

Form **990**

Return of Organization Exempt From Income Tax

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

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

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		D Employer identification number 95-6111696
	Doing Business As		E Telephone number 805-966-1279
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,756,298.
	123 EAST CANON PERDIDO STREET		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or country, and ZIP + 4 SANTA BARBARA, CA 93101		H(c) Group exemption number ▶	
F Name and address of principal officer: HARVEY K LYNN SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <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			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RESTORE AND PRESERVE HISTORICAL AND ARCHEOLOGICAL SITES IN SANTA BARBARA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	33
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	908,911.	314,925.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,331.	2,339.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	602,809.	235,164.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	462,085.	438,683.
		1,976,136.	991,111.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	691,757.	766,033.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 120,038.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,346,686.	483,519.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,038,443.	1,249,552.	
19 Revenue less expenses. Subtract line 18 from line 12	-62,307.	-258,441.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,934,833.	11,677,356.
	22 Net assets or fund balances. Subtract line 21 from line 20	37,605.	2,030,424.
	8,897,228.	9,646,932.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	HARVEY K LYNN, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name MACFARLANE FALETTI & CO.	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ MACFARLANE, FALETTI & CO. LLP	Firm's EIN ▶			
	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

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

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

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

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

4a (Code:) (Expenses \$ 615,508. including grants of \$) (Revenue \$ 428,152.) REBUILT MAJOR PORTIONS OF SANTA BARBARA'S ROYAL PRESIDIO, WHICH THE TRUST OPERATES AS EL PRESIDIO DE SANTA BARBARA STATE HISTORIC PARK. PURCHASED JIMMY'S ORIENTAL GARDENS TO PROVIDE AN OPPORTUNITY TO INTERPRET THE HISTORY OF SANTA BARBARA'S ASIAN AMERICAN COMMUNITY IN THE PRESIDIO NEIGHBORHOOD. RESTORED AND OPERATE AS A HISTORIC HOUSE, THE CASA DE LA GUERRA, THE 1820'S HOME OF PRESIDIO COMANDANTE JOSE DE LA GUERRA. THE TRUST PURCHASED THE PETERSEN PROPERTY TO AUGMENT THE ADJACENT SANTA INES MISSION MILLS STATE HISTORIC AREA CURRENTLY ADMINISTERED BY THE TRUST. THE TRUST IS PLANNING INTERPRETIVE PROGRAMS FOR VISITORS TO THIS NATIONAL HISTORIC LANDMARK DISTRICT.

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 615,508.

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	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, XII, and XIII</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, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question 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," 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?		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 to any question 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		24
b	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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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 to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG A. MAKELA IMMEDIATE PAST PRESIDENT	3.00	X		X			7,277.	0.	0.	
ROBERT L. HOOVER PRESIDENT	3.00	X		X			0.	0.	0.	
JOHN POUCHER FIRST VICE PRESIDENT	3.00	X		X			0.	0.	0.	
JACK THEIMER SECOND VICE PRESIDENT	3.00	X		X			0.	0.	0.	
HARVEY K. LYNN TREASURER	3.00	X		X			0.	0.	0.	
RICHARD E. OGLESBY BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL ABERLE BOARD MEMBER	1.00	X					0.	0.	0.	
DEBBY ACEVES BOARD MEMBER	1.00	X					0.	0.	0.	
TIMOTHY AGUILAR BOARD MEMBER	1.00	X					0.	0.	0.	
W. ELLIOT BROWNLEE BOARD MEMBER	1.00	X					0.	0.	0.	
DOUGLAS CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
TEREASE CHIN SECRETARY	3.00	X		X			0.	0.	0.	
MARY LOUISE DAYS BOARD MEMBER	1.00	X					0.	0.	0.	
RANDY BERGSTROM BOARD MEMBER	1.00	X					0.	0.	0.	
ROGER HORTON BOARD MEMBER	1.00	X					0.	0.	0.	
ARTHUR NAJERA BOARD MEMBER	1.00	X					0.	0.	0.	
ROGER PERRY BOARD MEMBER	1.00	X					0.	0.	0.	

