

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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 123 EAST CANON PERDIDO STREET		G Gross receipts \$ 4,302,538.	
	City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	F Name and address of principal officer: W. ELLIOT BROWNLEE SAME AS C ABOVE		H(c) Group exemption number	

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

J Website: **WWW.SBTHP.ORG**

K Form of organization: Corporation Trust Association 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 PRESERVE, REHABILITATE, RESTORE, RECONSTRUCT, OPERATE, AND INTERPRET HISTORIC SITES,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	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	24
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-5,190.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-5,190.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	646,434.	341,052.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,501.	3,383.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,865.	596,042.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	521,913.	584,144.
		1,230,713.	1,524,621.
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)	716,476.	762,839.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,820.	48,510.
	b Total fundraising expenses (Part IX, column (D), line 25)	83,215.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	677,402.	558,502.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,406,698.	1,369,851.
19 Revenue less expenses. Subtract line 18 from line 12	-175,985.	154,770.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,122,821.	9,676,306.
	22 Net assets or fund balances. Subtract line 21 from line 20	275,951.	57,547.
	9,846,870.	9,618,759.	

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

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

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 810,183. including grants of \$) (Revenue \$ 575,092.) ARCHAEOLOGY RESEARCH & HISTORIC PRESERVATION: THE TRUST CONTINUES TO USE ARCHAEOLOGICAL AND HISTORICAL RESEARCH TO SUPPORT THE SECRETARY OF THE INTERIOR'S STANDARDS FOR THE TREATMENT OF HISTORIC PROPERTIES INCLUDING PRESERVATION (EL CUARTEL), RESTORATION (CASA DE LA GUERRA), REHABILITATION (PRESIDIO RESEARCH CENTER), AND RECONSTRUCTION (PRESIDIO CHAPEL, NORTHEAST CORNER AND NORTHWEST CORNER). DURING FY 2014-14, THE TRUST ENCUMBERED \$338,000 IN SUPPORT OF ARCHAEOLOGY RESEARCH & HISTORIC PRESERVATION THAT INCLUDED THE COMPLETION OR PARTIAL COMPLETION OF THE FOLLOWING PROJECTS: NORTHWEST CORNER DEFENSE WALL AND GATE, ALHECAMA THEATER REHABILITATION PROJECT, AND THE PLANS FOR SEISMIC RETROFIT AND RESTORATION OF THE COTA-KNOX BUILDING.

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 810,183.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG A. MAKELA BOARD MEMBER	1.00	X					0.	0.	0.	
(2) ARTHUR NAJERA BOARD MEMBER	1.00	X					0.	0.	0.	
(3) RICHARD E. OGLESBY BOARD MEMBER	1.00	X					0.	0.	0.	
(4) KATIE HAY BOARD MEMBER	1.00	X					0.	0.	0.	
(5) TIMOTHY AGUILAR BOARD MEMBER	1.00	X					0.	0.	0.	
(6) W. ELLIOT BROWNLEE TREASURER	3.00	X					0.	0.	0.	
(7) DOUGLAS CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
(8) RANDY BERGSTROM BOARD MEMBER	1.00	X					0.	0.	0.	
(9) ROB ROSSI BOARD MEMBER	1.00	X					0.	0.	0.	
(10) DONALD G. SHARPE SECOND VICE PRESIDENT	3.00	X					0.	0.	0.	
(11) KEITH J. MAUTINO BOARD MEMBER	1.00	X					0.	0.	0.	
(12) ROBERT TULER BOARD MEMBER	1.00	X					0.	0.	0.	
(13) MICHAEL ARNOLD BOARD MEMBER	1.00	X					0.	0.	0.	
(14) CATHERINE REMAK BOARD MEMBER	1.00	X					0.	0.	0.	
(15) DEBBY ACEVES BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MAGGIE CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
(17) JOHN POUCHER 2015 IMMEDIATE PAST PRESIDENT	3.00	X		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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TEREASE CHIN PRESIDENT	3.00	X		X				0.	0.	0.
(19) SUZANNE SCHOMER SECRETARY	3.00	X		X				0.	0.	0.
(20) MARY LOUISE DAYS BOARD MEMBER	1.00	X						0.	0.	0.
(21) ROBERT L. HOOVER 2014 IMMEDIATE PAST PRESIDENT	3.00	X		X				0.	0.	0.
(22) RICH ROJAS FIRST VICE PRESIDENT	3.00	X		X				0.	0.	0.
(23) WAYNE NATALE BOARD MEMBER	1.00	X						0.	0.	0.
(24) KEVIN SNOW BOARD MEMBER	1.00	X						0.	0.	0.
(25) LESLIE ZOMALT BOARD MEMBER	1.00	X						0.	0.	0.
(26) JARRELL C. JACKMAN EXECUTIVE DIRECTOR	50.00			X				93,620.	0.	4,036.
1b Sub-total								93,620.	0.	4,036.
c Total from continuation sheets to Part VII, Section A								75,170.	0.	5,648.
d Total (add lines 1b and 1c)								168,790.	0.	9,684.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHANNEL COAST CORPORATION, INC., 123 SANTA BARBARA ST., SANTA BARBARA, CA 93101	CONSTRUCTION SERVICES FOR RESTORA	121,441.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	27,825.				
	c Fundraising events	1c	20,410.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	290,817.				
	g Noncash contributions included in lines 1a-1f: \$		1,900.				
	h Total. Add lines 1a-1f		341,052.				
	Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code 713990	3,383.	3,383.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			3,383.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		232,209.			232,209.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	105,369.				
		(ii) Personal					
		b Less: rental expenses	41,163.				
		c Rental income or (loss)	64,206.				
	d Net rental income or (loss)		64,206.	64,206.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,994,062.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	2,630,229.				
		c Gain or (loss)	363,833.				
	d Net gain or (loss)		363,833.		-5,190.	369,023.	
	8 a Gross income from fundraising events (not including \$ <u>20,410.</u> of contributions reported on line 1c). See Part IV, line 18	a	105,157.				
		b Less: direct expenses	95,139.				
c Net income or (loss) from fundraising events			10,018.			10,018.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	13,803.					
	b Less: cost of goods sold	11,386.					
	c Net income or (loss) from sales of inventory		2,417.			2,417.	
Miscellaneous Revenue		Business Code					
11 a REIMBURSED PAYROLL COSTS	900099	498,522.	498,522.				
b OTHER INCOME	900099	8,981.	8,981.				
c							
d All other revenue							
e Total. Add lines 11a-11d		507,503.					
12 Total revenue. See instructions.		1,524,621.	575,092.	-5,190.	613,667.		

