technology				
15 Royalties				
16 Occupancy	41,901.		41,901.	
17 Travel	23,527.	18,991.	4,016.	520.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,184.		6,184.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,667.		15,667.	
23 Insurance	13,878.		13,878.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS EXPENSES	34,023.	12,000.	22,023.	
b REPAIRS AND MAINTENANCE	8,032.		8,032.	
c CONTINGENCY	7,052.		7,052.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,038,443.	1,525,495.	392,708.	120,240.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	305,878.	1	174,668.	
	2 Savings and temporary cash investments	666,645.	2	102,038.	
	3 Pledges and grants receivable, net		3	1,288.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	273,617.	7	270,155.	
	8 Inventories for sale or use	33,800.	8	28,148.	
	9 Prepaid expenses and deferred charges	1,526.	9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,981,259.			
	b Less: accumulated depreciation	10b 358,260.	4,847,446.	10c	3,622,999.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	4,071,317.	12	4,616,677.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	147,225.	15	118,860.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,347,454.	16	8,934,833.		
Liabilities	17 Accounts payable and accrued expenses	77,917.	17	27,618.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,445,856.	23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	9,987.	25	9,987.	
	26 Total liabilities. Add lines 17 through 25	1,533,760.	26	37,605.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,675,200.	27	1,829,989.	
	28 Temporarily restricted net assets	5,620,827.	28	6,471,238.	
	29 Permanently restricted net assets	517,667.	29	596,001.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	8,813,694.	33	8,897,228.	
34 Total liabilities and net assets/fund balances	10,347,454.	34	8,934,833.		

Form 990 (2009)

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

Form 990 (2009)

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Part XI Financial Statements and Reporting

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **SANTA BARBARA TRUST FOR HISTORIC PRESERVATION** Employer identification number **95-6111696**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	844,322.	774,758.	533,651.	493,694.	908,911.	3555336.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	844,322.	774,758.	533,651.	493,694.	908,911.	3555336.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						140,434.
6 Public support. Subtract line 5 from line 4.						3414902.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	844,322.	774,758.	533,651.	493,694.	908,911.	3555336.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	319,713.	315,270.	358,377.	317,037.	287,840.	1598237.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			-188,874.	-70,070.		-258,944.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					431,456.	431,456.
11 Total support. Add lines 7 through 10						5326085.
12 Gross receipts from related activities, etc. (see instructions)					12	21,937.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	64.12	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	69.11	%

16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

NON-CASH CONTRIBUTIONS

DATE: 01/01/09 AMOUNT: 1125000.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization
**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Employer identification number
95-6111696

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
--	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AHMANSON FOUNDATION 9215 WILSHIRE BLVD BEVERLY HILLS, CA 90210	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	CALIFORNIA COMMUNITY FOUNDATION 445 S FIGUEROA ST LOS ANGELES, CA 90071	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	CITY OF SANTA BARBARA COMMUNITY DEVELOPMENT DEP PO BOX 1990 SANTA BARBARA, CA 93102	\$ 418,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	HIND FOUNDATION PO BOX 13259 SAN LUIS OBISPO, CA 93406	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	JOHN AND BEVERLY STAUFFER FOUNDATION 333 S HOPE ST 48TH FLOOR LOS ANGELES, CA 90071	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	MONTECITO BANK & TRUST 1010 STATE STREET SANTA BARBARA, CA 93101	\$ 10,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	OUTHWAITE CHARITABLE TRUST 1206 COAST VILLAGE CIRCLE STE A SANTA BARBARA, CA 93108	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	SANTA BARBARA BANK & TRUST 1 S LOS CARNEROS ROAD GOLETA, CA 93117	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SUE HIGMAN 3408 CLIFF DR SANTA BARBARA, CA 93109	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	WILDER FOUNDATION 830 N LA BREA AVE INGLEWOOD, CA 90302	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	WILLIAMS CORBETT FOUNDATION PO BOX 22107 SANTA BARBARA, CA 93121	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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Part II Noncash Property (see instructions)

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

Name of organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

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Name of the organization **SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Employer identification number
95-6111696

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a <u>1</u>
b Total acreage restricted by conservation easements	2b <u>0.00</u>
c Number of conservation easements on a certified historic structure included in (a)	2c <u>1</u>
d Number of conservation easements included in (c) acquired after 8/17/06	2d <u>0</u>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 100

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 5,000.

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

Yes No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ 0.

(ii) Assets included in Form 990, Part X

▶ \$ 39,720.

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	555,007.	148,340.			
b Contributions	78,334.	406,667.			
c Net investment earnings, gains, and losses	518,990.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,152,331.	555,007.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 13.00 %
 - b Permanent endowment 87.00 %
 - c Term endowment .00 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,373,735.		2,373,735.
b Buildings		1,287,018.	232,893.	1,054,125.
c Leasehold improvements				
d Equipment				
e Other		320,506.	125,367.	195,139.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,622,999.

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,976,136.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,038,443.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-62,307.
4	Net unrealized gains (losses) on investments	4	140,172.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	5,669.
9	Total adjustments (net). Add lines 4 through 8	9	145,841.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	83,534.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,214,208.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	140,172.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	5,669.
e	Add lines 2a through 2d	2e	145,841.
3	Subtract line 2e from line 1	3	2,068,367.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,310.
b	Other (Describe in Part XIV.)	4b	-132,541.
c	Add lines 4a and 4b	4c	-92,231.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,976,136.

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

1	Total expenses and losses per audited financial statements	1	2,130,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	132,541.
e	Add lines 2a through 2d	2e	132,541.
3	Subtract line 2e from line 1	3	1,998,133.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	40,310.
c	Add lines 4a and 4b	4c	40,310.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,038,443.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, 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 ARCHEOLOGICAL SITES IN SANTA BARBARA.

PART V, LINE 4: IN THE ABSENCE OF DONOR STIPULATIONS THE INTENDED USE

Part XIV Supplemental Information (continued)

FOR THE ENDOWMENT FUNDS WILL BE TO CARRY ON THE ORGANIZATION'S MISSION STATEMENT.

PART X: AT JUNE 30, 2010, SANTA BARBARA TRUST FOR HISTORIC PRESERVATION WAS UNAWARE OF ANY UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN CRT: 5669.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN CRT: 5669.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES: -75304.

SPECIAL EVENT EXPENSES: -57237.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 75304.

SPECIAL EVENT EXPENSES: 57237.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES: 40310.

SANTA BARBARA TRUST FOR HISTORIC

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TAPAS (event type)	CASA CANTINA (event type)	1 (total number)		
Revenue	1	Gross receipts	36,507.	57,344.	15,211.	109,062.
	2	Less: Charitable contributions	16,550.		9,913.	26,463.
	3	Gross income (line 1 minus line 2)	19,957.	57,344.	5,298.	82,599.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,444.		1,346.	4,790.
	7	Food and beverages	750.	12,156.	1,555.	14,461.
	8	Entertainment	900.	6,700.	500.	8,100.
	9	Other direct expenses	7,303.	16,427.	6,156.	29,886.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(57,237)
	11	Net income summary. Combine line 3, column (d), and line 10				25,362.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

13 Indicate the percentage of gaming activity operated in:

a The organization's facility **13a** %
b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____
 Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .
c If "Yes," enter name and address of the third party:

Name ► _____
 Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

Open to Public
Inspection

Name of the organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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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 THROUGH MONETARY OR OTHER CONTRIBUTIONS SUPPORTING THE ORGANIZATION'S MISSION.

