

Form **990**

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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	C Name of organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 123 EAST CANON PERDIDO STREET City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101 F Name and address of principal officer: SUZANNE SCHOMER SAME AS C ABOVE	D Employer identification number 95-6111696 E Telephone number 805-966-1279 G Gross receipts \$ 7,285,013. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
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															
		1 Briefly describe the organization's mission or most significant activities: TO PRESERVE, REHABILITATE, RESTORE, RECONSTRUCT, OPERATE, AND INTERPRET HISTORIC SITES,													
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.													
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	20												
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20												
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	36												
	6	Total number of volunteers (estimate if necessary)	100												
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.												
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.												
	Revenue			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">300,387.</td> <td style="text-align: right;">646,434.</td> </tr> <tr> <td style="text-align: right;">1,697.</td> <td style="text-align: right;">2,501.</td> </tr> <tr> <td style="text-align: right;">448,486.</td> <td style="text-align: right;">59,865.</td> </tr> <tr> <td style="text-align: right;">458,575.</td> <td style="text-align: right;">521,913.</td> </tr> <tr> <td style="text-align: right;">1,209,145.</td> <td style="text-align: right;">1,230,713.</td> </tr> </tbody> </table>	Prior Year	Current Year	300,387.	646,434.	1,697.	2,501.	448,486.	59,865.	458,575.	521,913.	1,209,145.
Prior Year		Current Year													
300,387.		646,434.													
1,697.		2,501.													
448,486.		59,865.													
458,575.		521,913.													
1,209,145.	1,230,713.														
8	Contributions and grants (Part VIII, line 1h)														
9	Program service revenue (Part VIII, line 2g)														
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)														
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)														
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)														
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.												
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.												
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	693,096.												
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.												
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 59,852.													
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	468,518.												
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,161,614.													
19	Revenue less expenses. Subtract line 18 from line 12	47,531.													
Net Assets or Fund Balances			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">11,582,240.</td> <td style="text-align: right;">10,122,821.</td> </tr> <tr> <td style="text-align: right;">2,006,838.</td> <td style="text-align: right;">275,951.</td> </tr> <tr> <td style="text-align: right;">9,575,402.</td> <td style="text-align: right;">9,846,870.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	11,582,240.	10,122,821.	2,006,838.	275,951.	9,575,402.	9,846,870.				
	Beginning of Current Year	End of Year													
	11,582,240.	10,122,821.													
2,006,838.	275,951.														
9,575,402.	9,846,870.														
20	Total assets (Part X, line 16)														
21	Total liabilities (Part X, line 26)														
22	Net assets or fund balances. Subtract line 21 from line 20														

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 SUZANNE SCHOMER, TREASURER	Date		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name GAIL H. ANIKOUCHINE	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00161999
	Firm's name ▶ MACFARLANE, FALETTI & CO. LLP	Firm's EIN ▶ 95-2835976		
	Firm's address ▶ 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA 93101	Phone no. 805 966-4157		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO RESTORE, PRESERVE, RECONSTRUCT, OPERATE AND INTERPRET EL PRESIDIO DE SANTA BARBARA STATE HISTORIC PARK, ITS NEIGHBORHOOD PROPERTIES INCLUDING JIMMY'S ORIENTAL GARDENS AND THE CASA DE LA GUERRA, AS WELL AS THE SANTA INES MISSION MILLS IN THE SANTA YNEZ VALLEY. SBTHP ALSO

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 [X] No

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

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

4a (Code:) (Expenses \$ 875,227. including grants of \$) (Revenue \$ 541,989.) ARCHAEOLOGY RESEARCH & HISTORIC PRESERVATION - SBTHP CONTINUES TO USE ARCHAEOLOGICAL AND HISTORICAL RESEARCH TO SUPPORT THE SECRETARY OF THE INTERIOR'S STANDARDS FOR THE TREATMENT OF HISTORIC PROPERTIES INCLUDING PRESERVATION (EL CUARTEL), RESTORATION (CASA DE LA GUERRA), REHABILITATION (PRESIDIO RESEARCH CENTER), AND RECONSTRUCTION (PRESIDIO CHAPEL, NORTHEAST CORNER AND NORTHWEST CORNER).