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**SANTA BARBARA TRUST FOR HISTORIC
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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	180,017.	70,228.	99,461.	10,328.
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	533,497.	441,060.	85,641.	6,796.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	31,606.	10,458.	19,486.	1,662.
10 Payroll taxes	17,719.	10,731.	6,465.	523.
11 Fees for services (non-employees):				
a Management				
b Legal	8,561.		8,561.	
c Accounting	19,250.		19,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	48,510.			48,510.
f Investment management fees	52,594.		52,594.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	287,078.	232,041.	55,037.	
12 Advertising and promotion	10,775.	5,272.	880.	4,623.
13 Office expenses	83,985.	28,126.	45,552.	10,307.
14 Information technology				
15 Royalties				
16 Occupancy	10,426.		10,426.	
17 Travel	15,099.	7,510.	7,210.	379.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	549.		549.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,507.		21,507.	
23 Insurance	15,930.		15,930.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	17,087.	4,757.	12,243.	87.
b EQUIPMENT LEASE	10,295.		10,295.	
c MISCELLANEOUS EXPENSES	5,366.		5,366.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,369,851.	810,183.	476,453.	83,215.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**SANTA BARBARA TRUST FOR HISTORIC
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,381.	1	2,472.
	2 Savings and temporary cash investments	395,869.	2	233,157.
	3 Pledges and grants receivable, net	138,485.	3	0.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	252,676.	7	243,722.
	8 Inventories for sale or use	20,257.	8	18,454.
	9 Prepaid expenses and deferred charges	2,917.	9	5,260.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,044,131.		
	b Less: accumulated depreciation	426,036.		
	11 Investments - publicly traded securities	2,629,964.	10c	2,618,095.
	12 Investments - other securities. See Part IV, line 11	6,471,843.	11	6,327,595.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	209,429.	14	227,551.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,122,821.	15	9,676,306.	
17 Accounts payable and accrued expenses	36,432.	16	39,219.	
18 Grants payable		17		
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties	222,291.	22	0.	
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,228.	24	18,328.	
26 Total liabilities. Add lines 17 through 25	275,951.	25	57,547.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
28 Unrestricted net assets	2,139,901.	26	2,066,844.	
29 Temporarily restricted net assets	6,999,259.	27	6,838,055.	
30 Permanently restricted net assets	707,710.	28	713,860.	
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		29		
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	9,846,870.	33	9,618,759.	
36 Total liabilities and net assets/fund balances	10,122,821.	34	9,676,306.	

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

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,524,621.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,369,851.
3 Revenue less expenses. Subtract line 2 from line 1	3	154,770.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,846,870.
5 Net unrealized gains (losses) on investments	5	-382,571.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-310.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,618,759.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. 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 type="checkbox"/>
b 33 1/3% support test - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	314,925.	426,656.	300,387.	646,434.	341,052.	2029454.
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	484,702.	534,282.	424,245.	458,694.	524,689.	2426612.
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	799,627.	960,938.	724,632.	1105128.	865,741.	4456066.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	63,167.	101,295.	93,899.	382,849.	85,934.	727,144.
c Add lines 7a and 7b	63,167.	101,295.	93,899.	382,849.	85,934.	727,144.
8 Public support. (Subtract line 7c from line 6.)						3728922.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	799,627.	960,938.	724,632.	1105128.	865,741.	4456066.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	261,515.	313,133.	312,102.	378,320.	337,578.	1602648.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	261,515.	313,133.	312,102.	378,320.	337,578.	1602648.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1061142.	1274071.	1036734.	1483448.	1203319.	6058714.

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 2014 (line 8, column (f) divided by line 13, column (f))	15	61.55 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	60.74 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	26.45 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

SANTA BARBARA TRUST FOR HISTORIC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

SANTA BARBARA TRUST FOR HISTORIC

Schedule A (Form 990 or 990-EZ) 2014

PRESERVATION

95-6111696 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SANTA BARBARA TRUST FOR HISTORIC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

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

Lined area for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 21,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 7,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 11,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in 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.

- 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 a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a 1
b Total acreage restricted by conservation easements	2b 0.00
c Number of conservation easements on a certified historic structure included in (a)	2c 1
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0
- Number of states where property subject to conservation easement is located ▶ 1
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 50
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 2,500.
- 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)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
 - 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) Revenue included in Form 990, Part VIII, line 1	▶ \$ <u>0.</u>
(ii) Assets included in Form 990, Part X	▶ \$ <u>40,962.</u>
- 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 Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	745,050.	744,700.	744,675.	1,089,220.	1,152,331.
b Contributions	364,453.	350.	25.	56,333.	55,001.
c Net investment earnings, gains, and losses	11,946.				
d Grants or scholarships					
e Other expenditures for facilities and programs				400,878.	118,112.
f Administrative expenses	16,732.				
g End of year balance	1,104,717.	745,050.	744,700.	744,675.	1,089,220.