FORM 990, PART VI, SECTION A, LINE 7A: A NOMINATING COMMITTEE, MADE UP OF THE TRUST'S MEMBERS, NOMINATES CANDIDATES FOR THE BOARD OF DIRECTORS. EACH YEAR THE TRUST HAS AN ANNUAL MEETING WHERE THE MEMBERS APPOINT 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 11: 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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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FORM 990, PART VI, SECTION C, LINE 18: THE 990 AND THE 990-T ARE AVAILABLE UPON REQUEST AND ARE ALSO LOCATED ON GUIDESTAR'S WEBSITE, AT WWW.GUIDESTAR.ORG.

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 AVAILABLE TO THE PUBLIC AT AN ANNUAL MEETING EACH JANUARY. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART XI LINE 2C
RESPONSIBILITY OF SELECTION OF INDEPENDENT ACCOUNTANT AND AUDIT
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN POUCHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ATTORNEY

(C) AMOUNT OF TRANSACTION \$ 14029.

(D) DESCRIPTION OF TRANSACTION: JOHN POUCHER IS A PARTNER IN THE ORGANIZATION'S PRIMARY LEGAL FIRM, TO WHICH THE ORGANIZATION PAID FEES IN THE ORDINARY COURSE OF BUSINESS FOR THE YEAR ENDED JUNE 30, 2010.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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Name of the organization	SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number	95-6111696
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(A) NAME OF PERSON: CRAIG MAKELA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OLIVE GROVE MANAGEMENT

(C) AMOUNT OF TRANSACTION \$ 7217.

(D) DESCRIPTION OF TRANSACTION: CRAIG MAKELA PROVIDED OLIVE GROVE MANAGEMENT SERVICES DURING THE YEAR ENDED JUNE 30, 2010.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TEREASE CHIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BANKER

(C) AMOUNT OF TRANSACTION \$ 23603.

(D) DESCRIPTION OF TRANSACTION: TERESE CHIN IS AN EMPLOYEE OF MONTECITO BANK & TRUST WHERE THE TRUST HAS FUNDS INVESTED. MONTECITO BANK & TRUST WAS PAID INVESTMENT FEES DURING THE YEAR ENDED JUNE 30, 2010.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART VI, SECTION A

EXECUTIVE COMMITTEE

PER THE BOARD'S BYLAWS: "THE BOARD OF DIRECTORS SHALL CONFIRM AN

EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD PRESIDENT, FIRST

VICE-PRESIDENT, SECOND VICE-PRESIDENT, SECRETARY, AND TREASURER. EACH

OF THESE FIVE OFFICERS SHALL SERVE ON ONE OF THE STANDING COMMITTEES.

TO MAINTAIN CONTINUITY, THE IMMEDIATE PAST PRESIDENT SHALL ALSO SERVE

ON THE EXECUTIVE COMMITTEE. THE BOARD MAY DELEGATE TO THE EXTENT

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

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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PROVIDED BY RESOLUTION OF THE BOARD OF THE BY-LAWS TO THE EXECUTIVE COMMITTEE ANY OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, INCLUDING RECOMMENDATION OF AN ANNUAL BUDGET TO THE BOARD OF DIRECTORS, EXCEPT AS LIMITED BY CALIFORNIA CORPORATIONS CODE SECTION 5212(A).

THE EXECUTIVE COMMITTEE SHALL MEET AT LEAST MONTHLY ON A DATE PRIOR TO THE MONTHLY BOARD OF DIRECTORS MEETINGS."

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION
Employer identification number 95-6111696

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LOMPOC PRESERVATION PROPERTIES, LLC - 95-6111696, 123 E. CANON PERDIDO, SANTA BARBARA, CA 93101	RENTAL REAL ESTATE	CALIFORNIA	21,088.	631,416.	SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

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

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to other organization(s)	1b	
c Gift, grant, or capital contribution from other organization(s)	1c	
d Loans or loan guarantees to or for other organization(s)	1d	
e Loans or loan guarantees by other organization(s)	1e	
f Sale of assets to other organization(s)	1f	
g Purchase of assets from other organization(s)	1g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	
o Reimbursement paid to other organization for expenses	1o	
p Reimbursement paid by other organization for expenses	1p	
q Other transfer of cash or property to other organization(s)	1q	
r Other transfer of cash or property from other organization(s)	1r	

