

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For the **2009** calendar year, or tax year beginning **7/01**, **2009**, and ending **6/30**, **2010**

B Check if applicable:	C	D Employer Identification Number	E Telephone number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions. SCHOLARSHIP FOUNDATION OF SANTA BARBARA P.O. BOX 3620 SANTA BARBARA, CA 93130	23-7087774	(805) 687-6065
F Name and address of principal officer: PATRICIA MACFARLANE SAME AS C ABOVE		G Gross receipts \$ 13,840,737.	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
J Website: ▶ WWW.SBSCHOLARSHIP.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1962	M State of legal domicile: CA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE SCHOLARSHIP FDN OF SANTA BARBARA AWARDED SCHOLARSHIPS AND LOANS TO ABOUT 2,200 SANTA BARBARA COUNTY RESIDENTS FOR POST-SECONDARY EDUCATION. THE FDN REACHED OVER 23,000 STUDENTS, PARENTS AND EDUCATORS WITH FINANCIAL AID PRESENTATIONS AND INDIVIDUAL SESSIONS AT SCHOOLS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	40
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	40
	5 Total number of employees (Part V, line 2a).....	5	17
	6 Total number of volunteers (estimate if necessary).....	6	110
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	9,166,600.	10,609,698.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	199,650.	193,057.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	-1,208,079.	-68,867.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	8,339,273.	10,912,209.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	6,204,734.
14 Benefits paid to or for members (Part IX, column (A), line 4).....			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		800,805.	833,796.
16a Professional fundraising fees (Part IX, column (A), line 11e).....			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 317,122.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....		331,462.	336,987.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	7,337,001.	7,594,632.	
19 Revenue less expenses. Subtract line 18 from line 12.....	1,002,272.	3,317,577.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26).....	30,404,431.	36,703,743.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	6,246,124.	6,642,844.
		24,158,307.	30,060,899.

Part II Signature Block			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer _____	Date _____	
	Type or print name and title. _____		
Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ STOLTEY & ASSOCIATES PO BOX 57 LOS OLIVOS, CA 93441		EIN ▶ N/A
			Phone no. ▶ (805) 689-5880

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA'S MISSION IS TO INSPIRE, ENCOURAGE AND SUPPORT SANTA BARBARA COUNTY STUDENTS IN THEIR PURSUIT OF COLLEGE, GRADUATE AND VOCATIONAL EDUCATION THROUGH FINANCIAL AID ADVISING AND SCHOLARSHIPS.

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

Yes 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 No

Yes No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,904,988. including grants of \$ 6,423,849.) (Revenue \$)

THE SCHOLARSHIP FOUNDATION AWARDED 2,201 SCHOLARSHIPS AND 337 LOANS TO 2,223 UNDUPLICATED GRADUATES OF SANTA BARBARA COUNTY HIGH SCHOOLS FOR POST-SECONDARY AND VOCATIONAL EDUCATION FOR THE 2010-11 ACADEMIC YEAR. THE INCREASE IN THE NUMBER OF SCHOLARSHIP APPLICATIONS RECEIVED OVER THE PRIOR YEAR WAS 3% AND 75% OF THOSE WHO APPLIED RECEIVED A SCHOLARSHIP. THE AVERAGE UNDERGRADUATE SCHOLARSHIP AWARD WAS \$2,475, AN INCREASE OF 22% OVER THE AVERAGE FOR THE PRIOR YEAR. THE TOTAL NUMBER OF SCHOLARSHIPS AWARDED WAS A 21% INCREASE OVER THE PRIOR YEAR. PART OF THE INCREASE IN SCHOLARSHIP AWARDS WAS DUE TO UTILIZATION OF ABOUT \$700,000 FOR UNDERGRADUATE SCHOLARSHIPS AT THE DIRECTION OF THE DONOR THAT IN PRIOR YEARS WAS UTILIZED AS LOANS. JUST 291 UNDERGRADUATE LOANS WERE AWARDED AT AN AVERAGE AMOUNT OF \$2,896. AN ADDITIONAL 46 LOANS FOR MEDICAL SCHOOL TOTALING \$160,474 WERE AWARDED.