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICH ROJAS BOARD MEMBER	1.00	X					0.	0.	0.	
ROB ROSSI BOARD MEMBER	1.00	X					0.	0.	0.	
SUZANNE SCHOMER BOARD MEMBER	1.00	X					0.	0.	0.	
DONALD G. SHARPE BOARD MEMBER	1.00	X					0.	0.	0.	
ANTHONY P. SPANN BOARD MEMBER	1.00	X					0.	0.	0.	
MIKE STOKER BOARD MEMBER	1.00	X					0.	0.	0.	
EDWARD W. VERNON BOARD MEMBER	1.00	X					0.	0.	0.	
JARRELL C. JACKMAN EXECUTIVE DIRECTOR	50.00			X			90,390.	0.	4,655.	
1b Sub-total							97,667.	0.	4,655.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							97,667.	0.	4,655.	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Form 990 (2010)

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	24,945.				
	c Fundraising events	1c	22,164.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	55,846.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	211,970.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			314,925.			
	Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code 713990	2,339.	2,339.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				2,339.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		150,251.			150,251.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	111,264.				
		(ii) Personal					
		b Less: rental expenses	82,549.				
	c Rental income or (loss)	28,715.					
	d Net rental income or (loss)		28,715.	28,715.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1695156.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	1610243.				
		c Gain or (loss)	84,913.				
	d Net gain or (loss)		84,913.			84,913.	
	8 a Gross income from fundraising events (not including \$ 22,164. of contributions reported on line 1c). See Part IV, line 18	a	75,184.				
		b Less: direct expenses	58,278.				
c Net income or (loss) from fundraising events			16,906.			16,906.	
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	10,081.					
	b Less: cost of goods sold	14,117.					
	c Net income or (loss) from sales of inventory		-4,036.			-4,036.	
Miscellaneous Revenue		Business Code					
11 a REIMBURSED PAYROLL COS	900099	375,005.	375,005.				
b OTHER INCOME	900099	22,093.	22,093.				
c							
d All other revenue							
e Total. Add lines 11a-11d			397,098.				
12 Total revenue. See instructions.			991,111.	428,152.	0.	248,034.	

032009 12-21-10

Form **990** (2010)

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Form 990 (2010)

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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) but are not required to complete columns (B), (C), and (D).*

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,271.	68,373.	19,739.	13,159.
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	574,459.	387,449.	109,739.	77,271.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	33,562.	8,390.	16,066.	9,106.
10 Payroll taxes	56,741.	37,625.	11,578.	7,538.
11 Fees for services (non-employees):				
a Management				
b Legal	34,358.		34,358.	
c Accounting	16,851.		16,851.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,949.		50,949.	
g Other	154,353.	75,886.	74,638.	3,829.
12 Advertising and promotion	9,615.	7,651.	770.	1,194.
13 Office expenses	107,468.	27,465.	72,140.	7,863.
14 Information technology				
15 Royalties				
16 Occupancy	2,807.		2,807.	
17 Travel	8,291.	2,569.	5,644.	78.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	14,108.		14,108.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,944.		23,944.	
23 Insurance	15,982.		15,982.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	17,830.		17,830.	
b REPAIRS AND MAINTENANCE	16,656.	100.	16,556.	
c EQUIPMENT	5,330.		5,330.	
d CONTINGENCY	4,977.		4,977.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,249,552.	615,508.	514,006.	120,038.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	174,668.	1	64,508.	
	2 Savings and temporary cash investments	102,038.	2	87,686.	
	3 Pledges and grants receivable, net	1,288.	3	1,288.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net	270,155.	7	266,479.	
	8 Inventories for sale or use	28,148.	8	25,590.	
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,060,462.			
	b Less: accumulated depreciation	10b 427,125.	3,622,999.	10c	5,633,337.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	4,616,677.	12	5,480,527.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	118,860.	15	117,941.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,934,833.	16	11,677,356.		
Liabilities	17 Accounts payable and accrued expenses	27,618.	17	22,429.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23	1,997,167.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	9,987.	25	10,828.	
	26 Total liabilities. Add lines 17 through 25	37,605.	26	2,030,424.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,829,989.	27	2,328,826.	
	28 Temporarily restricted net assets	6,471,238.	28	6,667,104.	
	29 Permanently restricted net assets	596,001.	29	651,002.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	8,897,228.	33	9,646,932.	
34 Total liabilities and net assets/fund balances	8,934,833.	34	11,677,356.		