EDUCATION, INTERPRETATION, HISTORICAL RESEARCH AND VOLUNTEER MANAGEMENT - AS PART OF OUR COMMITMENT TO EDUCATION, WE CONTINUE TO PROVIDE ON-SITE TOURS USING CALIFORNIA DEPARTMENT OF EDUCATION CURRICULUM FRAMEWORK TO OVER 5,000 SCHOOL AGE STUDENTS, INCLUDING ANNUAL CULTURAL ARTS AND SUMMER ADVENTURES (C.A.S.A.) CAMPS FOR AT-RISK YOUTH AND EARLY

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 875,227.

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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 <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	20	
1b	Enter the number of voting members included in line 1a, above, who 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?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	8a	X
8b	b Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SALLY FOUHSE - 805-966-1279**
123 EAST CANON PERDIDO STREET, SANTA BARBARA, CA 93102-0388

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

Form 990 (2013)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG A. MAKELA BOARD MEMBER	1.00	X						0.	0.	0.
(2) ARTHUR NAJERA BOARD MEMBER	1.00	X						0.	0.	0.
(3) RICHARD E. OGLESBY BOARD MEMBER	1.00	X						0.	0.	0.
(4) KATIE HAY BOARD MEMBER	1.00	X						0.	0.	0.
(5) TIMOTHY AGUILAR BOARD MEMBER	1.00	X					12,600.	0.	0.	0.
(6) W. ELLIOT BROWNLEE BOARD MEMBER	1.00	X					0.	0.	0.	0.
(7) DOUGLAS CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	0.
(8) RANDY BERGSTROM BOARD MEMBER	1.00	X					0.	0.	0.	0.
(9) ROB ROSSI BOARD MEMBER	1.00	X					0.	0.	0.	0.
(10) DONALD G. SHARPE BOARD MEMBER	1.00	X					0.	0.	0.	0.
(11) KEITH J. MAUTINO BOARD MEMBER	1.00	X					0.	0.	0.	0.
(12) ROBERT TULER BOARD MEMBER	1.00	X					0.	0.	0.	0.
(13) MICHAEL ARNOLD BOARD MEMBER	1.00	X					0.	0.	0.	0.
(14) CATHERINE REMAK BOARD MEMBER	1.00	X					0.	0.	0.	0.
(15) ANTHONY P. SPANN BOARD MEMBER	1.00	X					0.	0.	0.	0.
(16) DAVID MARTINEZ BOARD MEMBER	1.00	X					0.	0.	0.	0.
(17) JOHN POUCHER PRESIDENT	3.00	X		X			0.	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TEREASE CHIN FIRST VICE PRESIDENT	3.00	X		X			0.	0.	0.	
(19) SUZANNE SCHOMER TREASURER	3.00	X		X			0.	0.	0.	
(20) MARY LOUISE DAYS SECOND VICE PRESIDENT	3.00	X		X			0.	0.	0.	
(21) ROBERT L. HOOVER IMMEDIATE PAST PRESIDENT	3.00	X		X			0.	0.	0.	
(22) RICH ROJAS SECRETARY	3.00	X		X			0.	0.	0.	
(23) JARRELL C. JACKMAN EXECUTIVE DIRECTOR	50.00			X			93,120.	0.	12,288.	
(24) SALLY FOHSE ASSOCIATE DIRECTOR OF BUSI	40.00			X			74,670.	0.	15,587.	
1b Sub-total							180,390.	0.	27,875.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							180,390.	0.	27,875.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHANNEL COAST CORPORATION, INC., 123 SANTA BARBARA ST., SANTA BARBARA, CA 93101	CONSTRUCTION SERVICES FOR RESTORA	239,901.