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	LAND							
2								
					58,735.			0.
3								
					125,000.			0.
4	(D)							
					6,551.			0.
5	(D)							
					1,174,910.			0.
6								
					1,850,000.			0.
7								
					340,000.			0.
	* 990 PAGE 10 TOTAL - LAND							
					3,555,196.	0.	0.	0.
	BUILDINGS							
8								
			35.00	16	125,291.		125,291.	0.
9								
			39.00	16	1,161,727.		75,861.	31,741.
	* 990 PAGE 10 TOTAL - BUILDINGS							
					1,287,018.	0.	201,152.	31,741.
	EQUIPMENT							
11								
			7.00	16	87.		87.	0.
12								
			7.00	16	201.		201.	0.
13								
			5.00	17	245.		245.	0.
14								
			5.00	17	1,976.		1,976.	0.
15								
			3.00	16	5,000.		5,000.	0.
16								
			5.00	17	8,512.		8,512.	0.
17								
			5.00	17	1,679.		1,679.	0.
18								
			7.00	17	2,000.		2,000.	0.
19								
			7.00	17	3,000.		3,000.	0.
20								
			5.00	17	2,889.		2,889.	0.
21								
			7.00	17	1,646.		1,646.	0.
22								
			7.00	17	8,168.		8,168.	0.
23								
			7.00	17	1,708.		1,708.	0.
24								
			5.00	17	983.		983.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
25	COMPUTER - CURATORIAL							
	12/10/01	200DB	5.00	17	1,170.		1,170.	0.
26	COMPUTER							
	09/10/02	200DB	5.00	17	1,376.		963.	0.
27	COMPUTER							
	11/11/02	200DB	5.00	17	1,842.		1,289.	0.
28	FURNITURE							
	03/10/03	200DB	7.00	17	1,750.		1,157.	593.
29	PROJECTOR							
	04/10/03	200DB	5.00	17	1,508.		1,056.	0.
30	EQUIPMENT (DSL INSTALLATION)							
	05/01/03	200DB	5.00	17	1,692.		1,184.	0.
31	EQUIPMENT (DSL INSTALLATION)							
	05/20/03	200DB	5.00	17	2,270.		1,589.	0.
32	EQUIPMENT (DSL INSTALLATION)							
	06/30/03	200DB	5.00	17	3,096.		2,167.	0.
33	COMPUTER NETWORK							
	08/31/03	SL	5.00	16	2,994.		2,994.	0.
34	COMPUTER NETWORK							
	09/24/03	SL	5.00	16	2,136.		2,136.	0.
35	COMPUTER EQUIPMENT							
	12/09/03	SL	5.00	16	1,402.		1,402.	0.
36	COMPUTER EQUIPMENT							
	03/31/10	SL	5.00	16	1,086.		922.	54.
37	LAPTOP							
	06/30/05	SL	5.00	16	3,119.		2,496.	623.
38	FURNITURE							
	09/30/05	SL	7.00	16	13,369.		6,685.	1,910.
39	COMPUTER EQUIPMENT							
	09/30/05	SL	5.00	16	1,044.		731.	209.
40	COMPUTER							
	11/30/05	SL	5.00	16	1,022.		714.	204.
41	COMPUTER							
	02/28/06	SL	5.00	16	3,702.		2,590.	740.
42	PRINTER							
	06/30/06	SL	5.00	16	3,882.		2,716.	776.
43	FILING SYSTEM							
	07/22/02	SL	7.00	16	2,627.		2,627.	0.
44	SOUND/VISUAL SYSTEM (CHAPEL)							
	02/12/07	SL	5.00	16	2,947.		1,399.	589.
45	SERVER (ACCOUNTING)							
	02/01/07	SL	5.00	16	20,156.		9,574.	4,031.
46	SOFTWARE UPGRADE (BLACKBAUD)							
	02/01/07	SL	5.00	16	3,780.		1,796.	756.
47	TRUCK							
	10/01/07	SL	5.00	16	1,153.		231.	231.
48	COMPUTER							
	01/31/08	SL	5.00	16	957.		191.	191.
49	COMPUTER							
	03/27/08	SL	5.00	16	581.		116.	116.
50	COPIER							
	04/12/08	SL	5.00	16	3,207.		641.	641.
51	COMPUTER							
	06/12/08	SL	5.00	16	771.		154.	154.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
52	COMPUTER							
	02/19/09	SL	5.00	16	2,563.		192.	513.
53	BACK UP FOR COMPUTER							
	02/28/09	SL	5.00	16	89.		7.	18.
67	EQUIPMENT							
	08/11/09	SL	5.00	16	565.			104.
68	COMPUTER EQUIPMENT & LABOR							
	01/31/10	SL	5.00	16	2,052.			171.
69	IMAC							
	05/04/10	SL	5.00	16	1,320.			44.
	* 990 PAGE 10 TOTAL - EQUIPMENT							
					129,322.	0.	88,983.	12,668.
	ARTIFACTS AND COLLECTIONS							
55	ARTIFACTS							
	07/01/99	NC	.000		20,534.			0.
56	ARTIFACTS							
	10/10/00	NC	.000		7,822.			0.
57	ARTIFACTS - BOOK COLLECTION							
	06/30/01	NC	.000		1,200.			0.
58	ARTIFACTS							
	10/23/02	NC	.000		10,164.			0.
	* 990 PAGE 10 TOTAL - ARTIFACTS AND COLLECTIONS							
					39,720.	0.	0.	0.
	IMPROVEMENTS							
60	ALLEY - CASA DE LA GUERRA							
	11/01/06	SL	15.00	16	44,990.		7,873.	2,999.
61	JIMMY'S IMPROVEMENTS							
	06/30/07	SL	15.00	16	19,707.		1,478.	1,314.
62	JIMMY'S IMPROVEMENTS							
	03/01/08	SL	15.00	16	12,113.		808.	808.
63	JIMMY'S IMPROVEMENTS							
	11/30/07	SL	15.00	16	37,446.		2,496.	2,496.
64	JIMMY'S IMPROVEMENTS							
	10/31/08	SL	15.00	16	10,000.		417.	667.
65	JIMMY'S IMPROVEMENTS							
	11/18/08	SL	15.00	16	12,500.		521.	833.
66	JIMMY'S IMPROVEMENTS							
	12/31/08	SL	15.00	16	7,408.		309.	494.
70	JIMMY'S IMPROVEMENTS							
	02/08/10	SL	15.00	16	7,300.			203.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS							
					151,464.	0.	13,902.	9,814.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					5,162,720.	0.	304,037.	54,223.

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

2009

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 95-6111696
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 123 E. CANON PERDIDO City or town, state, and ZIP code SANTA BARBARA, CA 93101	E Unrelated business activity codes (See instructions for Block E on page 9.) 531190
C Book value of all assets at end of year 8,934,833.	F Group exemption number (See instructions for Block F.) ▶	
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **▶ PROPERTY RENTAL**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ SALLY FOUHSE** Telephone number **▶ 805-966-1279**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Form 990-T (2009)

95-6111696

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2008 overpayment credited to 2009	44a	
b 2009 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f	
45 Total payments. Add lines 44a through 44f	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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

Sign Here	Signature of officer _____ Date _____	TREASURER _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Paid Preparer's Use Only	Preparer's signature _____ Date _____	
Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
MACFARLANE, FALETTI & CO. LLP 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA 93101		EIN 95-2835976	Phone no. 805 966-4157

Form 990-T (2009)

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 123 E. CANON PERDIDO	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SALLY FOHSE - 123 EAST CANON PERDIDO STREET - SANTA BARBARA, CA 93102-0388

- The books are in the care of ▶ **BARBARA, CA 93102-0388**
 Telephone No. ▶ **805-966-1279** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Employer identification number