Form 990 (2010)

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Form 990 (2010)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	991,111.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,249,552.
3 Revenue less expenses. Subtract line 2 from line 1	3	-258,441.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,897,228.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	1,008,145.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,646,932.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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			
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** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(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 support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	774,758.	533,651.	493,694.	908,911.	314,925.	3025939.
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	774,758.	533,651.	493,694.	908,911.	314,925.	3025939.
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)						126,864.
6 Public support. Subtract line 5 from line 4.						2899075.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	774,758.	533,651.	493,694.	908,911.	314,925.	3025939.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	315,270.	358,377.	317,037.	287,840.	261,515.	1540039.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		-188,874.	-70,070.			-258,944.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				431,456.	397,098.	828,554.
11 Total support. Add lines 7 through 10						5135588.
12 Gross receipts from related activities, etc. (see instructions)					12	109,541.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	56.45	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	64.12	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

NON-CASH CONTRIBUTIONS

DATE: 01/01/09 AMOUNT: 1125000.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

Employer identification number

95-6111696

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>53,846.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	_____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____	\$ 57,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	_____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	_____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ 1
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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 XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,152,331.	555,007.	148,340.		
b Contributions	55,001.	78,334.	406,667.		
c Net investment earnings, gains, and losses		518,990.			
d Grants or scholarships					
e Other expenditures for facilities and programs	118,112.				
f Administrative expenses					
g End of year balance	1,089,220.	1,152,331.	555,007.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 3.00 %
 - b Permanent endowment 97.00 %
 - c Term endowment _____ %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,231,235.		3,231,235.
b Buildings		2,479,518.	277,232.	2,202,286.
c Leasehold improvements				
d Equipment				
e Other		349,709.	149,893.	199,816.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,633,337.

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Schedule D (Form 990) 2010

95-6111696 Page **3**

Part VII Investments - Other Securities. 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) CASH AND CASH EQUIVALENTS	290,337.	END-OF-YEAR MARKET VALUE
(B) CORPORATE AND MUNI BONDS	618,430.	END-OF-YEAR MARKET VALUE
(C) COMMON AND PREFERRED		
(D) STOCKS	3,649,024.	END-OF-YEAR MARKET VALUE
(E) MUTUAL FUNDS	762,340.	END-OF-YEAR MARKET VALUE
(F) EXCHANGE TRADED FUNDS	160,396.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	5,480,527.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEPOSITS	10,828.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	10,828.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

032053
12-20-10

Schedule D (Form 990) 2010

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	991,111.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,249,552.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-258,441.
4	Net unrealized gains (losses) on investments	4	1,000,310.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	7,835.
9	Total adjustments (net). Add lines 4 through 8	9	1,008,145.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	749,704.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,089,134.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,000,310.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	7,835.
e	Add lines 2a through 2d	2e	1,008,145.
3	Subtract line 2e from line 1	3	1,080,989.
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	50,949.
b	Other (Describe in Part XIV.)	4b	-140,827.
c	Add lines 4a and 4b	4c	-89,878.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	991,111.

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

1	Total expenses and losses per audited financial statements	1	1,281,152.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	82,549.
e	Add lines 2a through 2d	2e	82,549.
3	Subtract line 2e from line 1	3	1,198,603.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	50,949.
c	Add lines 4a and 4b	4c	50,949.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,249,552.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9: THE CONSERVATION EASEMENT IS NOT INCLUDED IN THE

TRUST'S BALANCE SHEET OR STATEMENT OF OPERATIONS.

PART III, LINE 4: THE TRUST'S COLLECTIONS ARE HISTORICALLY SIGNIFICANT

ARTIFACTS FROM SANTA BARBARA AND FURTHER THE ORGANIZATION'S MISSION TO

RESTORE AND PRESERVE HISTORICAL ARCHEOLOGICAL SITES IN SANTA BARBARA.

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

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

Schedule D (Form 990) 2010

95-6111696 Page 5

Part XIV Supplemental Information (continued)

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

PART X, LINE 2: THE TRUST IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS AT
JUNE 30, 2011, OR FOR ANY PERIOD FOR WHICH THE STATUTE OF LIMITATIONS IS
STILL OPEN.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN CRT 7,835.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN CRT 7,835.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -82,549.

SPECIAL EVENT EXPENSES -58,278.