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

- a Board designated or quasi-endowment 21.00 %
- b Permanent endowment 65.00 %
- c Temporarily restricted endowment 14.00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,991,735.		1,991,735.
b Buildings		763,661.	242,640.	521,021.
c Leasehold improvements				
d Equipment				
e Other		288,735.	183,396.	105,339.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,618,095.

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	18,328.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,328.

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

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,130,309.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-382,571.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-310.	
e	Add lines 2a through 2d	2e		-382,881.
3	Subtract line 2e from line 1		3	1,513,190.
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	52,594.	
b	Other (Describe in Part XIII.)	4b	-41,163.	
c	Add lines 4a and 4b	4c		11,431.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,524,621.

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

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

1	Total expenses and losses per audited financial statements		1	1,358,420.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	41,163.	
e	Add lines 2a through 2d	2e		41,163.
3	Subtract line 2e from line 1		3	1,317,257.
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	52,594.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		52,594.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,369,851.

Part XIII Supplemental Information.

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

PART II, LINE 9:

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

SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION

Part XIII Supplemental Information (continued)

PART X, LINE 2:

AT JUNE 30, 2015, NOR FOR ANY YEAR FOR WHICH THE STATUTE IS OPEN, THE
TRUST'S MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN CRT -310.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -41,163.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 41,163.

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))
		CASA CANTINAC EVENT	CANDLELIGHT DINNER	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	88,895.	36,672.	125,567.
	2	Less: Contributions	4,500.	15,910.	20,410.
	3	Gross income (line 1 minus line 2)	84,395.	20,762.	105,157.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	11,590.	1,336.	12,926.
	8	Entertainment	8,537.		8,537.
	9	Other direct expenses	33,597.	40,079.	73,676.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			95,139.
11	Net income summary. Subtract line 10 from line 3, column (d)			10,018.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct 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

Schedule G (Form 990 or 990-EZ) 2014 PRESERVATION

95-6111696 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name
Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year.

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CORFINO, INC.
(I) ADDRESS OF FUNDRAISER:
1187 COAST VILLAGE ROAD, SUITE 1, SANTA BARBARA, CA 93108

(I) NAME OF FUNDRAISER: ROBERT HOWRY
(I) ADDRESS OF FUNDRAISER: 326 VISTA PACIFICA, SANTA BARBARA, CA 93109

SANTA BARBARA TRUST FOR HISTORIC

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
TEREASE CHIN, TRUSTEE	BANKER	26,325.	TEREASE CHI		X
SUZANNE SCHOMER, TRUSTEE	BANKER	26,325.	SUZANNE SCH		X
JOHN POUCHER, TRUSTEE	LEGAL COUNSEL	11,736.	JOHN POUCHE		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: TEREASE CHIN, TRUSTEE

(D) DESCRIPTION OF TRANSACTION: TEREASE CHIN IS A VICE-PRESIDENT OF MONTECITO BANK & TRUST WHERE THE TRUST HAS FUNDS INVESTED. MONTECITO BANK & TRUST WAS PAID INVESTMENT FEES TOTALING \$26,365 DURING THE YEAR ENDED JUNE 30, 2015.

(A) NAME OF PERSON: SUZANNE SCHOMER, TRUSTEE

(D) DESCRIPTION OF TRANSACTION: SUZANNE SCHOMER IS A VICE-PRESIDENT OF MONTECITO BANK & TRUST WHERE THE TRUST HAS FUNDS INVESTED. MONTECITO BANK & TRUST WAS PAID INVESTMENT FEES TOTALING \$26,365 DURING THE YEAR ENDED JUNE 30, 2015.

(A) NAME OF PERSON: JOHN POUCHER, TRUSTEE

(D) DESCRIPTION OF TRANSACTION: JOHN POUCHER WAS 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, 2015. HE RETIRED FROM THE FIRM DURING THE YEAR, AND THE ORGANIZATION CONTINUES TO DO BUSINESS WITH THE FIRM.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

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 I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**BUILDINGS, OBJECTS, AND ANTIQUITIES OF HISTORICAL SIGNIFICANCE IN THE
COUNTY OF SANTA BARBARA, INCLUDING BUT NOT LIMITED TO THE ROYAL
PRESIDIO OF SANTA BARBARA, CASA DE LA GUERRA, JIMMY'S ORIENTAL GARDENS,
HISTORIC EL PASEO, AND THE SANTA INES MISSION MILLS.**

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

**SUPPORTS THE PROTECTION AND PRESERVATION OF OTHER SIGNIFICANT HISTORIC
SITES IN SANTA BARBARA COUNTY.**

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

EDUCATION, INTERPRETATION, HISTORICAL RESEARCH AND VOLUNTEER

MANAGEMENT:

**AS PART OF OUR COMMITMENT TO EDUCATION, WE CONTINUE TO PROVIDE ON-SITE
TOURS USING CALIFORNIA DEPARTMENT OF EDUCATION K-12 CURRICULUM
FRAMEWORK TO OVER 1,330 SCHOOL AGE STUDENTS. IN THE PAST FISCAL YEAR,
934 STUDENTS AND 166 ADULTS PARTICIPATED IN OUR ANNUAL CULTURAL ARTS
AND SUMMER ADVENTURES (C.A.S.A.) CAMPS FOR AT-RISK YOUTH AND EARLY
CALIFORNIA HISTORY DAYS. COMMUNITY PROGRAMMING INCLUDES PRESIDIO
PASTIMES, A SET OF LIVING HISTORY EVENTS OFFERED FREE OF CHARGE, AND A
PUBLIC LECTURE SERIES ON HERITAGE TOPICS ATTRACTED 1,045 VISITORS THIS
YEAR. TO HONOR THE HISTORIC ASIAN COMMUNITY IN THE PRESIDIO
NEIGHBORHOOD, IN 2009, THE TRUST CREATED A PUBLIC FILM AND LECTURE
SERIES TITLED SHARING OUR COMMON GROUND: ASIAN AMERICAN HISTORY IN
SANTA BARBARA COUNTY THAT HAS GAINED POPULARITY AND CONTINUES TO GROW**

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

EACH YEAR. OVER 800 VISITORS ENJOYED AND PARTICIPATED IN THIS YEAR'S EVENT. INFORMATION ON CURRENT TRUST ACTIVITIES, EVENTS AND PROGRAMS IS AVAILABLE VIA THE TRUST'S WEBSITE AT: HTTP://WWW.SBTHP.ORG. A COPY OF THE TRUST'S EDUCATION COMMITTEE OUTREACH AND ACTIVITIES REPORT FOR 2014 IS AVAILABLE UPON REQUEST.

PROPERTY ACQUISITION, PROPERTY MANAGEMENT & COMMUNITY PARTNERSHIPS:
IN KEEPING WITH THE PARK'S GENERAL PLAN, THE TRUST COMPLETED RECONSTRUCTION OF A SECTION OF THE NORTHWEST CORNER OF THE DEFENSE WALL AT EL PRESIDIO DE SANTA BARBARA STATE HISTORIC PARK THIS YEAR. IT ALSO CONTINUES TO PARTNER WITH A LOCAL BUSINESS IN THE RESTORATION OF THE INTERIOR OF THE HISTORIC JIMMY'S ORIENTAL GARDENS BAR. THE TRUST HAS DEVELOPED FORMAL AGREEMENTS WITH CA STATE PARKS, OLD MISSION SANTA INES AND THE CITY OF SOLVANG TO INITIATE THE PLANNING PROCESS FOR THE FUTURE SANTA INES MISSION MILLS STATE HISTORIC PARK. THIS YEAR, THE TRUST HOSTED 5 SPECIAL EVENTS AT THE SANTA INES MISSION MILLS THAT WAS ATTENDED BY 162 VISITORS. A CURRENT LIST OF TRUST OWNED/OPERATED PROPERTIES IN THE EL PRESIDIO NEIGHBORHOOD IS AVAILABLE UPON REQUEST.

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

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

Employer identification number
95-6111696

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

EACH YEAR AT THE ANNUAL MEETING, THE MEMBERS RATIFY THE ACTIONS TAKEN BY
THE BOARD OF DIRECTORS DURING THE PRIOR YEAR.

FORM 990, PART VI, SECTION B, LINE 11:

THE ENTIRE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990. THE EXECUTIVE
COMMITTEE MEETS TO REVIEW THE 990 TO ENSURE THAT THE 990 IS COMPLETE AND
ACCURATE.

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

EACH NEW BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE
AND ALL BOARD MEMBERS SIGN A NEW CONFLICT OF INTEREST DISCLOSURE EACH
JANUARY.

FORM 990, PART VI, SECTION B, LINE 15:

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

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

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

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

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

AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTORS - ADMINISTRATIVE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	55,037.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	55,037.

CONTRACTORS - RESEARCH:

PROGRAM SERVICE EXPENSES	15,891.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,891.

CONTRACTORS - OTHER:

PROGRAM SERVICE EXPENSES	216,150.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	216,150.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 287,078.

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

UNREALIZED CHANGE IN CRT -310.

FORM 990, PART XI LINE 2C

RESPONSIBILITY OF SELECTION OF INDEPENDENT ACCOUNTANT AND AUDIT:

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

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 OF THESE FIVE OFFICERS SHALL SERVE ON ONE OF THE STANDING COMMITTEES. TO MAINTAIN CONTINUITY, THE IMMEDIATE PAST PRESIDENT SHALL ALSO SERVE ON THE EXECUTIVE COMMITTEE. THE BOARD MAY DELEGATE TO THE EXTENT PROVIDED BY RESOLUTION OF THE BOARD OF THE BYLAWS TO THE EXECUTIVE COMMITTEE ANY OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, INCLUDING RECOMMENDATION OF AN ANNUAL BUDGET TO THE BOARD OF DIRECTORS, EXCEPT AS LIMITED BY CALIFORNIA CORPORATIONS CODE SECTION 5212(A).

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

THE EXECUTIVE COMMITTEE MET 12 TIMES DURING THE YEAR ENDED JUNE 30, 2015.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LOMPOC PRESERVATION PROPERTIES, LLC - 95-6111696, 123 E. CANON PERDIDO, SANTA BARBARA, CA 93101	RENTAL REAL ESTATE	CALIFORNIA	27,658.	634,030.	SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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