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

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	25,468.				
	c Fundraising events	1c	33,306.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	587,660.				
	g Noncash contributions included in lines 1a-1f: \$		2,095.				
	h Total. Add lines 1a-1f		646,434.				
	Program Service Revenue	2 a ADMISSIONS	Business Code 713990	2,501.	2,501.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2,501.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		201,044.			201,044.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	177,276.				
		(ii) Personal					
		b Less: rental expenses	80,205.				
		c Rental income or (loss)	97,071.				
	d Net rental income or (loss)		97,071.	97,071.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,378,532.				
		(ii) Other	2,335,000.				
		b Less: cost or other basis and sales expenses	2,963,858.	2,890,853.			
		c Gain or (loss)	414,674.	-555,853.			
	d Net gain or (loss)		-141,179.			-141,179.	
	8 a Gross income from fundraising events (not including \$ 33,306. of contributions reported on line 1c). See Part IV, line 18	a	88,033.				
		b Less: direct expenses	104,624.				
c Net income or (loss) from fundraising events			-16,591.			-16,591.	
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	13,776.					
	b Less: cost of goods sold	14,760.					
	c Net income or (loss) from sales of inventory		-984.			-984.	
Miscellaneous Revenue		Business Code					
11 a REIMBURSED PAYROLL COSTS		900099	395,203.	395,203.			
	b OTHER INCOME	900099	47,214.	47,214.			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			442,417.			
12 Total revenue. See instructions.			1,230,713.	541,989.	0.	42,290.	

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Form **990** (2013)

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,435.	84,326.	113,561.	10,548.
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	462,696.	437,081.	19,927.	5,688.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	23,818.	11,989.	9,757.	2,072.
10 Payroll taxes	21,527.	10,393.	9,938.	1,196.
11 Fees for services (non-employees):				
a Management				
b Legal	14,422.		14,422.	
c Accounting	17,425.		17,425.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12,820.			12,820.
f Investment management fees	48,885.		48,885.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	344,391.	292,161.	47,218.	5,012.
12 Advertising and promotion	19,634.	6,470.	7,573.	5,591.
13 Office expenses	124,229.	30,936.	76,368.	16,925.
14 Information technology				
15 Royalties				
16 Occupancy	3,893.		3,893.	
17 Travel	13,016.	1,737.	11,279.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	23,522.		23,522.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,415.		16,415.	
23 Insurance	25,066.		25,066.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	12,925.	134.	12,791.	
b EQUIPMENT	10,164.		10,164.	
c MISCELLANEOUS EXPENSES	3,415.		3,415.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,406,698.	875,227.	471,619.	59,852.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

SANTA BARBARA TRUST FOR HISTORIC
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,226.	1	1,381.	
	2 Savings and temporary cash investments	203,607.	2	395,869.	
	3 Pledges and grants receivable, net	1,288.	3	138,485.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	258,434.	7	252,676.	
	8 Inventories for sale or use	19,661.	8	20,257.	
	9 Prepaid expenses and deferred charges	2,583.	9	2,917.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,023,991.			
	b Less: accumulated depreciation	10b 394,027.	5,484,732.	10c	2,629,964.
	11 Investments - publicly traded securities	5,432,763.	11	6,471,843.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	176,946.	15	209,429.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,582,240.	16	10,122,821.		
Liabilities	17 Accounts payable and accrued expenses	42,531.	17	36,432.	
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,943,329.	23	222,291.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,978.	25	17,228.	
	26 Total liabilities. Add lines 17 through 25	2,006,838.	26	275,951.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,243,306.	27	2,139,901.	
	28 Temporarily restricted net assets	6,624,736.	28	6,999,259.	
	29 Permanently restricted net assets	707,360.	29	707,710.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	9,575,402.	33	9,846,870.	
34 Total liabilities and net assets/fund balances	11,582,240.	34	10,122,821.		

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**SANTA BARBARA TRUST FOR HISTORIC
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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,230,713.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,406,698.
3 Revenue less expenses. Subtract line 2 from line 1	3	-175,985.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,575,402.
5 Net unrealized gains (losses) on investments	5	459,912.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-12,459.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,846,870.

Part XII Financial Statements and Reporting

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

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

Form **990** (2013)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

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

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 - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	908,911.	314,925.	426,656.	300,387.	646,434.	2597313.
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	908,911.	314,925.	426,656.	300,387.	646,434.	2597313.
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)						450,942.
6 Public support. Subtract line 5 from line 4.						2146371.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	908,911.	314,925.	426,656.	300,387.	646,434.	2597313.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	287,840.	261,515.	313,133.	312,102.	378,320.	1552910.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	431,456.	397,098.	523,663.	409,194.	442,417.	2203828.
11 Total support. Add lines 7 through 10						6354051.
12 Gross receipts from related activities, etc. (see instructions)					12	151,488.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	33.78	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	39.93	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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, total 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 total 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 234,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 102,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 20,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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 that total 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.) ▶ \$ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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 education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a 1
b Total acreage restricted by conservation easements	2b 0.00
c Number of conservation easements on a certified historic structure included in (a)	2c 1
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0

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?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 50

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 2,500.