TOTAL TO SCHEDULE D, PART XII, LINE 4B -140,827.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 82,549.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES 50,949.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

**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. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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.
-
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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))	
		TAPAS (event type)	CASA CANTINA (event type)	NONE (total number)		
Revenue	1	Gross receipts	32,954.	64,394.		97,348.
	2	Less: Charitable contributions	21,164.	1,000.		22,164.
	3	Gross income (line 1 minus line 2)	11,790.	63,394.		75,184.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		16,188.		16,188.
	7	Food and beverages	3,017.	11,180.		14,197.
	8	Entertainment	1,000.	6,000.		7,000.
	9	Other direct expenses	7,477.	2,493.		9,970.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(47,355)
	11	Net income summary. Combine line 3, column (d), and line 10				27,829.

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

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

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		%
- 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. Complete this part to 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
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2010

Open To Public
Inspection

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.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type 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.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN POUCHER	ATTORNEY	31,744.	JOHN POCHE		X
CRAIG MAKELA	OLIVE GROVE MANAGEM	7,277.	CRAIG MAKEL		X
TEREASE CHIN	BANKER	22,376.	TERESE CHIN		X

Part V Supplemental Information

Complete this part to 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: JOHN POUCHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ATTORNEY

(C) AMOUNT OF TRANSACTION \$ 31,744.

(D) DESCRIPTION OF TRANSACTION: JOHN POUCHER IS A PARTNER IN THE ORGANIZATION'S PRIMARY LEGAL FIRM, TO WHICH THE ORGANIZATION PAID FEES IN THE ORDINARY COURSE OF BUSINESS FOR THE YEAR ENDED JUNE 30, 2011.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CRAIG MAKELA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OLIVE GROVE MANAGEMENT

(C) AMOUNT OF TRANSACTION \$ 7,277.

(D) DESCRIPTION OF TRANSACTION: CRAIG MAKELA PROVIDED OLIVE GROVE MANAGEMENT SERVICES DURING THE YEAR ENDED JUNE 30, 2011.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TEREASE CHIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BANKER

(C) AMOUNT OF TRANSACTION \$ 22,376.

(D) DESCRIPTION OF TRANSACTION: TERESE CHIN IS AN EMPLOYEE OF MONTECITO BANK & TRUST WHERE THE TRUST HAS FUNDS INVESTED. MONTECITO BANK & TRUST WAS PAID INVESTMENT FEES DURING THE YEAR ENDED JUNE 30, 2011.

(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

2010

Open to Public
Inspection

Name of the organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BYLAWS WERE AMENDED TO ALLOW NO MORE THAN TWENTY-SIX PERSONS TO THE BOARD OF DIRECTORS INSTEAD OF THE FORMER AMOUNT OF NO MORE THAN TWENTY-FIVE. THE NUMBER OF DIRECTORS TO CONSTITUTE A QUORUM AT BOARD MEETINGS CHANGED FROM NINE TO TWELVE DIRECTORS. THE RESEARCH COMMITTEE ALSO CHANGED FROM THREE TO FIVE MEMBERS TO AT LEAST FIVE MEMBERS. THE TRUST RESTORATION COMMITTEE CHANGED FROM SIX DIRECTORS TO AT LEAST SIX MEMBERS WITH TWO OFFICERS. THE EL PASEO FACADE EASEMENT COMMITTEE CHANGED TO CONSIST OF AT LEAST THREE MEMBERS. THE INVESTMENT COMMITTEE CHANGED FROM TWO TO FIVE ADDITIONAL TRUST BOARD MEMBERS. ANOTHER CHANGE IS TO THE SANTA INES MISSION MILLS COMMITTEE, FORMERLY THE BYLAWS STATED THE COMMITTEE CONSISTED OF FIVE OTHER MEMBERS, THE AMENDED BYLAWS STATES AT LEAST FIVE OTHER MEMBERS.

THE ORIGINAL BYLAWS STATED:

THE DEVELOPMENT COMMITTEE, INCLUDING BOTH A CHAIR AND A VICE CHAIR, SHALL BE APPOINTED BY THE BOARD THE BOARD. THE CHAIRS OF THE PUBLIC RELATIONS AND EVENTS COMMITTEE SERVE AS EX-OFFICIO MEMBERS OF THE COMMITTEE. THE COMMITTEE SHALL ADVISE AND ASSIST THE BOARD WITH REGARD TO THE RAISING OF FUNDS THAT WILL ADVANCE THE GOALS OF THE TRUST.