4b (Code:) (Expenses \$ 135,691. including grants of \$) (Revenue \$)

THE SCHOLARSHIP FOUNDATION REACHED 23,470 STUDENTS, PARENTS, AND EDUCATORS THROUGH FINANCIAL AID AND SCHOLARSHIP PRESENTATIONS AND THROUGH FINANCIAL AID ADVISING SESSIONS AT SCHOOL SITES. THIS IS A 35% INCREASE IN SERVICES OVER THE 2008-09 CONTACTS. STAFF ATTENDED 489 OUTREACH EVENTS, AN INCREASE OF 54% OVER THE PRIOR YEAR. ABOUT 495 STUDENTS AND FAMILIES RECEIVED INTENSIVE ONE-ON-ONE ADVISING IN OUR OFFICES. SERVICES TO NORTH COUNTY RESIDENTS INCREASED GREATLY THIS YEAR WITH THE HIRING OF THE FIRST FULL-TIME STAFF MEMBER TO SERVE THIS REGION.

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 7,040,679.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1 a 6		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c	X	
2 a	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 2 a 17		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 a		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3 b		
4 a	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)? 4 a	X	
4 b	If 'Yes,' enter the name of the foreign country: ► <u>CAYMAN ISLANDS</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c		
6 a	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? 6 a		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6 b		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966? 9 a		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person? 9 b		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders. 11 a		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
DIRECTOR OF FINANCE P.O. BOX 3620 SANTA BARBARA CA 93130 (805) 687-6065

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA MACFARLANE PRESIDENT	8	X		X				0.	0.	0.
JIM KNIGHT VP ADMIN	3	X		X				0.	0.	0.
KATHY O'LEARY VP DEVELOPMENT	4	X		X				0.	0.	0.
FERNANDO VELEZ, JR. VP STUDENT AID	3	X		X				0.	0.	0.
GREGORY P. BARTHOLOMEW TREASURER	3	X		X				0.	0.	0.
LISA RIVAS SECRETARY	3	X		X				0.	0.	0.
ROGER ACEVES DIRECTOR	2	X						0.	0.	0.
JOAN ARNOLD DIRECTOR	2	X						0.	0.	0.
GALE E. BUSCH DIRECTOR	2	X						0.	0.	0.
TRUDI CAREY DIRECTOR	2	X						0.	0.	0.
CRAIG ZIMMERMAN DIRECTOR	2	X						0.	0.	0.
ERIK FROST DIRECTOR	2	X						0.	0.	0.
JANET GARUFIS DIRECTOR	2	X						0.	0.	0.
CHRISTIE GLANVILLE DIRECTOR	2	X						0.	0.	0.
GERI GREEN DIRECTOR	2	X						0.	0.	0.
ALAN M. GRIFFIN DIRECTOR	2	X						0.	0.	0.
NORMAN N. HABERMANN DIRECTOR	2	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VICKI HAZARD DIRECTOR	2	X					0.	0.	0.	
SHIRLEY ANN HURLEY DIRECTOR	2	X					0.	0.	0.	
L. ROBERT JOHNSON DIRECTOR	2	X					0.	0.	0.	
DIANA JESSUP LEE DIRECTOR	2	X					0.	0.	0.	
DONALD R. LOGAN DIRECTOR	2	X					0.	0.	0.	
DALE J. MARQUIS DIRECTOR	2	X					0.	0.	0.	
SUZANNE F. MCNEELY DIRECTOR	2	X					0.	0.	0.	
DAVID A. MEDINA, MD DIRECTOR	2	X					0.	0.	0.	
BARRETT P. O'GORMAN DIRECTOR	2	X					0.	0.	0.	
KEN PASH DIRECTOR	3	X					0.	0.	0.	
THOMAS D. PICKETT DIRECTOR	2	X					0.	0.	0.	
GINGER SALAZAR DIRECTOR	2	X					0.	0.	0.	
MARYAN SCHALL DIRECTOR	2	X					0.	0.	0.	
1 b Total							231,522.	0.	10,821.	

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

	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 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.