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)?

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

**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 XIII.

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	744,700.	744,675.	1,089,220.	1,152,331.	555,007.
b Contributions	350.	25.	56,333.	55,001.	78,334.
c Net investment earnings, gains, and losses					518,990.
d Grants or scholarships					
e Other expenditures for facilities and programs			400,878.	118,112.	
f Administrative expenses					
g End of year balance	745,050.	744,700.	744,675.	1,089,220.	1,152,331.

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

- a** Board designated or quasi-endowment 5.00 %
- b** Permanent endowment 95.00 %
- c** Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,991,735.		1,991,735.
b Buildings		763,661.	226,272.	537,389.
c Leasehold improvements				
d Equipment				
e Other		268,595.	167,755.	100,840.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,629,964.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	17,228.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	17,228.

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

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Schedule D (Form 990) 2013

95-6111696 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,709,486.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	459,912.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-12,459.
e	Add lines 2a through 2d	2e	447,453.
3	Subtract line 2e from line 1	3	1,262,033.
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	48,885.
b	Other (Describe in Part XIII.)	4b	-80,205.
c	Add lines 4a and 4b	4c	-31,320.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,230,713.

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

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

1	Total expenses and losses per audited financial statements	1	1,438,018.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	80,205.
e	Add lines 2a through 2d	2e	80,205.
3	Subtract line 2e from line 1	3	1,357,813.
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	48,885.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	48,885.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,406,698.

Part XIII Supplemental Information.

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

PART II, LINE 9:

EXPLANATION: THE CONSERVATION EASEMENT IS NOT INCLUDED IN THE TRUST'S BALANCE SHEET OR STATEMENT OF OPERATIONS.

PART III, LINE 4:

EXPLANATION: 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:

EXPLANATION: IN THE ABSENCE OF DONOR STIPULATIONS THE INTENDED USE FOR THE ENDOWMENT FUNDS WILL BE TO CARRY ON THE ORGANIZATION'S MISSION STATEMENT.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

EXPLANATION: THE TRUST IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS AT JUNE 30, 2014, OR FOR ANY PERIOD FOR WHICH THE STATUTE OF LIMITATIONS IS STILL OPEN.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN CRT -12,459.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -80,205.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 80,205.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2013

Open To Public
Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number
95-6111696

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOOD FORTUNE EVENT	CASA CANTINA EVENT	NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	34,558.	80,893.		115,451.
	2	Less: Contributions	28,806.	4,500.		33,306.
	3	Gross income (line 1 minus line 2)	5,752.	76,393.		82,145.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,719.	2,699.		6,418.
	7	Food and beverages	11,040.	9,116.		20,156.
	8	Entertainment		16,053.		16,053.
	9	Other direct expenses	34,346.	22,250.		56,596.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				99,223.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-17,078.

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. Subtract line 7 from line 1, column (d)				

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

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

SANTA BARBARA TRUST FOR HISTORIC

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility

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? Yes No

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

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? Yes No

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 ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE L

Transactions With Interested Persons

OMB No. 1545-0047

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Employer identification number 95-6111696

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, and (e) Sharing of organization's revenues? (Yes/No). Row 1: TIMOTHY AGUILAR, CONTRACTOR, 12,600., TIMOTHY AGU, No (X).

Part V Supplemental Information

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

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

(A) NAME OF PERSON: TIMOTHY AGUILAR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CONTRACTOR

(C) AMOUNT OF TRANSACTION \$ 12,600.

(D) DESCRIPTION OF TRANSACTION: TIMOTHY AGUILAR ASSISTED THE TRUST IN THE CONSTRUCTION OF ADOBE BRICKS. TIMOTHY WAS COMPENSATED FOR HIS WORK IN THE AMOUNT OF \$12,600 DURING THE FISCAL YEAR ENDED JUNE 30, 2014.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

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Inspection**

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

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

Employer identification number
95-6111696

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILDINGS, OBJECTS, AND ANTIQUITIES OF HISTORICAL SIGNIFICANCE IN THE

COUNTY OF SANTA BARBARA, INCLUDING BUT NOT LIMITED TO THE ROYAL

PRESIDIO OF SANTA BARBARA, CASA DE LA GUERRA, JIMMY'S ORIENTAL GARDENS,

HISTORIC EL PASEO, AND THE SANTA INES MISSION MILLS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORTS THE PROTECTION AND PRESERVATION OF OTHER SIGNIFICANT HISTORIC