THE AMENDED BYLAWS STATE:

THE DEVELOPMENT COMMITTEE SHALL CONSIST OF AT LEAST (5) MEMBERS, INCLUDING A CHAIR WHO SHALL BE APPOINTED BY THE BOARD PRESIDENT. THE BOARD PRESIDENT AND THE CHAIR OF THE ENDOWMENT COMMITTEE SHALL SERVE AS EX-OFFICIO MEMBERS OF THE COMMITTEE. THE COMMITTEE SHALL ADVISE AND ASSIST THE BOARD WITH REGARD TO THE RAISING OF FUNDS THAT WILL ADVANCE THE GOALS OF THE TRUST.

Name of the organization	SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number	95-6111696
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THE COMMITTEE SHALL, WITH THE APPROVAL OF THE BOARD CREATE AD-HOC SUBCOMMITTEES AS APPROPRIATE TO FOCUS ON PARTICULAR PRIORITIES (FUNDRAISING EVENTS, ETC.).

FORM 990, PART VI, SECTION A, LINE 6: THE TRUST IS A MEMBERSHIP ORGANIZATION. MEMBERS CONSIST OF INDIVIDUALS AND ORGANIZATIONS FROM THE COMMUNITY WHO BECOME MEMBERS THROUGH MONETARY OR OTHER CONTRIBUTIONS SUPPORTING THE ORGANIZATION'S MISSION.

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

FORM 990, PART VI, SECTION A, LINE 7B: EACH YEAR AT THE ANNUAL MEETING, THE MEMBERS RATIFY THE ACTIONS TAKEN BY THE BOARD OF DIRECTORS DURING THE PRIOR YEAR.

FORM 990, PART VI, SECTION B, LINE 11: THE ENTIRE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990. THE EXECUTIVE COMMITTEE MEETS TO REVIEW THE 990 TO ENSURE THAT THE 990 IS COMPLETE AND ACCURATE.

FORM 990, PART VI, SECTION B, LINE 12C: EACH NEW BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE AND ALL BOARD MEMBERS SIGN A NEW CONFLICT OF INTEREST DISCLOSURE EACH JANUARY.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS SET BY BOARD ACTION. COMPENSATION IS FIRST REVIEWED BY THE FINANCE COMMITTEE, FOLLOWED

Name of the organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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BY THE EXECUTIVE COMMITTEE, THEN BY THE FULL BOARD. COMMITTEE MEMBERS
DISCUSS COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 18: THE 990 IS AVAILABLE UPON REQUEST
AND ARE ALSO LOCATED ON GUIDESTAR'S WEBSITE, AT WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19: BYLAWS AND ARTICLES OF
INCORPORATION ARE MADE AVAILABLE TO ANY INTERESTED PARTIES UPON REQUEST.
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT AN ANNUAL MEETING EACH
JANUARY. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	1,000,310.
UNREALIZED CHANGE IN CRT	7,835.
TOTAL TO FORM 990, PART XI, LINE 5	1,008,145.

FORM 990, PART XI LINE 2C

RESPONSIBILITY OF SELECTION OF INDEPENDENT ACCOUNTANT AND AUDIT

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECTION
OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED SINCE THE
PRIOR YEAR.

FORM 990, PART VI, SECTION A

EXECUTIVE COMMITTEE

PER THE BOARD'S BYLAWS: "THE BOARD OF DIRECTORS SHALL CONFIRM AN
EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD PRESIDENT, FIRST
VICE-PRESIDENT, SECOND VICE-PRESIDENT, SECRETARY, AND TREASURER. EACH

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

Related Organizations and Unrelated Partnerships

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

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LOMPOC PRESERVATION PROPERTIES, LLC - 95-6111696, 123 E. CANON PERDIDO, SANTA BARBARA, CA 93101	RENTAL REAL ESTATE	CALIFORNIA	26,528.	638,032.	SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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

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

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Schedule R (Form 990) 2010

95-6111696 Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate 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" to 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