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

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

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See instructions for Form 990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the Organization: **SCHOLARSHIP FOUNDATION OF SANTA BARBARA**
Employer Identification number: **23-7087774**

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JULIE WHALEN SCHUETZ DIRECTOR	2	X						0.	0.	0.
JAY D. SMITH DIRECTOR	2	X						0.	0.	0.
JEAN A. SMITH DIRECTOR	3	X						0.	0.	0.
ARTHUR SWALLEY DIRECTOR	2	X						0.	0.	0.
BILL TERRE DIRECTOR	2	X						0.	0.	0.
RICHARD V. WELLS DIRECTOR	2	X						0.	0.	0.
GERALD R. WHITE, PHD DIRECTOR	2	X						0.	0.	0.
JAN WHITWORTH DIRECTOR	2	X						0.	0.	0.
J. TAYLOR WOODWARD DIRECTOR	2	X						0.	0.	0.
E. DAVID YOSSEM DIRECTOR	3	X						0.	0.	0.
COLETTE L. HADLEY EXECUTIVE DIR	40					X		130,988.	0.	5,255.
HALLIE GOODALL DIRECT. OF FINANC	40					X		100,534.	0.	5,566.

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 10,609,698.					
	g Noncash contribns included in lns 1a-1f: ... \$	268,516.					
h Total. Add lines 1a-1f			10,609,698.				
PROGRAM SERVICE REVENUE	2 a ADMINISTRATIVE FEES		Business Code				
			900099	193,057.	193,057.		
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
g Total. Add lines 2a-2f			193,057.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			326,629.		326,629.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			44,694.		44,694.	
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,462,659.					
		b Less: cost or other basis and sales expenses					
		2,858,155.					
	c Gain or (loss)						
		-395,496.					
	d Net gain or (loss)			-395,496.	-395,496.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	204,000.				
b Less: direct expenses		b	70,373.				
c Net income or (loss) from fundraising events			133,627.		133,627.		
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a -----	a						
	b -----						
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			10,912,209.	-202,439.	0.	504,950.	



Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,415,115.	6,415,115.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	8,734.	8,734.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	709,357.	407,098.	150,966.	151,293.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	69,029.	37,677.	13,284.	18,068.
10 Payroll taxes	55,410.	31,800.	11,792.	11,818.
11 Fees for services (non-employees)				
a Management				
b Legal	546.		546.	
c Accounting	12,000.		12,000.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	21,000.		8,400.	12,600.
12 Advertising and promotion	46,798.	3,272.		43,526.
13 Office expenses	54,860.	31,819.	7,854.	15,187.
14 Information technology	29,800.	20,056.	5,006.	4,738.
15 Royalties				
16 Occupancy	60,380.	40,635.	10,144.	9,601.
17 Travel	8,290.	4,569.	1,500.	2,221.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,248.	3,517.	6,257.	39,474.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,770.	22,728.	5,673.	5,369.
23 Insurance	7,032.	4,733.	1,181.	1,118.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	13,263.	8,926.	2,228.	2,109.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,594,632.	7,040,679.	236,831.	317,122.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1 Cash — non-interest-bearing.....	288,624.	1	257,388.	
	2 Savings and temporary cash investments.....	3,144,161.	2	7,353,906.	
	3 Pledges and grants receivable, net.....	3,629,713.	3	3,074,857.	
	4 Accounts receivable, net.....		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L..		6		
	7 Notes and loans receivable, net.....		7		
	8 Inventories for sale or use.....		8		
	9 Prepaid expenses and deferred charges.....	12,552.	9	13,255.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 293,176.			
	b Less: accumulated depreciation.....	10b 202,839.	100,374.	10c 90,337.	
	11 Investments — publicly-traded securities.....	18,704,569.	11	21,277,905.	
	12 Investments — other securities. See Part IV, line 11.....	3,736,463.	12	3,817,157.	
	13 Investments — program-related. See Part IV, line 11.....		13		
	14 Intangible assets.....	26,000.	14	24,000.	
	15 Other assets. See Part IV, line 11.....	761,975.	15	794,938.	
16 Total assets. Add lines 1 through 15 (must equal line 34).....	30,404,431.	16	36,703,743.		
LIABILITIES	17 Accounts payable and accrued expenses.....	60,194.	17	62,438.	
	18 Grants payable.....		18		
	19 Deferred revenue.....		19		
	20 Tax-exempt bond liabilities.....		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22		
	23 Secured mortgages and notes payable to unrelated third parties.....		23		
	24 Unsecured notes and loans payable to unrelated third parties.....		24		
	25 Other liabilities. Complete Part X of Schedule D.....	6,185,930.	25	6,580,406.	
	26 Total liabilities. Add lines 17 through 25.....	6,246,124.	26	6,642,844.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27 Unrestricted net assets.....	2,575,314.	27	3,485,139.	
	28 Temporarily restricted net assets.....	3,111,839.	28	3,660,096.	
	29 Permanently restricted net assets.....	18,471,154.	29	22,915,664.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds.....		30		
	31 Paid-in or capital surplus, or land, building, and equipment fund.....		31		
	32 Retained earnings, endowment, accumulated income, or other funds.....		32		
33 Total net assets or fund balances.....	24,158,307.	33	30,060,899.		
34 Total liabilities and net assets/fund balances.....	30,404,431.	34	36,703,743.		