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

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

Schedule R (Form 990) 2014

**SANTA BARBARA TRUST FOR HISTORIC
PRESERVATION**

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

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

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

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

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

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

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
RENTAL ASSETS								
6	03/31/07	L			610,500.			0.
9	03/31/07	SL	39.00	16	383,370.		74,829.	9,830.
71	12/15/08	L			85,000.			0.
78	12/15/08	SL	39.00	16	255,000.		26,152.	6,538.
* 990 PAGE 10 TOTAL - RENTAL ASSETS					1,333,870.	0.	100,981.	16,368.
G&A ASSETS								
2	03/31/07	L			58,735.			0.
3	03/01/07	L			125,000.			0.
8	06/01/72	SL	35.00	16	125,291.		125,291.	0.
11	06/07/73	SL	7.00	16	87.		87.	0.
12	05/01/85	SL	7.00	16	201.		201.	0.
13	08/24/89	200DB	5.00	17	245.		245.	0.
14	09/15/97	200DB	5.00	17	1,976.		1,976.	0.
15	09/15/97	SL	3.00	16	5,000.		5,000.	0.
16	07/02/92	200DB	5.00	17	8,512.		8,512.	0.
17	04/26/00	200DB	5.00	17	1,679.		1,679.	0.
18	05/31/00	200DB	7.00	17	2,000.		2,000.	0.
19	08/31/00	200DB	7.00	17	3,000.		3,000.	0.
20	10/26/00	200DB	5.00	17	2,889.		2,889.	0.
21	10/31/00	200DB	7.00	17	1,646.		1,646.	0.
22	02/21/01	200DB	7.00	17	8,168.		8,168.	0.
23	07/31/01	200DB	7.00	17	1,708.		1,708.	0.
24	09/18/01	200DB	5.00	17	983.		983.	0.
25	12/10/01	200DB	5.00	17	1,170.		1,170.	0.
26	09/10/02	200DB	5.00	17	1,376.		963.	0.
27	11/11/02	200DB	5.00	17	1,842.		1,289.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
28	FURNITURE							
	031003	200DB	7.00	17	1,750.		1,750.	0.
29	PROJECTOR							
	041003	200DB	5.00	17	1,508.		1,056.	0.
30	EQUIPMENT (DSL INSTALLATION)							
	050103	200DB	5.00	17	1,692.		1,184.	0.
31	EQUIPMENT (DSL INSTALLATION)							
	052003	200DB	5.00	17	2,270.		1,589.	0.
32	EQUIPMENT (DSL INSTALLATION)							
	063003	200DB	5.00	17	3,096.		2,167.	0.
33	COMPUTER NETWORK							
	083103	SL	5.00	16	2,994.		2,994.	0.
34	COMPUTER NETWORK							
	092403	SL	5.00	16	2,136.		2,136.	0.
35	COMPUTER EQUIPMENT							
	120903	SL	5.00	16	1,402.		1,402.	0.
36	COMPUTER EQUIPMENT							
	033110	SL	5.00	16	1,086.		1,086.	0.
37	LAPTOP							
	063005	SL	5.00	16	3,119.		3,119.	0.
38	FURNITURE							
	093005	SL	7.00	16	13,369.		13,369.	0.
39	COMPUTER EQUIPMENT							
	093005	SL	5.00	16	1,044.		992.	0.
40	COMPUTER							
	113005	SL	5.00	16	1,022.		1,003.	0.
41	COMPUTER							
	022806	SL	5.00	16	3,702.		3,702.	0.
42	PRINTER							
	063006	SL	5.00	16	3,882.		3,882.	0.
43	FILING SYSTEM							
	072202	SL	7.00	16	2,627.		2,627.	0.
44	SOUND/VISUAL SYSTEM (CHAPEL)							
	021207	SL	5.00	16	2,947.		2,921.	0.
45	SERVER (ACCOUNTING)							
	020107	SL	5.00	16	20,156.		19,988.	0.
46	SOFTWARE UPGRADE (BLACKBAUD)							
	020107	SL	5.00	16	3,780.		3,749.	0.
47	TRUCK							
	100107	SL	5.00	16	1,153.		1,153.	0.
48	COMPUTER							
	013108	SL	5.00	16	957.		955.	0.
49	COMPUTER							
	032708	SL	5.00	16	581.		580.	0.
50	COPIER							
	041208	SL	5.00	16	3,207.		3,205.	0.
51	COMPUTER							
	061208	SL	5.00	16	771.		770.	0.
52	COMPUTER							
	021909	SL	5.00	16	2,563.		2,563.	0.
53	BACK UP FOR COMPUTER							
	022809	SL	5.00	16	89.		89.	0.
55	ARTIFACTS							
	070199		.000	16	20,534.			0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
56	ARTIFACTS							
	101000		.000	16	7,822.			0.
57	ARTIFACTS - BOOK COLLECTION							
	063001		.000	16	1,200.			0.
58	ARTIFACTS							
	102302		.000	16	10,164.			0.
60	ALLEY - CASA DE LA GUERRA							
	110106	SL	15.00	16	44,990.		22,868.	2,999.
67	EQUIPMENT							
	081109	SL	5.00	16	565.		556.	9.
68	COMPUTER EQUIPMENT & LABOR							
	013110	SL	5.00	16	2,052.		1,811.	241.
69	IMAC							
	050410	SL	5.00	16	1,320.		1,100.	220.
72	LAND - PETERSEN PARCEL							
	022811	L			1,112,500.			0.
75	IMPROVEMENTS - MILLS							
	053111	SL	15.00	16	4,943.		1,017.	330.
76	TRACTOR							
	081610	SL	5.00	16	19,862.		15,226.	3,972.
77	BUSH HOG							
	031711	SL	5.00	16	2,475.		1,609.	495.
81	COMPUTERS							
	032912	SL	5.00	16	1,472.		662.	294.
82	COMPUTER - COMPUVISION							
	102512	SL	5.00	16	1,380.		460.	276.
87	CASA IMPROVEMENTS							
	100113	SL	15.00	16	10,082.		504.	672.
88	ANTIVIRUS SOFTWARE							
	012814	SL	5.00	16	2,352.		196.	470.
89	MICROSOFT OFFICE 360							
	053014	SL	5.00	16	6,855.		114.	1,371.
90	IMAC (2)							
	052214	SL	5.00	16	1,941.		32.	388.
91	BACKUP SYSTEM							
	053014	SL	5.00	16	3,201.		53.	640.
92	COMPUTERS - COMPUVISION							
	082714	SL	5.00	16	7,779.			1,297.
93	PICK UP TRUCK - MISSION CITY							
	073114	SL	5.00	16	9,680.			1,775.
94	COMPUTER - LINDA ROSSO							
	103014	SL	5.00	16	1,439.			192.
95	ARTIFACTS - ART FROM GROVES							
	092714		.000	16	1,242.			0.
	* 990 PAGE 10 TOTAL - G&A ASSETS							
					1,710,261.	0.	293,046.	15,641.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					3,044,131.	0.	394,027.	32,009.