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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
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.		976.	110.
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.		8,595.	1,910.
39	COMPUTER EQUIPMENT							
	09/30/05	SL	5.00	16	1,044.		940.	52.
40	COMPUTER							
	11/30/05	SL	5.00	16	1,022.		918.	85.
41	COMPUTER							
	02/28/06	SL	5.00	16	3,702.		3,330.	372.
42	PRINTER							
	06/30/06	SL	5.00	16	3,882.		3,492.	390.
43	FILING SYSTEM							
	07/22/02	SL	7.00	16	2,627.		2,627.	0.
44	SOUND/VISUAL SYSTEM (CHAPEL)							
	02/12/07	SL	5.00	16	2,947.		1,988.	589.
45	SERVER (ACCOUNTING)							
	02/01/07	SL	5.00	16	20,156.		13,605.	4,031.
46	SOFTWARE UPGRADE (BLACKBAUD)							
	02/01/07	SL	5.00	16	3,780.		2,552.	756.
47	TRUCK							
	10/01/07	SL	5.00	16	1,153.		462.	231.
48	COMPUTER							
	01/31/08	SL	5.00	16	957.		382.	191.
49	COMPUTER							
	03/27/08	SL	5.00	16	581.		232.	116.
50	COPIER							
	04/12/08	SL	5.00	16	3,207.		1,282.	641.

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
51	COMPUTER							
	06/20/08	SL	5.00	16	771.		308.	154.
52	COMPUTER							
	02/19/09	SL	5.00	16	2,563.		705.	513.
53	BACK UP FOR COMPUTER							
	02/28/09	SL	5.00	16	89.		25.	18.
67	EQUIPMENT							
	08/11/09	SL	5.00	16	565.		104.	113.
68	COMPUTER EQUIPMENT & LABOR							
	01/31/10	SL	5.00	16	2,052.		171.	410.
69	IMAC							
	05/04/10	SL	5.00	16	1,320.		44.	264.
76	TRACTOR							
	08/16/10	SL	5.00	16	19,862.			3,310.
77	BUSH HOG							
	03/17/11	SL	5.00	16	2,475.			124.
	* 990 PAGE 10 TOTAL - EQUIPMENT							
					151,659.	0.	101,651.	14,380.
	ARTIFACTS AND COLLECTIONS							
55	ARTIFACTS							
	07/01/99	NC	.000		20,534.			0.
56	ARTIFACTS							
	10/10/00	NC	.000		7,822.			0.
57	ARTIFACTS - BOOK COLLECTION							
	06/30/01	NC	.000		1,200.			0.
58	ARTIFACTS							
	10/23/02	NC	.000		10,164.			0.
	* 990 PAGE 10 TOTAL - ARTIFACTS AND COLLECTIONS							
					39,720.	0.	0.	0.
	IMPROVEMENTS							
60	ALLEY - CASA DE LA GUERRA							
	11/01/06	SL	15.00	16	44,990.		10,872.	2,999.
61	JIMMY'S IMPROVEMENTS							
	06/30/07	SL	15.00	16	19,707.		2,792.	1,314.
62	JIMMY'S IMPROVEMENTS							
	03/01/08	SL	15.00	16	12,113.		1,616.	808.
63	JIMMY'S IMPROVEMENTS							
	11/30/07	SL	15.00	16	37,446.		4,992.	2,496.
64	JIMMY'S IMPROVEMENTS							
	10/31/08	SL	15.00	16	10,000.		1,084.	667.
65	JIMMY'S IMPROVEMENTS							
	11/18/08	SL	15.00	16	12,500.		1,354.	833.
66	JIMMY'S IMPROVEMENTS							
	12/31/08	SL	15.00	16	7,408.		803.	494.
70	JIMMY'S IMPROVEMENTS							
	02/08/10	SL	15.00	16	7,300.		203.	487.
74	IMPROVEMENTS - JIMMY'S CUPOLA REPAIR							
	04/30/11	SL	15.00	16	1,923.			21.
75	IMPROVEMENTS - MILLS							
	05/31/11	SL	15.00	16	4,943.			27.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS							
					158,330.	0.	23,716.	10,146.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2010

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011

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

Header section containing organization name (SANTA BARBARA TRUST FOR HISTORIC PRESERVATION), address (123 EAST CANON PERDIDO STREET, SANTA BARBARA, CA 93101), and other identifying information.

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

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, and Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, and Total deductions.