Part XI Financial Statements and Reporting

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

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Form 990 (2009)

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization SCHOLARSHIP FOUNDATION OF SANTA BARBARA	Employer identification number 23-7087774
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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 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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..	6,043,192.	7,358,996.	7,723,359.	7,701,853.	10609698.	39,437,098.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3. ...	6,043,192.	7,358,996.	7,723,359.	7,701,853.	10609698.	39,437,098.
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) ..						12,583,165.
6 Public support. Subtract line 5 from line 4.						26,853,933.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	6,043,192.	7,358,996.	7,723,359.	7,701,853.	10609698.	39,437,098.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	687,462.	683,388.	680,710.	510,451.	371,323.	2,933,334.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ..						0.
11 Total support. Add lines 7 through 10.						42,370,432.
12 Gross receipts from related activities, etc. (see instructions) ..					12	0.
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 2009 (line 6, column (f) divided by line 11, column (f)) ..	14	63.4 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	67.2 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <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.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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

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, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Employer identification number

23-7087774

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed status.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, modified easements, monitoring policy, staff hours, expenses, and section 170(h)(4)(B) requirements.

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.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures, and amounts for revenues and assets.

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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if 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	17,997,462.	22,929,831.			
b Contributions	4,700,997.	636,778.			
c Net Investment earnings, gains, and losses	1,764,261.	-5,447,268.			
d Grants or scholarships	935,068.	121,879.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	23,527,652.	17,997,462.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 97.30 %
- c Term endowment 2.70 %

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		109,006.	87,965.	21,041.
d Equipment		120,337.	83,806.	36,531.
e Other		63,833.	31,068.	32,765.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 90,337.

BAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	10,912,209.
2 Total expenses (Form 990, Part IX, column (A), line 25)	7,594,632.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3,317,577.
4 Net unrealized gains (losses) on investments	2,560,263.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV). SEE PART XIV	24,752.
9 Total adjustments (net). Add lines 4 through 8	2,585,015.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	5,902,592.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1 Total revenue, gains, and other support per audited financial statements	1 13,497,224.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a 2,560,263.
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV). SEE PART XIV	2d 24,752.
e Add lines 2a through 2d	2e 2,585,015.
3 Subtract line 2e from line 1	3 10,912,209.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 10,912,209.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial statements	1 7,594,632.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3 7,594,632.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 7,594,632.

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

SCHOLARSHIPS

Part XIV Supplemental Information *(continued)*

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SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

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SCHOLARSHIP FOUNDATION OF SANTA BARBARA

23-7087774

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**SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS.....	\$	24,752.
TOTAL	\$	<u>24,752.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CHANGE IN VALUE OF SPLIT INTEREST AGREEM.....	\$	24,752.
TOTAL	\$	<u>24,752.</u>

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Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	SOUTH COAST BU (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	204,000.		204,000.
2	Less: Charitable contributions			
3	Gross income (line 1 minus line 2)	204,000.		204,000.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs	9,644.	9,644.
	7	Food and beverages	51,573.	51,573.
	8	Entertainment	900.	900.
	9	Other direct expenses	8,256.	8,256.
10	Direct expense summary. Add lines 4- through 9 in column (d)			70,373.
11	Net income summary. Combine lines 3, column (d) and line 10			133,627.