95-6111696

Name and title of officer

**HARVEY K LYNN
TREASURER**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1976136</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MACFARLANE, FALETTI & CO. LLP to enter my PIN 80588
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 77531561999
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LAND											
2	LAND - CASA DE LA GUERRA	VARIESL				58,735.			58,735.			0.
3	LAND - DE LA GUERRA COMPLEX (D)LAND -	VARIESL				125,000.			125,000.			0.
4	CASTAGNOLA (D)LAND -	VARIESL				6,551.			6,551.			0.
5	CASTAGNOLA LOT	083103L				1174910.			1174910.			0.
6	LAND- JIMMY'S ORIENTAL GARDENS STORAGE YARD	033107L				1850000.			1850000.			0.
71	PROPERTY	121508L				340,000.			340,000.			0.
	* 990 PAGE 10 TOTAL - LAND					3555196.		0.	3555196.	0.	0.	0.
	BUILDINGS											
8	BLDG - CASA DE LA GUERRA	060172SL		35.00	16	125,291.			125,291.	125,291.		0.
9	BUILDING-JIMMY'S ORIENTAL GARDENS	033107SL		39.00	16	1161727.			1161727.	75,861.		31,741.
	* 990 PAGE 10 TOTAL - BUILDINGS					1287018.		0.	1287018.	201,152.	0.	31,741.
	EQUIPMENT											
11	OFFICE FURNITURE	060773SL		7.00	16	87.			87.	87.		0.
12	FILE CABINET	050185SL		7.00	16	201.			201.	201.		0.
13	ALARM	082489200DB		5.00	17	245.			245.	245.		0.
14	COMPUTER FUND	091597200DB		5.00	17	1,976.			1,976.	1,976.		0.
15	COMPUTER SOFTWARE	091597SL		3.00	16	5,000.			5,000.	5,000.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis*	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	1992 FORD	07/02/92	200DB	5.00	17	8,512.			8,512.	8,512.		0.
17	COMPUTER	04/26/00	200DB	5.00	17	1,679.			1,679.	1,679.		0.
18	FURNITURE-STANDS	05/31/00	200DB	7.00	17	2,000.			2,000.	2,000.		0.
19	FURNITURE	08/31/00	200DB	7.00	17	3,000.			3,000.	3,000.		0.
20	COMPUTER	10/26/00	200DB	5.00	17	2,889.			2,889.	2,889.		0.
21	FURNITURE	10/31/00	200DB	7.00	17	1,646.			1,646.	1,646.		0.
22	EQUIPMENT	02/21/01	200DB	7.00	17	8,168.			8,168.	8,168.		0.
23	FURNITURE	07/31/01	200DB	7.00	17	1,708.			1,708.	1,708.		0.
24	COMPUTER - ARCH LAB	09/18/01	200DB	5.00	17	983.			983.	983.		0.
25	COMPUTER - CURATORIAL	12/10/01	200DB	5.00	17	1,170.			1,170.	1,170.		0.
26	COMPUTER	09/10/02	200DB	5.00	17	1,376.			1,376.	963.		0.
27	COMPUTER	11/11/02	200DB	5.00	17	1,842.			1,842.	1,289.		0.
28	FURNITURE	03/10/03	200DB	7.00	17	1,750.			1,750.	1,157.		593.
29	PROJECTOR	04/10/03	200DB	5.00	17	1,508.			1,508.	1,056.		0.
30	EQUIPMENT (DSL INSTALLATION)	05/01/03	200DB	5.00	17	1,692.			1,692.	1,184.		0.
31	EQUIPMENT (DSL INSTALLATION)	05/20/03	200DB	5.00	17	2,270.			2,270.	1,589.		0.
32	EQUIPMENT (DSL INSTALLATION)	06/30/03	200DB	5.00	17	3,096.			3,096.	2,167.		0.
33	COMPUTER NETWORK	08/31/03	SL	5.00	16	2,994.			2,994.	2,994.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34	COMPUTER NETWORK	09/24/03	SL	5.00	16	2,136.			2,136.	2,136.		0.
35	COMPUTER EQUIPMENT	12/09/03	SL	5.00	16	1,402.			1,402.	1,402.		0.
36	COMPUTER EQUIPMENT	03/31/10	SL	5.00	16	1,086.			1,086.	922.		54.
37	LAPTOP	06/30/05	SL	5.00	16	3,119.			3,119.	2,496.		623.
38	FURNITURE	09/30/05	SL	7.00	16	13,369.			13,369.	6,685.		1,910.
39	COMPUTER EQUIPMENT	09/30/05	SL	5.00	16	1,044.			1,044.	731.		209.
40	COMPUTER	11/30/05	SL	5.00	16	1,022.			1,022.	714.		204.
41	COMPUTER	02/28/06	SL	5.00	16	3,702.			3,702.	2,590.		740.
42	PRINTER	06/30/06	SL	5.00	16	3,882.			3,882.	2,716.		776.
43	FILING SYSTEM	07/22/02	SL	7.00	16	2,627.			2,627.	2,627.		0.
44	SOUND/VISUAL SYSTEM (CHAPEL)	02/12/07	SL	5.00	16	2,947.			2,947.	1,399.		589.
45	SERVER (ACCOUNTING)	02/01/07	SL	5.00	16	20,156.			20,156.	9,574.		4,031.
46	SOFTWARE UPGRADE (BLACKBAUD)	02/01/07	SL	5.00	16	3,780.			3,780.	1,796.		756.
47	TRUCK	10/01/07	SL	5.00	16	1,153.			1,153.	231.		231.
48	COMPUTER	01/31/08	SL	5.00	16	957.			957.	191.		191.
49	COMPUTER	03/27/08	SL	5.00	16	581.			581.	116.		116.
50	COPIER	04/12/08	SL	5.00	16	3,207.			3,207.	641.		641.
51	COMPUTER	06/12/08	SL	5.00	16	771.			771.	154.		154.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
52	COMPUTER	021909	SL	5.00	16	2,563.			2,563.	192.		513.
	BACK UP FOR											
53	COMPUTER	022809	SL	5.00	16	89.			89.	7.		18.
67	EQUIPMENT	081109	SL	5.00	16	565.			565.			104.
68	COMPUTER EQUIPMENT & LABOR	013110	SL	5.00	16	2,052.			2,052.			171.
69	IMAC	050410	SL	5.00	16	1,320.			1,320.			44.
	* 990 PAGE 10 TOTAL - EQUIPMENT					129,322.		0.	129,322.	88,983.	0.	12,668.
	ARTIFACTS AND COLLECTIONS											
55	ARTIFACTS	070199	NC	.000		20,534.			20,534.			0.
56	ARTIFACTS	101000	NC	.000		7,822.			7,822.			0.
57	ARTIFACTS - BOOK COLLECTION	063001	NC	.000		1,200.			1,200.			0.
58	ARTIFACTS	102302	NC	.000		10,164.			10,164.			0.
	* 990 PAGE 10 TOTAL - ARTIFACTS AND CO					39,720.		0.	39,720.	0.	0.	0.
	IMPROVEMENTS ALLEY - CASA DE LA GUERRA											
60	JIMMY'S	110106	SL	15.00	16	44,990.			44,990.	7,873.		2,999.
61	IMPROVEMENTS JIMMY'S	063007	SL	15.00	16	19,707.			19,707.	1,478.		1,314.
62	IMPROVEMENTS JIMMY'S	030108	SL	15.00	16	12,113.			12,113.	808.		808.
63	IMPROVEMENTS JIMMY'S	113007	SL	15.00	16	37,446.			37,446.	2,496.		2,496.
64	IMPROVEMENTS JIMMY'S	103108	SL	15.00	16	10,000.			10,000.	417.		667.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
65	JIMMY'S IMPROVEMENTS	111808	SL	15.00	16	12,500.			12,500.	521.		833.
66	JIMMY'S IMPROVEMENTS	123108	SL	15.00	16	7,408.			7,408.	309.		494.
70	JIMMY'S IMPROVEMENTS	020810	SL	15.00	16	7,300.			7,300.			203.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS					151,464.		0.	151,464.	13,902.	0.	9,814.
	* GRAND TOTAL 990 PAGE 10 DEPR					5162720.		0.	5162720.	304,037.	0.	54,223.