SITES IN SANTA BARBARA COUNTY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CALIFORNIA HISTORY DAYS. COMMUNITY PROGRAMMING INCLUDES PRESIDIO

PASTIMES, A SET OF LIVING HISTORY EVENTS OFFERED FREE OF CHARGE, AND A

PUBLIC LECTURE SERIES ON HERITAGE TOPICS. TO HONOR THE HISTORIC ASIAN

COMMUNITY IN THE PRESIDIO NEIGHBORHOOD, IN 2009, SBTHP CREATED A PUBLIC

FILM AND LECTURE SERIES TITLED SHARING OUR COMMON GROUND: ASIAN

AMERICAN HISTORY IN SANTA BARBARA COUNTY THAT HAS GAINED POPULARITY AND

CONTINUES TO GROW EACH YEAR. INFORMATION ON CURRENT SBTHP ACTIVITIES,

EVENTS AND PROGRAMS IS AVAILABLE VIA SBTHP'S WEBSITE AT:

[HTTP://WWW.SBTHP.ORG/](http://WWW.SBTHP.ORG/). A COPY OF THE SBTHP'S EDUCATION COMMITTEE

OUTREACH AND ACTIVITIES REPORT FOR 2014 IS AVAILABLE UPON REQUEST.

PROPERTY ACQUISITION, PROPERTY MANAGEMENT & COMMUNITY PARTNERSHIPS - IN

KEEPING WITH THE PARK'S GENERAL PLAN, SBTHP IS COMPLETING

RECONSTRUCTION OF THE NORTHWEST CORNER OF THE DEFENSE WALL AT EL

PRESIDIO DE SANTA BARBARA STATE HISTORIC PARK AND PARTNERED WITH A

Name of the organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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LOCAL BUSINESS IN RESTORATION OF THE INTERIOR OF THE HISTORIC JIMMY'S ORIENTAL GARDENS BAR. A PORTION OF JIMMY'S ORIENTAL GARDENS RESTAURANT AND BAR WAS SOLD BY SBTHP TO CA STATE PARKS. THE SALE REPRESENTS AN ADDITION TO EL PRESIDIO DE SANTA BARBARA STATE HISTORIC PARK. THE SBTHP HAS DEVELOPED FORMAL AGREEMENTS WITH CA STATE PARKS, OLD MISSION SANTA INES AND THE CITY OF SOLVANG TO INITIATE THE PLANNING PROCESS FOR THE FUTURE SANTA INES MISSION MILLS STATE HISTORIC PARK. A CURRENT LIST OF SBTHP OWNED/OPERATED PROPERTIES IN THE EL PRESIDIO NEIGHBORHOOD IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: 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:

EXPLANATION: 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 ELECT THE BOARD OF DIRECTORS BASED ON THE NOMINATING COMMITTEE'S RECOMMENDATIONS.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: 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:

EXPLANATION: 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

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

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

EXPLANATION: 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:

EXPLANATION: COMPENSATION IS SET BY BOARD ACTION. COMPENSATION IS FIRST REVIEWED BY THE FINANCE COMMITTEE, FOLLOWED BY THE EXECUTIVE COMMITTEE, THEN BY THE FULL BOARD. COMMITTEE MEMBERS DISCUSS COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: THE 990 IS AVAILABLE UPON REQUEST AND IS ALSO LOCATED ON GUIDESTAR'S WEBSITE, AT WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: 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 IX, LINE 11G, OTHER FEES:

CONTRACTORS - CURATORIAL:

PROGRAM SERVICE EXPENSES	22,089.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,089.

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

PROGRAM SERVICE EXPENSES	17,235.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,235.

CONTRACTORS - OTHER:

PROGRAM SERVICE EXPENSES	252,837.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	5,012.
TOTAL EXPENSES	257,849.

CONTRACTORS - ADMINISTRATIVE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	47,218.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,218.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	344,391.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED CHANGE IN CRT	-12,459.
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FORM 990, PART XI LINE 2C

**EXPLANATION: RESPONSIBILITY OF SELECTION OF INDEPENDENT ACCOUNTANT AND
AUDIT:**

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECTION

Name of the organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED SINCE THE
PRIOR YEAR.