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.

REVENUE	(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	Non-cash 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
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

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

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

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact 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: ▶ \$ _____

	YES	NO
13a		
13b		
14		
15a		
16		
17a		

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LIST ON FILE AT FOUNDATION		6,415,115.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

SCHOLARSHIP AND LOAN RECIPIENTS MUST ATTEND SCHOOLS APPROVED FOR FEDERAL FINANCIAL AID BY THE U.S. DEPT OF EDUCATION. AWARDS ARE DISBURSED EITHER QUARTERLY OR BY SEMESTER. RECIPIENTS MUST SUBMIT VERIFICATION OF ENROLLMENT EACH TERM BEFORE THE AWARD PAYMENT IS RELEASED. RECIPIENTS MUST ALSO MAINTAIN GOOD ACADEMIC STANDING AND MUST SUBMIT A GRADE REPORT OR TRANSCRIPT AT THE END OF EACH TERM. AWARDS ARE CANCELLED FOR RECIPIENTS WHO DO NOT MEET THESE REQUIREMENTS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Employer identification number

23-7087774

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded		17	251,887.	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Employer identification number

23-7087774

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE ENTIRE FORM 990 AND RELATED SCHEDULES WERE REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE IN OCTOBER 2010 PRIOR TO THE FILING DATE. THE FORM AND RELATED SCHEDULES WERE E-MAILED TO THE ENTIRE BOARD OF DIRECTORS IN OCTOBER 2010 PRIOR TO THE FILING DATE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS, COMMITTEE MEMBERS, AND STAFF ARE COVERED BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. ANNUALLY, ALL PERSONS COVERED BY THE POLICY COMPLETE A CONFLICT OF INTEREST DECLARATION AND SUBMIT IT TO THE EXECUTIVE DIRECTOR. IN ADDITION, WHENEVER AN AFFILIATION OR FINANCIAL INTEREST ON THE PART OF A BOARD, COMMITTEE, OR STAFF MEMBER BECOMES RELEVANT TO ANY TRANSACTION REQUIRING BOARD ACTION, THE INTERESTED PARTY MUST COMPLETE A WRITTEN DECLARATION. THE INTERESTED PARTY IS PROHIBITED FROM ADVOCATING ON BEHALF OF HIS OR HER INTEREST, EITHER FORMALLY AT BOARD OR COMMITTEE MEETINGS, OR INFORMALLY THROUGH PRIVATE COMMUNICATION; IS NOT PERMITTED TO BE PRESENT WHEN THE BOARD DISCUSSES THE PROPOSED TRANSACTION; AND IS NOT PERMITTED TO PARTICIPATE IN THE VOTE CONCERNING THE PROPOSED TRANSACTION. BOARD MEMBERS, COMMITTEE MEMBERS, AND STAFF MUST ALSO DISCLOSE FAMILY MEMBERS OR FRIENDS WHO APPLY FOR STUDENT AID ASSISTANCE AND ARE NOT PERMITTED TO ADVOCATE ON BEHALF OF, OR PARTICIPATE IN THE SELECTION PROCESS FOR A FAMILY MEMBER OR FRIEND.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS REVIEWED BY THE PERSONNEL COMMITTEE. THE PERSONAL COMMITTEE UTILIZED COMPARABILITY DATA FROM OTHER LOCAL NONPROFITS AS WELL AS A SURVEY OF NONPROFIT COMPENSATION IN SOUTHERN CALIFORNIA. THE PERSONAL COMMITTEE'S RECOMMENDATIONS WERE SUBSEQUENTLY ADOPTED BY THE BOARD OF DIRECTORS WHILE MEETING IN EXECUTIVE SESSION; THE BOARD'S ACTION IS RECORDED IN THE MEETING

Name of the organization

Employer identification number

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

23-7087774

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

MINUTES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS, AND AUDITED FINANCIAL STATEMENTS FOR THE THREE PRIOR FISCAL YEARS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE OFFICE LOCATION IN SANTA BARBARA. IN ADDITION, COPIES OF THESE DOCUMENTS ARE PROVIDED ON REQUEST.