2010 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	LAND								
2	LAND - CASA DE LA GUERRA	VARI	ESL		58,735.		58,735.		0.
3	LAND - DE LA GUERRA COMPLEX	VARI	ESL		125,000.		125,000.		0.
6	LAND- JIMMY'S ORIENTAL GARDENS	0331	07L		1850000.		1850000.		0.
71	STORAGE YARD PROPERTY	1215	08L		340,000.		340,000.		0.
	* 990 PAGE 10 TOTAL - LAND				2373735.		2373735.	0.	0.
	BUILDINGS								
8	BLDG - CASA DE LA GUERRA	0601	72SL	35.00	125,291.		125,291.	125,291.	0.
9	BUILDING-JIMMY'S ORIENTAL GARDENS	0331	07SL	39.00	1161727.		1161727.	107,602.	29,788.
	* 990 PAGE 10 TOTAL - BUILDINGS				1287018.		1287018.	232,893.	29,788.
	EQUIPMENT								
11	OFFICE FURNITURE	0607	73SL	7.00	87.		87.	87.	0.
12	FILE CABINET	0501	85SL	7.00	201.		201.	201.	0.
13	ALARM	0824	89200DB	5.00	245.		245.	245.	0.
14	COMPUTER FUND	0915	97200DB	5.00	1,976.		1,976.	1,976.	0.
15	COMPUTER SOFTWARE	0915	97SL	3.00	5,000.		5,000.	5,000.	0.
16	1992 FORD	0702	92200DB	5.00	8,512.		8,512.	8,512.	0.
17	COMPUTER	0426	00200DB	5.00	1,679.		1,679.	1,679.	0.
18	FURNITURE-STANDS	0531	00200DB	7.00	2,000.		2,000.	2,000.	0.
19	FURNITURE	0831	00200DB	7.00	3,000.		3,000.	3,000.	0.
20	COMPUTER	1026	00200DB	5.00	2,889.		2,889.	2,889.	0.
21	FURNITURE	1031	00200DB	7.00	1,646.		1,646.	1,646.	0.
22	EQUIPMENT	0221	01200DB	7.00	8,168.		8,168.	8,168.	0.
23	FURNITURE	0731	01200DB	7.00	1,708.		1,708.	1,708.	0.
24	COMPUTER - ARCH LAB	0918	01200DB	5.00	983.		983.	983.	0.
25	COMPUTER - CURATORIAL	1210	01200DB	5.00	1,170.		1,170.	1,170.	0.
26	COMPUTER	0910	02200DB	5.00	1,376.		1,376.	963.	0.
27	COMPUTER	1111	02200DB	5.00	1,842.		1,842.	1,289.	0.
28	FURNITURE	0310	03200DB	7.00	1,750.		1,750.	1,750.	0.
29	PROJECTOR	0410	03200DB	5.00	1,508.		1,508.	1,056.	0.
30	EQUIPMENT (DSL INSTALLATION)	0501	03200DB	5.00	1,692.		1,692.	1,184.	0.
31	EQUIPMENT (DSL INSTALLATION)	0520	03200DB	5.00	2,270.		2,270.	1,589.	0.
32	EQUIPMENT (DSL INSTALLATION)	0630	03200DB	5.00	3,096.		3,096.	2,167.	0.
33	COMPUTER NETWORK	0831	03SL	5.00	2,994.		2,994.	2,994.	0.

2010 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
34	COMPUTER NETWORK	092403	SL	5.00	2,136.		2,136.	2,136.	0.
35	COMPUTER EQUIPMENT	120903	SL	5.00	1,402.		1,402.	1,402.	0.
36	COMPUTER EQUIPMENT	033110	SL	5.00	1,086.		1,086.	976.	217.
37	LAPTOP	063005	SL	5.00	3,119.		3,119.	3,119.	0.
38	FURNITURE	093005	SL	7.00	13,369.		13,369.	8,595.	1,910.
39	COMPUTER EQUIPMENT	093005	SL	5.00	1,044.		1,044.	940.	104.
40	COMPUTER	113005	SL	5.00	1,022.		1,022.	918.	104.
41	COMPUTER	022806	SL	5.00	3,702.		3,702.	3,330.	372.
42	PRINTER	063006	SL	5.00	3,882.		3,882.	3,492.	390.
43	FILING SYSTEM	072202	SL	7.00	2,627.		2,627.	2,627.	0.
44	SOUND/VISUAL SYSTEM (CHAPEL)	021207	SL	5.00	2,947.		2,947.	1,988.	589.
45	SERVER (ACCOUNTING)	020107	SL	5.00	20,156.		20,156.	13,605.	4,031.
46	SOFTWARE UPGRADE (BLACKBAUD)	020107	SL	5.00	3,780.		3,780.	2,552.	756.
47	TRUCK	100107	SL	5.00	1,153.		1,153.	462.	231.
48	COMPUTER	013108	SL	5.00	957.		957.	382.	191.
49	COMPUTER	032708	SL	5.00	581.		581.	232.	116.
50	COPIER	041208	SL	5.00	3,207.		3,207.	1,282.	641.
51	COMPUTER	061208	SL	5.00	771.		771.	308.	154.
52	COMPUTER	021909	SL	5.00	2,563.		2,563.	705.	513.
53	BACK UP FOR COMPUTER	022809	SL	5.00	89.		89.	25.	18.
67	EQUIPMENT	081109	SL	5.00	565.		565.	104.	113.
68	COMPUTER EQUIPMENT & LABOR	013110	SL	5.00	2,052.		2,052.	171.	410.
69	IMAC	050410	SL	5.00	1,320.		1,320.	44.	264.
	* 990 PAGE 10 TOTAL - EQUIPMENT				129,322.		129,322.	101,651.	11,124.
	ARTIFACTS AND COLLECTIONS								
55	ARTIFACTS	070199	NC	.000	20,534.		20,534.		0.
56	ARTIFACTS	101000	NC	.000	7,822.		7,822.		0.
57	ARTIFACTS - BOOK COLLECTION	063001	NC	.000	1,200.		1,200.		0.
58	ARTIFACTS	102302	NC	.000	10,164.		10,164.		0.
	* 990 PAGE 10 TOTAL - ARTIFACTS AND COLLECTIONS				39,720.		39,720.	0.	0.
	IMPROVEMENTS								
60	ALLEY - CASA DE LA GUERRA	110106	SL	15.00	44,990.		44,990.	10,872.	2,999.
61	JIMMY'S IMPROVEMENTS	063007	SL	15.00	19,707.		19,707.	2,792.	1,314.

2010 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
62	JIMMY'S IMPROVEMENTS	030108	SL	15.00	12,113.		12,113.	1,616.	808.
63	JIMMY'S IMPROVEMENTS	113007	SL	15.00	37,446.		37,446.	4,992.	2,496.
64	JIMMY'S IMPROVEMENTS	103108	SL	15.00	10,000.		10,000.	1,084.	667.
65	JIMMY'S IMPROVEMENTS	111808	SL	15.00	12,500.		12,500.	1,354.	833.
66	JIMMY'S IMPROVEMENTS	123108	SL	15.00	7,408.		7,408.	803.	494.
70	JIMMY'S IMPROVEMENTS	020810	SL	15.00	7,300.		7,300.	203.	487.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS				151,464.		151,464.	23,716.	10,098.
	* GRAND TOTAL 990 PAGE 10 DEPR				3981259.		3981259.	358,260.	51,010.

2009

California Exempt Organization
Annual Information Return

199

Calendar Year 2009 or fiscal year beginning month **JULY** day **1** year **2009**, and ending month **JUNE** day **30** year **2010**.