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Form 990-T (2010)

95-6111696

Page 2

Part III Tax Computation

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

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2009 overpayment credited to 2010	44a	
b 2010 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

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

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

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

Sign Here	Signature of officer _____ Date _____		TREASURER Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name MACFARLANE FALETTI & CO., LLP		Preparer's signature _____ Date _____		
Paid Preparer Use Only	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		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A) **0.** Enter here and on page 1, Part I, line 7, column (B) **0.**

Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

Totals **0.** **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LAND											
2	LAND - CASA DE LA GUERRA	VARIESL				58,735.			58,735.			0.
3	LAND - DE LA GUERRA COMPLEX	VARIESL				125,000.			125,000.			0.
6	LAND- JIMMY'S ORIENTAL GARDENS STORAGE YARD	033107L				1850000.			1850000.			0.
71	PROPERTY	121508L				85,000.			85,000.			0.
72	LAND - PETERSON PARCEL	022811L				1112500.			1112500.			0.
	* 990 PAGE 10 TOTAL - LAND					3231235.		0.	3231235.	0.	0.	0.
	BUILDINGS											
8	BLDG - CASA DE LA GUERRA	060172SL		35.00	16	125,291.			125,291.	125,291.		0.
9	BUILDING-JIMMY'S ORIENTAL GARDENS	033107SL		39.00	16	1161727.			1161727.	107,602.		29,788.
73	BUILDING - PETERSON STORAGE YARD	022811SL		39.00	16	937,500.			937,500.			8,013.
78	BUILDING	121508SL		39.00	16	255,000.			255,000.			6,538.
	* 990 PAGE 10 TOTAL - BUILDINGS					2479518.		0.	2479518.	232,893.	0.	44,339.
	EQUIPMENT											
11	OFFICE FURNITURE	060773SL		7.00	16	87.			87.	87.		0.
12	FILE CABINET	050185SL		7.00	16	201.			201.	201.		0.
13	ALARM	082489200DB		5.00	17	245.			245.	245.		0.
14	COMPUTER FUND	091597200DB		5.00	17	1,976.			1,976.	1,976.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	COMPUTER SOFTWARE	091597	SL	3.00	16	5,000.			5,000.	5,000.		0.
16	1992 FORD	070292	200DB	5.00	17	8,512.			8,512.	8,512.		0.
17	COMPUTER	042600	200DB	5.00	17	1,679.			1,679.	1,679.		0.
18	FURNITURE-STANDS	053100	200DB	7.00	17	2,000.			2,000.	2,000.		0.
19	FURNITURE	083100	200DB	7.00	17	3,000.			3,000.	3,000.		0.
20	COMPUTER	102600	200DB	5.00	17	2,889.			2,889.	2,889.		0.
21	FURNITURE	103100	200DB	7.00	17	1,646.			1,646.	1,646.		0.
22	EQUIPMENT	022101	200DB	7.00	17	8,168.			8,168.	8,168.		0.
23	FURNITURE	073101	200DB	7.00	17	1,708.			1,708.	1,708.		0.
24	COMPUTER - ARCH LAB	091801	200DB	5.00	17	983.			983.	983.		0.
25	COMPUTER - CURATORIAL	121001	200DB	5.00	17	1,170.			1,170.	1,170.		0.
26	COMPUTER	091002	200DB	5.00	17	1,376.			1,376.	963.		0.
27	COMPUTER	111102	200DB	5.00	17	1,842.			1,842.	1,289.		0.
28	FURNITURE	031003	200DB	7.00	17	1,750.			1,750.	1,750.		0.
29	PROJECTOR	041003	200DB	5.00	17	1,508.			1,508.	1,056.		0.
30	EQUIPMENT (DSL INSTALLATION)	050103	200DB	5.00	17	1,692.			1,692.	1,184.		0.
31	EQUIPMENT (DSL INSTALLATION)	052003	200DB	5.00	17	2,270.			2,270.	1,589.		0.