FORM 990, PART VI, SECTION A

EXPLANATION: 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
PROVIDED BY RESOLUTION OF THE BOARD OF THE BYLAWS 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."

THE EXECUTIVE COMMITTEE MET 12 TIMES DURING THE YEAR ENDED JUNE 30,
2014.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LOMPOC PRESERVATION PROPERTIES, LLC - 95-6111696, 123 E. CANON PERDIDO, SANTA BARBARA, CA 93101	RENTAL REAL ESTATE	CALIFORNIA	26,096.	633,051.	SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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

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

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

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

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

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

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

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 related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information.

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
RENTAL ASSETS								
6	LAND- JIMMY'S ORIENTAL GARDENS							
	033107	L			610,500.			0.
9	BUILDING-JIMMY'S ORIENTAL GARDENS (1/3)							
	033107	SL	39.00	16	383,370.		64,999.	9,830.
61	(D) JIMMY'S IMPROVEMENTS							
	063007	SL	15.00	16	19,707.		6,734.	1,095.
62	(D) JIMMY'S IMPROVEMENTS							
	030108	SL	15.00	16	12,113.		4,040.	673.
63	(D) JIMMY'S IMPROVEMENTS							
	113007	SL	15.00	16	37,446.		12,480.	2,080.
64	(D) JIMMY'S IMPROVEMENTS							
	103108	SL	15.00	16	10,000.		3,085.	556.
65	(D) JIMMY'S IMPROVEMENTS							
	111808	SL	15.00	16	12,500.		3,853.	694.
66	(D) JIMMY'S IMPROVEMENTS							
	123108	SL	15.00	16	7,408.		2,285.	412.
70	(D) JIMMY'S IMPROVEMENTS							
	020810	SL	15.00	16	7,300.		1,664.	406.
73	(D) BUILDING - PETERSEN							
	022811	SL	39.00	16	937,500.		56,089.	6,010.
74	(D) IMPROVEMENTS - JIMMY'S CUPOLA REPAIR							
	043011	SL	15.00	16	1,923.		277.	107.
79	(D) POOL REPAIRS - PETERSEN							
	081801	SL	15.00	16	3,000.		400.	50.
80	(D) ROOF REPAIR - JIMMYS							
	111911	SL	10.00	16	10,182.		1,612.	849.
85	(D) JIMMY'S ROOF IMPROVEMENTS							
	110113	SL	15.00	16	12,594.			420.
86	(D) JIMMY'S FIRE SPRINKLERS							
	070113	SL	7.00	16	2,912.			347.
87	CASA IMPROVEMENTS							
	100113	SL	15.00	16	10,082.			504.
92	(D) BUILDING-JIMMY'S ORIENTAL GARDENS (2/3)							
	033107	SL	39.00	16	778,357.		131,967.	16,632.
* 990 PAGE 10 TOTAL - RENTAL ASSETS					2,856,894.	0.	289,485.	40,665.
G&A ASSETS								
2	LAND - CASA DE LA GUERRA							
	033107	L			58,735.			0.
3	LAND - DE LA GUERRA COMPLEX							
	030107	L			125,000.			0.
8	BLDG - CASA DE LA GUERRA							
	060172	SL	35.00	16	125,291.		125,291.	0.
11	OFFICE FURNITURE							
	060773	SL	7.00	16	87.		87.	0.
12	FILE CABINET							
	050185	SL	7.00	16	201.		201.	0.
13	ALARM							
	082489	200DB	5.00	17	245.		245.	0.
14	COMPUTER FUND							
	091597	200DB	5.00	17	1,976.		1,976.	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
15	COMPUTER SOFTWARE							
	09/15/97	SL	3.00	16	5,000.		5,000.	0.
16	1992 FORD							
	07/02/92	200DB	5.00	17	8,512.		8,512.	0.
17	COMPUTER							