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 **d** (insert letter) **CORP #** 0444573
IRC Section 4947(a)(1) trust

Corporation/Organization Name **SANTA BARBARA TRUST FOR HISTORIC PRESERVATION** FEIN 95-6111696

Address **123 E. CANON PERDIDO**

City **SANTA BARBARA** State **CA** ZIP Code **93101**

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
(a) Is this a group filing for affiliates? See General Instruction L Yes No
(b) If "Yes," enter the number of affiliates _____
(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number _____
(f) Is a roster of subordinates attached? Yes No
E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date _____
F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.
H Accounting method used (1) Cash (2) Accrual (3) Other
I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	4,680,354.00
	2	Gross dues and assessments from members and affiliates	2	20,130.00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	888,781.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	5,589,265.00
	5	Cost of goods sold STMT 2	5	16,503.00
	6	Cost or other basis, and sales expenses of assets sold	6	3,464,085.00
	7	Total costs. Add line 5 and line 6	7	3,480,588.00
	8	Total gross income. Subtract line 7 from line 4	8	2,108,677.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,170,984.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-62,307.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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

Signature of officer **TREASURER** Title Date Telephone

Preparer's signature Date Check if self-employed Preparer's SSN/PTIN

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address **MACFARLANE, FALETTI & CO. LLP** FEIN **95-2835976**
115 E. MICHELTORANA ST. #200 Telephone **805 966-4157**
SANTA BARBARA, CA 93101

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

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AHMANSON FOUNDATION	9215 WILSHIRE BLVD BEVERLY HILLS, CA, 90210		10,000.
CALIFORNIA COMMUNITY FOUNDATION	445 S FIGUEROA ST LOS ANGELES, CA, 90071		50,000.
CITY OF SANTA BARBARA	COMMUNITY DEVELOPMENT DEP PO BOX 1990 SANTA BARBARA, CA, 93102		418,143.
HIND FOUNDATION	PO BOX 13259 SAN LUIS OBISPO, CA, 93406		150,000.
JOHN AND BEVERLY STAUFFER FOUNDATION	333 S HOPE ST 48TH FLOOR LOS ANGELES, CA, 90071		5,000.
MONTECITO BANK & TRUST	1010 STATE STREET SANTA BARBARA, CA, 93101		10,925.
OUTHWAITE CHARITABLE TRUST	1206 COAST VILLAGE CIRCLE STE A SANTA BARBARA, CA, 93108		40,000.
SANTA BARBARA BANK & TRUST	1 S LOS CARNEROS ROAD GOLETA, CA, 93117		7,500.
SMITHSONIAN INSTITUTION	PO BOX 37012 WASHINGTON, DC, 20013		33,000.
SUE HIGMAN	3408 CLIFF DR SANTA BARBARA, CA, 93109		50,000.
WILDER FOUNDATION	830 N LA BREA AVE INGLEWOOD, CA, 90302		5,000.
WILLIAMS CORBETT FOUNDATION	PO BOX 22107 SANTA BARBARA, CA, 93121		10,000.
TOTAL INCLUDED ON LINE 3			789,568.

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		33,800
2.	MERCHANDISE PURCHASED.	10,851	
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		44,651
7.	INVENTORY AT END OF YEAR		28,148
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		16,503

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	3
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DESCRIPTION	DATE	DATE	METHOD	
	ACQUIRED	SOLD	ACQUIRED	
SALE OF INVESTMENTS	VARIOUS	VARIOUS	PURCHASED	
	COST OR	DEPREC.	EXPENSE	GROSS
	OTHER BASIS		OF SALE	SALES PRICE
	2,282,624.	0.	0.	2,439,121.

DESCRIPTION	DATE	DATE	METHOD	
	ACQUIRED	SOLD	ACQUIRED	
SALE OF PROPERTY	VARIOUS	VARIOUS	PURCHASED	
	COST OR	DEPREC.	EXPENSE	GROSS
	OTHER BASIS		OF SALE	SALES PRICE
	1,181,461.	0.	0.	1,500,000.
TOTAL TO FORM 199, PAGE 2, LN 6	3,464,085.	0.	0.	3,939,121.

FORM 199	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
REIMBURSED PAYROLL COSTS	399,149.
OTHER INCOME	32,307.
ADMISSIONS	2,331.
TOTAL TO FORM 199, PART II, LINE 7	433,787.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CRAIG A. MAKELA 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	PRESIDENT 3.00	0.
ROBERT L. HOOVER 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	FIRST VICE PRESIDENT 3.00	0.
JOHN POUCHER 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	SECOND VICE PRESIDENT 3.00	0.
JACK THEIMER 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	SECRETARY 3.00	0.
HARVEY K. LYNN 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	TREASURER 3.00	0.
RICHARD E. OGLESBY 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	IMMEDIATE PAST PRESIDENT 3.00	0.
MICHAEL ABERLE 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
DEBBY ACEVES 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
TIMOTHY AGUILAR 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
W. ELLIOT BROWNLEE 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
DOUGLAS CAMPBELL 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.

TEREASE CHIN 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
MARY LOUISE DAYS 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
PEKKA HAMALAINEN 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
ROGER HORTON 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
ARTHUR NAJERA 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
ROGER PERRY 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
RICH ROJAS 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
ROB ROSSI 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
SUZANNE SCHOMER 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
DONALD G. SHARPE 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
ANTHONY P. SPANN 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
MIKE STOKER 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.
EDWARD W. VERNON 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.

JARRELL C. JACKMAN 123 E. CANON PERDIDO SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR 40.00	90,390.
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TOTAL TO FORM 199, PART II, LINE 11		90,390.
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FORM 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
MISCELLANEOUS EXPENSES	34,023.
REPAIRS AND MAINTENANCE	8,032.
CONTINGENCY	7,052.
OTHER EXPENSES	7,857.
DIRECT EXPENSES OF FUNDRAISING EVENTS	57,237.
OTHER EMPLOYEE BENEFITS	24,542.
LEGAL FEES	15,937.
ACCOUNTING FEES	20,855.
INVESTMENT MANAGEMENT FEES	40,310.
OTHER PROFESSIONAL FEES	1,015,389.
ADVERTISING AND PROMOTION	12,564.
OFFICE EXPENSES	91,367.
TRAVEL	23,527.
INSURANCE	13,878.
TOTAL TO FORM 199, PART II, LINE 17	1,372,570.

FORM 199	NET NOTES RECEIVABLE	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	273,617.	270,155.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	273,617.	270,155.

FORM 199	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
CASH AND CASH EQUIVALENTS	286,282.	500,800.
CORPORATE AND MUNI BONDS	901,011.	614,121.
COMMON AND PREFERRED STOCKS	2,133,415.	2,471,588.
MUTUAL FUNDS	750,609.	1,030,168.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	4,071,317.	4,616,677.

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	0.	1,288.	
PREPAID EXPENSES AND DEFERRED CHARGES	1,526.	0.	
CONTRIBUTIONS RECEIVABLE FROM CRTS	51,101.	56,770.	
OTHER RECEIVABLES	96,124.	62,090.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	148,751.	120,148.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS	9,987.	9,987.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	9,987.	9,987.	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	11
DESCRIPTION		AMOUNT	
NET UNREALIZED GAIN ON INVESTMENTS		140,172.	
UNREALIZED CHANGE IN CRT		5,669.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		145,841.	