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

For calendar year 2014 or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SANTA BARBARA TRUST FOR HISTORIC PRESERVATION Number, street, and room or suite no. If a P.O. box, see instructions. 123 EAST CANON PERDIDO STREET City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101	D Employer identification number (Employees' trust, see instructions.) 95-6111696 E Unrelated business activity codes (See instructions.) 523000
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C Book value of all assets at end of year 9,676,306.	F Group exemption number (See instructions.)	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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H Describe the organization's primary unrelated business activity. ▶ **SALE OF DEBT FINANCED SECURITIES**

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	-5,190.	-5,190.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-5,190.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-5,190.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-5,190.

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

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 2013 overpayment credited to 2014	44a
b 2014 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 2015 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 2014 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes No <input type="checkbox"/> <input type="checkbox"/> X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes No <input type="checkbox"/> <input type="checkbox"/> X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$	Yes No <input type="checkbox"/> <input type="checkbox"/>

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 <input type="checkbox"/> <input type="checkbox"/>
4a Additional section 263A costs (att. schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

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

Sign Here	Signature of officer _____ Date _____	TREASURER _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name GAIL H. ANIKOUCHINE	Preparer's signature _____ Date _____	Check <input type="checkbox"/> if self-employed PTIN P00161999
	Firm's name MACFARLANE, FALETTI & CO. LLP	Firm's EIN 95-2835976	
	Firm's address 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA 93101	Phone no. 805 966-4157	

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

2014

Name SANTA BARBARA TRUST FOR HISTORIC PRESERVATION	Employer identification number 95-6111696
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Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	245,083.	250,273.		-5,190.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-5,190.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)			17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns			18	0.

Note. If losses exceed gains, see **Capital losses** in the instructions.

2014 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
	RENTAL ASSETS											
6	LAND- JIMMY'S ORIENTAL GARDENS BUILDING-JIMMY'S	033107	L			610,500.			610,500.			0.
9	ORIENTAL GARDENS (1033107)	033107	SL	39.00	16	383,370.			383,370.	74,829.		9,830.
71	STORAGE YARD PROPERTY	121508	L			85,000.			85,000.			0.
78	STORAGE YARD BUILDING	121508	SL	39.00	16	255,000.			255,000.	26,152.		6,538.
	* 990 PAGE 10 TOTAL - RENTAL ASSETS					1333870.		0.	1333870.	100,981.	0.	16,368.
	G&A ASSETS											
2	LAND - CASA DE LA GUERRA	033107	L			58,735.			58,735.			0.
3	LAND - DE LA GUERRA COMPLEX	030107	L			125,000.			125,000.			0.
8	BLDG - CASA DE LA GUERRA	060172	SL	35.00	16	125,291.			125,291.	125,291.		0.
11	OFFICE FURNITURE	060773	SL	7.00	16	87.			87.	87.		0.
12	FILE CABINET	050185	SL	7.00	16	201.			201.	201.		0.
13	ALARM	082489	200DB	5.00	17	245.			245.	245.		0.
14	COMPUTER FUND	091597	200DB	5.00	17	1,976.			1,976.	1,976.		0.
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.

2014 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
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.
33	COMPUTER NETWORK	083103	SL	5.00	16	2,994.			2,994.	2,994.		0.
34	COMPUTER NETWORK	092403	SL	5.00	16	2,136.			2,136.	2,136.		0.
35	COMPUTER EQUIPMENT	120903	SL	5.00	16	1,402.			1,402.	1,402.		0.
36	COMPUTER EQUIPMENT	033110	SL	5.00	16	1,086.			1,086.	1,086.		0.

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- 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
37	LAPTOP	063005	SL	5.00	16	3,119.			3,119.	3,119.		0.
38	FURNITURE	093005	SL	7.00	16	13,369.			13,369.	13,369.		0.
39	COMPUTER EQUIPMENT	093005	SL	5.00	16	1,044.			1,044.	992.		0.
40	COMPUTER	113005	SL	5.00	16	1,022.			1,022.	1,003.		0.
41	COMPUTER	022806	SL	5.00	16	3,702.			3,702.	3,702.		0.
42	PRINTER	063006	SL	5.00	16	3,882.			3,882.	3,882.		0.
43	FILING SYSTEM	072202	SL	7.00	16	2,627.			2,627.	2,627.		0.
44	SOUND/VISUAL SYSTEM (CHAPEL)	021207	SL	5.00	16	2,947.			2,947.	2,921.		0.
45	SERVER (ACCOUNTING)	020107	SL	5.00	16	20,156.			20,156.	19,988.		0.
46	SOFTWARE UPGRADE (BLACKBAUD)	020107	SL	5.00	16	3,780.			3,780.	3,749.		0.
47	TRUCK	100107	SL	5.00	16	1,153.			1,153.	1,153.		0.
48	COMPUTER	013108	SL	5.00	16	957.			957.	955.		0.
49	COMPUTER	032708	SL	5.00	16	581.			581.	580.		0.
50	COPIER	041208	SL	5.00	16	3,207.			3,207.	3,205.		0.
51	COMPUTER	061208	SL	5.00	16	771.			771.	770.		0.
52	COMPUTER	021909	SL	5.00	16	2,563.			2,563.	2,563.		0.
53	BACK UP FOR COMPUTER	022809	SL	5.00	16	89.			89.	89.		0.
55	ARTIFACTS	070199		.000	16	20,534.			20,534.			0.