	04/26/00	200DB	5.00	17	1,679.		1,679.	0.
18	FURNITURE - STANDS							
	05/31/00	200DB	7.00	17	2,000.		2,000.	0.
19	FURNITURE							
	08/31/00	200DB	7.00	17	3,000.		3,000.	0.
20	COMPUTER							
	10/26/00	200DB	5.00	17	2,889.		2,889.	0.
21	FURNITURE							
	10/31/00	200DB	7.00	17	1,646.		1,646.	0.
22	EQUIPMENT							
	02/21/01	200DB	7.00	17	8,168.		8,168.	0.
23	FURNITURE							
	07/31/01	200DB	7.00	17	1,708.		1,708.	0.
24	COMPUTER - ARCH LAB							
	09/18/01	200DB	5.00	17	983.		983.	0.
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.		1,750.	0.
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.		1,086.	0.
37	LAPTOP							
	06/30/05	SL	5.00	16	3,119.		3,119.	0.
38	FURNITURE							
	09/30/05	SL	7.00	16	13,369.		13,369.	0.
39	COMPUTER EQUIPMENT							
	09/30/05	SL	5.00	16	1,044.		992.	0.
40	COMPUTER							
	11/30/05	SL	5.00	16	1,022.		1,003.	0.
41	COMPUTER							
	02/28/06	SL	5.00	16	3,702.		3,702.	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
42	PRINTER							
	063006	SL	5.00	16	3,882.		3,882.	0.
43	FILING SYSTEM							
	072202	SL	7.00	16	2,627.		2,627.	0.
44	SOUND/VISUAL SYSTEM (CHAPEL)							
	021207	SL	5.00	16	2,947.		2,921.	0.
45	SERVER (ACCOUNTING)							
	020107	SL	5.00	16	20,156.		19,988.	0.
46	SOFTWARE UPGRADE (BLACKBAUD)							
	020107	SL	5.00	16	3,780.		3,749.	0.
47	TRUCK							
	100107	SL	5.00	16	1,153.		1,153.	0.
48	COMPUTER							
	013108	SL	5.00	16	957.		955.	0.
49	COMPUTER							
	032708	SL	5.00	16	581.		580.	0.
50	COPIER							
	041208	SL	5.00	16	3,207.		3,205.	0.
51	COMPUTER							
	061208	SL	5.00	16	771.		770.	0.
52	COMPUTER							
	021909	SL	5.00	16	2,563.		2,244.	319.
53	BACK UP FOR COMPUTER							
	022809	SL	5.00	16	89.		79.	10.
55	ARTIFACTS							
	070199	NC	.000		20,534.			0.
56	ARTIFACTS							
	101000	NC	.000		7,822.			0.
57	ARTIFACTS - BOOK COLLECTION							
	063001	NC	.000		1,200.			0.
58	ARTIFACTS							
	102302	NC	.000		10,164.			0.
60	ALLEY - CASA DE LA GUERRA							
	110106	SL	15.00	16	44,990.		19,869.	2,999.
67	EQUIPMENT							
	081109	SL	5.00	16	565.		443.	113.
68	COMPUTER EQUIPMENT & LABOR							
	013110	SL	5.00	16	2,052.		1,401.	410.
69	IMAC							
	050410	SL	5.00	16	1,320.		836.	264.
71	STORAGE YARD PROPERTY							
	121508	L			85,000.			0.
72	LAND - PETERSEN PARCEL							
	022811	L			1,112,500.			0.
75	IMPROVEMENTS - MILLS							
	053111	SL	15.00	16	4,943.		687.	330.
76	TRACTOR							
	081610	SL	5.00	16	19,862.		11,254.	3,972.
77	BUSH HOG							
	031711	SL	5.00	16	2,475.		1,114.	495.
78	STORAGE YARD BUILDING							
	121508	SL	39.00	16	255,000.		19,614.	6,538.
81	COMPUTERS							
	032912	SL	5.00	16	1,472.		368.	294.

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
82	COMPUTER - COMPUVISION							
	10/25/12	SL	5.00	16	1,380.		184.	276.
88	ANTIVIRUS SOFTWARE							
	01/28/14	SL	5.00	16	2,352.			196.
89	MICROSOFT OFFICE 360							
	05/30/14	SL	5.00	16	6,855.			114.
90	IMAC (2)							
	05/22/14	SL	5.00	16	1,941.			32.
91	BACKUP SYSTEM							
	05/30/14	SL	5.00	16	3,201.			53.
	* 990 PAGE 10 TOTAL - G&A ASSETS							
					2,020,039.	0.	302,279.	16,415.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					4,876,933.	0.	591,764.	57,080.