32	EQUIPMENT (DSL INSTALLATION)	063003	200DB	5.00	17	3,096.			3,096.	2,167.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	COMPUTER NETWORK	08/31/03	SL	5.00	16	2,994.			2,994.	2,994.		0.
34	COMPUTER NETWORK	09/24/03	SL	5.00	16	2,136.			2,136.	2,136.		0.
35	COMPUTER EQUIPMENT	12/09/03	SL	5.00	16	1,402.			1,402.	1,402.		0.
36	COMPUTER EQUIPMENT	03/31/10	SL	5.00	16	1,086.			1,086.	976.		110.
37	LAPTOP	06/30/05	SL	5.00	16	3,119.			3,119.	3,119.		0.
38	FURNITURE	09/30/05	SL	7.00	16	13,369.			13,369.	8,595.		1,910.
39	COMPUTER EQUIPMENT	09/30/05	SL	5.00	16	1,044.			1,044.	940.		52.
40	COMPUTER	11/30/05	SL	5.00	16	1,022.			1,022.	918.		85.
41	COMPUTER	02/28/06	SL	5.00	16	3,702.			3,702.	3,330.		372.
42	PRINTER	06/30/06	SL	5.00	16	3,882.			3,882.	3,492.		390.
43	FILING SYSTEM	07/22/02	SL	7.00	16	2,627.			2,627.	2,627.		0.
44	SOUND/VISUAL SYSTEM (CHAPEL)	02/12/07	SL	5.00	16	2,947.			2,947.	1,988.		589.
45	SERVER (ACCOUNTING)	02/01/07	SL	5.00	16	20,156.			20,156.	13,605.		4,031.
46	SOFTWARE UPGRADE (BLACKBAUD)	02/01/07	SL	5.00	16	3,780.			3,780.	2,552.		756.
47	TRUCK	10/01/07	SL	5.00	16	1,153.			1,153.	462.		231.
48	COMPUTER	01/31/08	SL	5.00	16	957.			957.	382.		191.
49	COMPUTER	03/27/08	SL	5.00	16	581.			581.	232.		116.
50	COPIER	04/12/08	SL	5.00	16	3,207.			3,207.	1,282.		641.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	COMPUTER	061208	SL	5.00	16	771.			771.	308.		154.
52	COMPUTER	021909	SL	5.00	16	2,563.			2,563.	705.		513.
53	BACK UP FOR COMPUTER	022809	SL	5.00	16	89.			89.	25.		18.
67	EQUIPMENT	081109	SL	5.00	16	565.			565.	104.		113.
68	COMPUTER EQUIPMENT & LABOR	013110	SL	5.00	16	2,052.			2,052.	171.		410.
69	IMAC	050410	SL	5.00	16	1,320.			1,320.	44.		264.
76	TRACTOR	081610	SL	5.00	16	19,862.			19,862.			3,310.
77	BUSH HOG	031711	SL	5.00	16	2,475.			2,475.			124.
	* 990 PAGE 10 TOTAL - EQUIPMENT ARTIFACTS AND COLLECTIONS					151,659.		0.	151,659.	101,651.	0.	14,380.
55	ARTIFACTS	070199	NC	.000		20,534.			20,534.			0.
56	ARTIFACTS	101000	NC	.000		7,822.			7,822.			0.
57	ARTIFACTS - BOOK COLLECTION	063001	NC	.000		1,200.			1,200.			0.
58	ARTIFACTS	102302	NC	.000		10,164.			10,164.			0.
	* 990 PAGE 10 TOTAL - ARTIFACTS AND CO					39,720.		0.	39,720.	0.	0.	0.
60	IMPROVEMENTS ALLEY - CASA DE LA GUERRA JIMMY'S	110106	SL	15.00	16	44,990.			44,990.	10,872.		2,999.
61	IMPROVEMENTS	063007	SL	15.00	16	19,707.			19,707.	2,792.		1,314.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
62	JIMMY'S IMPROVEMENTS	030108	SL	15.00	16	12,113.			12,113.	1,616.		808.
63	JIMMY'S IMPROVEMENTS	113007	SL	15.00	16	37,446.			37,446.	4,992.		2,496.
64	JIMMY'S IMPROVEMENTS	103108	SL	15.00	16	10,000.			10,000.	1,084.		667.
65	JIMMY'S IMPROVEMENTS	111808	SL	15.00	16	12,500.			12,500.	1,354.		833.
66	JIMMY'S IMPROVEMENTS	123108	SL	15.00	16	7,408.			7,408.	803.		494.
70	JIMMY'S IMPROVEMENTS	020810	SL	15.00	16	7,300.			7,300.	203.		487.
74	JIMMY'S CUPOLA REPAIRS - IMPROVEMENTS	043011	SL	15.00	16	1,923.			1,923.			21.
75	MILLS IMPROVEMENTS -	053111	SL	15.00	16	4,943.			4,943.			27.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS					158,330.		0.	158,330.	23,716.	0.	10,146.
	* GRAND TOTAL 990 PAGE 10 DEPR					6060462.		0.	6060462.	358,260.	0.	68,865.