FORM 199	FUND BALANCES	STATEMENT	12
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	2,675,200.	1,829,989.	
TEMPORARILY RESTRICTED ASSETS	5,620,827.	6,471,238.	
PERMANENTLY RESTRICTED ASSETS	517,667.	596,001.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	8,813,694.	8,897,228.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-6111696

Corporation name SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	California corporation number 0444573
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000									
2 Total cost of Section 179 property placed in service	2										
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000									
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4										
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 35%;">(c) Elected cost</th> </tr> <tr> <td style="height: 20px;">6</td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6					
(a) Description of property	(b) Cost (business use only)	(c) Elected cost									
6											
7 Listed property (elected Section 179 cost)	7										
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7	8										
9 Tentative deduction. Enter the smaller of line 5 or line 8	9										
10 Carryover of disallowed deduction from prior taxable years	10										
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11										
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12										
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12	13										

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

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(e) Additional first year depreciation
14							
SEE STATEMENT	13	5,162,720.	303,115.				
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	53,743.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	53,743.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	54,223.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	-480.

Part IV Amortization

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

CA 3885		DEPRECIATION				STATEMENT 13	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
2 LAND - CASA DE LA GUERRA							
	VARIOUS	58,735.		L		0.	
3 LAND - DE LA GUERRA COMPLEX							
	VARIOUS	125,000.		L		0.	
4 LAND - CASTAGNOLA							
	VARIOUS	6,551.		L		0.	
5 LAND - CASTAGNOLA LOT							
	08/31/03	1,174,910.		L		0.	
6 LAND- JIMMY'S ORIENTAL GARDENS							
	03/31/07	1,850,000.		L		0.	
8 BLDG - CASA DE LA GUERRA							
	06/01/72	125,291.	125,291.	SL	35.00	0.	
9 BUILDING-JIMMY'S ORIENTAL GARDENS							
	03/31/07	1,161,727.	75,861.	SL	39.00	31,741.	
11 OFFICE FURNITURE							
	06/07/73	87.	87.	SL	7.00	0.	
12 FILE CABINET							
	05/01/85	201.	201.	SL	7.00	0.	
13 ALARM							
	08/24/89	245.	245.	200DB	5.00	0.	
14 COMPUTER FUND							
	09/15/97	1,976.	1,976.	200DB	5.00	0.	
15 COMPUTER SOFTWARE							
	09/15/97	5,000.	5,000.	SL	3.00	0.	
16 1992 FORD							
	07/02/92	8,512.	8,512.	200DB	5.00	0.	
17 COMPUTER							
	04/26/00	1,679.	1,679.	200DB	5.00	0.	
18 FURNITURE-STANDS							
	05/31/00	2,000.	2,000.	200DB	7.00	0.	
19 FURNITURE							
	08/31/00	3,000.	3,000.	200DB	7.00	0.	
20 COMPUTER							
	10/26/00	2,889.	2,889.	200DB	5.00	0.	
21 FURNITURE							
	10/31/00	1,646.	1,646.	200DB	7.00	0.	
22 EQUIPMENT							
	02/21/01	8,168.	8,168.	200DB	7.00	0.	
23 FURNITURE							
	07/31/01	1,708.	1,708.	200DB	7.00	0.	
24 COMPUTER - ARCH LAB							
	09/18/01	983.	983.	200DB	5.00	0.	
25 COMPUTER - CURATORIAL							
	12/10/01	1,170.	1,170.	200DB	5.00	0.	
26 COMPUTER							
	09/10/02	1,376.	963.	200DB	5.00	0.	

27	COMPUTER						
		11/11/02	1,842.	1,289.	200DB	5.00	0.
28	FURNITURE						
		03/10/03	1,750.	1,157.	200DB	7.00	113.
29	PROJECTOR						
		04/10/03	1,508.	1,056.	200DB	5.00	0.
30	EQUIPMENT (DSL INSTALLATION)						
		05/01/03	1,692.	1,184.	200DB	5.00	0.
31	EQUIPMENT (DSL INSTALLATION)						
		05/20/03	2,270.	1,589.	200DB	5.00	0.
32	EQUIPMENT (DSL INSTALLATION)						
		06/30/03	3,096.	2,167.	200DB	5.00	0.
33	COMPUTER NETWORK						
		08/31/03	2,994.	2,994.	SL	5.00	0.
34	COMPUTER NETWORK						
		09/24/03	2,136.	2,136.	SL	5.00	0.
35	COMPUTER EQUIPMENT						
		12/09/03	1,402.	1,402.	SL	5.00	0.
36	COMPUTER EQUIPMENT						
		03/31/10	1,086.		SL	5.00	54.
37	LAPTOP						
		06/30/05	3,119.	2,496.	SL	5.00	623.
38	FURNITURE						
		09/30/05	13,369.	6,685.	SL	7.00	1,910.
39	COMPUTER EQUIPMENT						
		09/30/05	1,044.	731.	SL	5.00	209.
40	COMPUTER						
		11/30/05	1,022.	714.	SL	5.00	204.
41	COMPUTER						
		02/28/06	3,702.	2,590.	SL	5.00	740.
42	PRINTER						
		06/30/06	3,882.	2,716.	SL	5.00	776.
43	FILING SYSTEM						
		07/22/02	2,627.	2,627.	SL	7.00	0.
44	SOUND/VISUAL SYSTEM (CHAPEL)						
		02/12/07	2,947.	1,399.	SL	5.00	589.
45	SERVER (ACCOUNTING)						
		02/01/07	20,156.	9,574.	SL	5.00	4,031.
46	SOFTWARE UPGRADE (BLACKBAUD)						
		02/01/07	3,780.	1,796.	SL	5.00	756.
47	TRUCK						
		10/01/07	1,153.	231.	SL	5.00	231.
48	COMPUTER						
		01/31/08	957.	191.	SL	5.00	191.
49	COMPUTER						
		03/27/08	581.	116.	SL	5.00	116.
50	COPIER						
		04/12/08	3,207.	641.	SL	5.00	641.
51	COMPUTER						
		06/12/08	771.	154.	SL	5.00	154.
52	COMPUTER						
		02/19/09	2,563.	192.	SL	5.00	513.
53	BACK UP FOR COMPUTER						
		02/28/09	89.	7.	SL	5.00	18.

55	ARTIFACTS						
		07/01/99	20,534.		.000		0.
56	ARTIFACTS						
		10/10/00	7,822.		.000		0.
57	ARTIFACTS - BOOK COLLECTION						
		06/30/01	1,200.		.000		0.
58	ARTIFACTS						
		10/23/02	10,164.		.000		0.
60	ALLEY - CASA DE LA GUERRA						
		11/01/06	44,990.	7,873.	SL	15.00	2,999.
61	JIMMY'S IMPROVEMENTS						
		06/30/07	19,707.	1,478.	SL	15.00	1,314.
62	JIMMY'S IMPROVEMENTS						
		03/01/08	12,113.	808.	SL	15.00	808.
63	JIMMY'S IMPROVEMENTS						
		11/30/07	37,446.	2,496.	SL	15.00	2,496.
64	JIMMY'S IMPROVEMENTS						
		10/31/08	10,000.	417.	SL	15.00	667.
65	JIMMY'S IMPROVEMENTS						
		11/18/08	12,500.	521.	SL	15.00	833.
66	JIMMY'S IMPROVEMENTS						
		12/31/08	7,408.	309.	SL	15.00	494.
67	EQUIPMENT						
		08/11/09	565.		SL	5.00	104.
68	COMPUTER EQUIPMENT & LABOR						
		01/31/10	2,052.		SL	5.00	171.
69	IMAC						
		05/04/10	1,320.		SL	5.00	44.
70	JIMMY'S IMPROVEMENTS						
		02/08/10	7,300.		SL	15.00	203.
71	STORAGE YARD PROPERTY						
		12/15/08	340,000.		L		0.
TOTAL DEPR TO FORM 3885			5,162,720.	303,115.			53,743.