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- 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
56	ARTIFACTS	101000		.000	16	7,822.			7,822.			0.
57	ARTIFACTS - BOOK COLLECTION	063001		.000	16	1,200.			1,200.			0.
58	ARTIFACTS	102302		.000	16	10,164.			10,164.			0.
60	ALLEY - CASA DE LA GUERRA	110106	SL	15.00	16	44,990.			44,990.	22,868.		2,999.
67	EQUIPMENT	081109	SL	5.00	16	565.			565.	556.		9.
68	COMPUTER EQUIPMENT & LABOR	013110	SL	5.00	16	2,052.			2,052.	1,811.		241.
69	IMAC	050410	SL	5.00	16	1,320.			1,320.	1,100.		220.
72	LAND - PETERSEN PARCEL	022811	L			1112500.			1112500.			0.
75	IMPROVEMENTS - MILLS	053111	SL	15.00	16	4,943.			4,943.	1,017.		330.
76	TRACTOR	081610	SL	5.00	16	19,862.			19,862.	15,226.		3,972.
77	BUSH HOG	031711	SL	5.00	16	2,475.			2,475.	1,609.		495.
81	COMPUTERS	032912	SL	5.00	16	1,472.			1,472.	662.		294.
82	COMPUTER - COMPUVISION	102512	SL	5.00	16	1,380.			1,380.	460.		276.
87	CASA IMPROVEMENTS	100113	SL	15.00	16	10,082.			10,082.	504.		672.
88	ANTIVIRUS SOFTWARE	012814	SL	5.00	16	2,352.			2,352.	196.		470.
89	MICROSOFT OFFICE 360	053014	SL	5.00	16	6,855.			6,855.	114.		1,371.
90	IMAC (2)	052214	SL	5.00	16	1,941.			1,941.	32.		388.
91	BACKUP SYSTEM	053014	SL	5.00	16	3,201.			3,201.	53.		640.

2014 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
92	COMPUTERS - COMPUVISION	082714	SL	5.00	16	7,779.			7,779.			1,297.
93	PICK UP TRUCK - MISSION CITY	073114	SL	5.00	16	9,680.			9,680.			1,775.
94	COMPUTER - LINDA ROSSO	103014	SL	5.00	16	1,439.			1,439.			192.
95	ARTIFACTS - ART FROM GROVES	092714		.000	16	1,242.			1,242.			0.
	* 990 PAGE 10 TOTAL - G&A ASSETS					1710261.		0.	1710261.	293,046.	0.	15,641.
	* GRAND TOTAL 990 PAGE 10 DEPR					3044131.		0.	3044131.	394,027.	0.	32,009.

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	RENTAL ASSETS								
6	LAND- JIMMY'S ORIENTAL GARDENS BUILDING-JIMMY'S ORIENTAL GARDENS	033107	L		610,500.		610,500.		0.
9(1/3)		033107	SL	39.00	383,370.		383,370.	84,659.	9,830.
71	STORAGE YARD PROPERTY	121508	L		85,000.		85,000.		0.
78	STORAGE YARD BUILDING	121508	SL	39.00	255,000.		255,000.	32,690.	6,538.
	* 990 PAGE 10 TOTAL - RENTAL ASSETS				1333870.		1333870.	117,349.	16,368.
	G&A ASSETS								
2	LAND - CASA DE LA GUERRA	033107	L		58,735.		58,735.		0.
3	LAND - DE LA GUERRA COMPLEX	030107	L		125,000.		125,000.		0.
8	BLDG - CASA DE LA GUERRA	060172	SL	35.00	125,291.		125,291.	125,291.	0.
11	OFFICE FURNITURE	060773	SL	7.00	87.		87.	87.	0.
12	FILE CABINET	050185	SL	7.00	201.		201.	201.	0.
13	ALARM	082489	200DB	5.00	245.		245.	245.	0.
14	COMPUTER FUND	091597	200DB	5.00	1,976.		1,976.	1,976.	0.
15	COMPUTER SOFTWARE	091597	SL	3.00	5,000.		5,000.	5,000.	0.
16	1992 FORD	070292	200DB	5.00	8,512.		8,512.	8,512.	0.
17	COMPUTER	042600	200DB	5.00	1,679.		1,679.	1,679.	0.
18	FURNITURE-STANDS	053100	200DB	7.00	2,000.		2,000.	2,000.	0.
19	FURNITURE	083100	200DB	7.00	3,000.		3,000.	3,000.	0.
20	COMPUTER	102600	200DB	5.00	2,889.		2,889.	2,889.	0.
21	FURNITURE	103100	200DB	7.00	1,646.		1,646.	1,646.	0.
22	EQUIPMENT	022101	200DB	7.00	8,168.		8,168.	8,168.	0.
23	FURNITURE	073101	200DB	7.00	1,708.		1,708.	1,708.	0.
24	COMPUTER - ARCH LAB	091801	200DB	5.00	983.		983.	983.	0.
25	COMPUTER - CURATORIAL	121001	200DB	5.00	1,170.		1,170.	1,170.	0.
26	COMPUTER	091002	200DB	5.00	1,376.		1,376.	963.	0.
27	COMPUTER	111102	200DB	5.00	1,842.		1,842.	1,289.	0.
28	FURNITURE	031003	200DB	7.00	1,750.		1,750.	1,750.	0.
29	PROJECTOR	041003	200DB	5.00	1,508.		1,508.	1,056.	0.
30	EQUIPMENT (DSL INSTALLATION)	050103	200DB	5.00	1,692.		1,692.	1,184.	0.
31	EQUIPMENT (DSL INSTALLATION)	052003	200DB	5.00	2,270.		2,270.	1,589.	0.
32	EQUIPMENT (DSL INSTALLATION)	063003	200DB	5.00	3,096.		3,096.	2,167.	0.
33	COMPUTER NETWORK	083103	SL	5.00	2,994.		2,994.	2,994.	0.