California Exempt Organization Business Income Tax Return

2009

FORM 109

Calendar Year 2009 or fiscal year beginning month JUL day 1 year 2009, and ending month JUN day 30 year 2010

A First Return Filed? [] Yes [X] No B Is this an education IRA within the meaning of R&TC Section 23712? [] Yes [X] No CORP # 0444573

Corporation/Organization Name SANTA BARBARA TRUST FOR HISTORIC PRESERVATION FEIN 95-6111696

Address 123 E. CANON PERDIDO

City SANTA BARBARA State CA ZIP Code 93101

C Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? [] Yes [X] No

D Final Return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized (attach explanation) I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area tax benefits? [] Yes [X] No

E Amended Return [] Yes [X] No J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? [] Yes [X] No

F Accounting Method Used: (1) [] Cash (2) [X] Accrual (3) [] Other K Unrelated Business Activity (UBA) Code 531190

G Nature of trade or business PROPERTY RENTAL

Table with 15 columns: Line number, Description, and Amount. Rows include Unrelated business taxable income, Tax computation (8.84%), Total tax, Payments, Refund, and Total amount due.

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales	b Less returns and allowances	Balance	1c	00
2	Cost of goods sold and/or operations from Schedule A, line 7				00
3	Gross profit. Subtract line 2 from line 1c				00
4	a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
	b Net gain (loss) from Part II, Schedule D-1			4b	00
	c Capital loss deduction for trusts			4c	00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule				00
6	Rental income from Schedule C				00
7	Unrelated debt-financed income from Schedule D				00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization from Schedule E				00
9	Annuities, interest, rents, and royalties of controlled organizations from Schedule F				00
10	Exploited exempt activity income from Schedule G				00
11	Advertising income from Schedule H, Part III, Column A				00
12	Other income				00
13	Total unrelated trade or business income. Add line 3 through line 12				0.00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I				14	00
15	Salaries and wages				15	00
16	Repairs				16	00
17	Bad debts				17	00
18	Interest				18	00
19	Taxes				19	00
20	Contributions				20	00
21	a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00			
	b Less: depreciation claimed on Schedule A	21b	00	21	00	
22	Depletion				22	00
23	a Contributions to deferred compensation plans			23a	00	
	b Employee benefit programs			23b	00	
24	Other deductions				24	00
25	Total deductions. Add line 14 through line 24				25	00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13				26	00
27	Excess advertising costs from Schedule H, Part III, Column B				27	00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26				28	0.00
29	Specific deduction				29	1,000.00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28				30	0.00

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

Sign Here	Signature of officer	Title	Date	Telephone
		TREASURER		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Paid Preparer's SSN/PTIN
	Firm's name (or yours, if self-employed) and address			FEIN
				Telephone
May the FTB discuss this return with the preparer shown above? See instructions				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Schedule A Cost of Goods Sold and/or Operations Method of inventory valuation (specify) N/A

1 Inventory at beginning of year	1	00
2 Purchases	2	00
3 Cost of labor	3	00
4 a Additional IRC Section 263A costs. Attach schedule	4a	00
b Other costs. Attach schedule	4b	00
5 Total. Add line 1 through line 4b	5	00
6 Inventory at end of year	6	00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits Do not complete if you must file Schedule P (100 or 541).

1 Enter credit name	code no.	1	00
2 Enter credit name	code no.	2	00
3 Enter credit name	code no.	3	00
4 Total. Add line 1 through line 3. Enter here and on Side 1, line 11c		4	00

Schedule K Add-On Taxes or Recapture of Tax.

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
b Method for non-dealer installment obligations	2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4 Credit recapture. Credit name	4	00
5 Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula Worksheet

Use only for unrelated trade or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Multiply the factor on line 3, column (c) by 2			
5 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property		2 Rent received or accrued	3 Percentage of rent attributable to personal property	
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property	(c) Net income includible, column 5(a) less column 5(b)
Add column 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6				

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property		3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation	(b) Other deductions
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Income (Annuities, Interest, Rents, and Royalties) from Controlled Organizations

1 Name and address of controlled organizations		2 Gross income from controlled organizations	3 Deductions directly connected with column 2 income	4 Exempt controlled organizations		
				(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Section 23701, or the amount in column (a), whichever is greater	(c) Percentage, column (a) ÷ column (b)
						%
						%
						%
5 Nonexempt controlled organizations			6 Gross income reportable, column 2 x column 4(c) or column 5(c)	7 Allowable deductions, column 3 x column 4(c) or column 5(c)	8 Net income includible, column 6 less column 7	
(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage col. (a) ÷ (b)				
		%				
		%				
		%				
Total. Enter here and on Side 2, Part I, line 9						

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-
Totals						

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

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

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

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

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

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

State Charity Registration Number: CT <u>004732</u> SANTA BARBARA TRUST FOR HISTORIC PRESERVATION <small>Name of Organization</small> <u>123 E. CANON PERDIDO</u> <small>Address (Number and Street)</small> <u>SANTA BARBARA, CA 93101</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0444573</u> Federal Employer I.D. No. <u>95-6111696</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2009 ending 06/30/2010) list:
 Gross annual revenue \$ 1,976,136. Total assets \$ 8,934,833.

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 14	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 15	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 805-966-9719

Organization's e-mail address _____

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

HARVEY K LYNN	TREASURER
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

FORM RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS
PART B, LINE 1

STATEMENT 14

THE TRUST COMPENSATES ITS EXECUTIVE DIRECTOR; SEE FORM 990, PART VII.

A MEMBER OF THE ORGANIZATION'S BOARD OF TRUSTEES IS A PARTNER IN THE ORGANIZATION'S PRIMARY LEGAL FIRM.

A MEMBER OF THE ORGANIZATION'S BOARD OF TRUSTEES WAS PAID FOR OLIVE GROVE MANAGEMENT SERVICES DURING THE YEAR ENDED 6/30/10.

A MEMBER OF THE ORGANIZATION'S BOARD OF TRUSTEES IS A VICE-PRESIDENT OF ONE OF THE BANKS WHERE THE TRUST HAS INVESTMENTS.

SEE FORM 990, SCHEDULE L, PART IV FOR MORE DETAILS.

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 15

COUNTY OF SANTA BARBARA
COMMUNITY DEVELOPMENT DEPARTMENT
PO BOX 1990
SANTA BARBARA, CA 93102
BRIAN BOSSE
805-564-4582
\$418,143