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
34	COMPUTER NETWORK	092403	SL	5.00	2,136.		2,136.	2,136.	0.
35	COMPUTER EQUIPMENT	120903	SL	5.00	1,402.		1,402.	1,402.	0.
36	COMPUTER EQUIPMENT	033110	SL	5.00	1,086.		1,086.	1,086.	0.
37	LAPTOP	063005	SL	5.00	3,119.		3,119.	3,119.	0.
38	FURNITURE	093005	SL	7.00	13,369.		13,369.	13,369.	0.
39	COMPUTER EQUIPMENT	093005	SL	5.00	1,044.		1,044.	992.	0.
40	COMPUTER	113005	SL	5.00	1,022.		1,022.	1,003.	0.
41	COMPUTER	022806	SL	5.00	3,702.		3,702.	3,702.	0.
42	PRINTER	063006	SL	5.00	3,882.		3,882.	3,882.	0.
43	FILING SYSTEM	072202	SL	7.00	2,627.		2,627.	2,627.	0.
44	SOUND/VISUAL SYSTEM (CHAPEL)	021207	SL	5.00	2,947.		2,947.	2,921.	0.
45	SERVER (ACCOUNTING)	020107	SL	5.00	20,156.		20,156.	19,988.	0.
46	SOFTWARE UPGRADE (BLACKBAUD)	020107	SL	5.00	3,780.		3,780.	3,749.	0.
47	TRUCK	100107	SL	5.00	1,153.		1,153.	1,153.	0.
48	COMPUTER	013108	SL	5.00	957.		957.	955.	0.
49	COMPUTER	032708	SL	5.00	581.		581.	580.	0.
50	COPIER	041208	SL	5.00	3,207.		3,207.	3,205.	0.
51	COMPUTER	061208	SL	5.00	771.		771.	770.	0.
52	COMPUTER	021909	SL	5.00	2,563.		2,563.	2,563.	0.
53	BACK UP FOR COMPUTER	022809	SL	5.00	89.		89.	89.	0.
55	ARTIFACTS	070199		.000	20,534.		20,534.		0.
56	ARTIFACTS	101000		.000	7,822.		7,822.		0.
57	ARTIFACTS - BOOK COLLECTION	063001		.000	1,200.		1,200.		0.
58	ARTIFACTS	102302		.000	10,164.		10,164.		0.
60	ALLEY - CASA DE LA GUERRA	110106	SL	15.00	44,990.		44,990.	25,867.	2,999.
67	EQUIPMENT	081109	SL	5.00	565.		565.	565.	0.
68	COMPUTER EQUIPMENT & LABOR	013110	SL	5.00	2,052.		2,052.	2,050.	0.
69	IMAC	050410	SL	5.00	1,320.		1,320.	1,320.	0.
72	LAND - PETERSEN PARCEL	022811	L		1112500.		1112500.		0.
75	IMPROVEMENTS - MILLS	053111	SL	15.00	4,943.		4,943.	1,347.	330.
76	TRACTOR	081610	SL	5.00	19,862.		19,862.	19,198.	664.
77	BUSH HOG	031711	SL	5.00	2,475.		2,475.	2,104.	371.
81	COMPUTERS	032912	SL	5.00	1,472.		1,472.	956.	294.
82	COMPUTER - COMPUVISION	102512	SL	5.00	1,380.		1,380.	736.	276.

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- NEXT YEAR FEDERAL -

SANTA BARBARA TRUST FOR HISTORIC PRESERVATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
87	CASA IMPROVEMENTS	100113	SL	15.00	10,082.		10,082.	1,176.	672.
88	ANTIVIRUS SOFTWARE	012814	SL	5.00	2,352.		2,352.	666.	470.
89	MICROSOFT OFFICE 360	053014	SL	5.00	6,855.		6,855.	1,485.	1,371.
90	IMAC (2)	052214	SL	5.00	1,941.		1,941.	420.	388.
91	BACKUP SYSTEM	053014	SL	5.00	3,201.		3,201.	693.	640.
92	COMPUTERS - COMPUVISION	082714	SL	5.00	7,779.		7,779.	1,297.	1,556.
93	PICK UP TRUCK - MISSION CITY	073114	SL	5.00	9,680.		9,680.	1,775.	1,936.
94	COMPUTER - LINDA ROSSO	103014	SL	5.00	1,439.		1,439.	192.	288.
95	ARTIFACTS - ART FROM GROVES	092714		.000	1,242.		1,242.		0.
	* 990 PAGE 10 TOTAL - G&A ASSETS				1710261.		1710261.	308,685.	12,255.
	* GRAND TOTAL 990 PAGE 10 DEPR				3044131.		3044131.	426,034.	28,623.