COPY

Name of the organization

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Employer identification number

23-7087774

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SCHOLARSHIP FOUNDATION OF SANTA BARBARA

23-7087774

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
AMORTIZATION										
31	MINERAL RIGHTS	6/30/97		50,000			24,000	S/L	25	2,000
TOTAL AMORTIZATION				50,000		0	24,000			2,000
FURNITURE AND FIXTURES										
2	FILE CABINETS	6/01/91		935			935	S/L	5	0
5	FILE CABINET	12/01/94		271			271	S/L	5	0
18	OAK DESK/BRIDGE/HUTCH	1/01/02		1,872			1,872	S/L	5	0
19	OAK DESK W/RETURN	1/01/02		1,146			1,146	S/L	5	0
25	7 LATERAL FILE SHELF	12/31/97		1,160			1,160	S/L	5	0
32	OAK DESK AND TABLE	1/01/07		2,159			770	S/L	7	308
33	OAK DESK AND BOOKCASE	1/01/07		1,589			568	S/L	7	227
34	OAK DESK AND TABLE	1/01/07		1,579			565	S/L	7	226
35	WORK AREA W/PEDISTAL	1/01/07		764			273	S/L	7	109
36	WORK AREA W/PEDISTAL	1/01/07		1,663			595	S/L	7	238
37	WORK AREA W/PEDISTAL	1/01/07		1,200			428	S/L	7	171
38	4 CONFERENCE ROOM TABLES,	1/01/07		1,952			697	S/L	7	279
39	10 CONFERENCE ROOM CHAIRS	1/01/07		2,587			925	S/L	7	370
40	6 MOBIL GUEST CHAIRS	1/01/07		847			303	S/L	7	121
41	16 GUEST CHAIRS ARMS	1/01/07		1,986			710	S/L	7	284
42	3 36 4 DWR LAT FILES	1/01/07		1,876			670	S/L	7	268
43	4 36" 2 DWR LAT FILES	1/01/07		1,458			520	S/L	7	208
44	2 42" 3-DWR LAT FILES	1/01/07		1,386			495	S/L	7	198
45	1 42" 4-DWR LAT FILE	1/01/07		742			265	S/L	7	106
46	1 30" 4 DWR LAT FILE	1/01/07		565			202	S/L	7	81
47	1 D-DWR 1 2-DWR VER FILE	1/01/07		373			133	S/L	7	53
48	9 MID-BACK TASK CHAIRS	1/01/07		3,058			1,092	S/L	7	437
49	11 JACQUERMAIN PRINTS	1/01/07		8,505			850	S/L	25	340
57	7 STEELCASE EXEC CHAIRS RE	1/01/02		645			645	S/L	5	0
58	6 STEELCASE STACKING CHAI	1/01/02		107			107	S/L	5	0
66	DESK, RIGHT RETURN, 2 GUE	10/01/09		1,525				S/L	7	109
71	MID-BACK TASK CHAIR	1/01/10		372				S/L	7	27
TOTAL FURNITURE AND FIXTURE				42,322		0	16,197			4,160

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SCHOLARSHIP FOUNDATION OF SANTA BARBARA

23-7087774

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
IMPROVEMENTS										
3	STREET SIGN	12/01/93		750			750	S/L	5	0
4	DOOR SIGN	12/01/93		663			663	S/L	5	0
26	CURTIS CARPET	12/01/01		5,050			3,788	S/L	10	505
27	LAS POSITAS	1/01/02		67,755			50,819	S/L	10	6,776
28	TIMER, OUTSIDE SPRINKLER	9/01/02		750			749	S/L	5	0
29	KITCHEN CABINET/COUNTER T	9/01/03		786			539	S/L	8	98
30	LAS POSITAS PLANS & PERMI	1/01/07		2,013			1,007	S/L	5	403
54	LOS POSITAS EXP - CONTRAC	1/01/07		24,360			12,180	S/L	5	4,872
55	LOS POSITAS EXP - DATA &	1/01/07		1,896			948	S/L	5	379
56	LOS POSITAS EXP - BLINDS/	1/01/07		4,983			2,492	S/L	5	997
TOTAL IMPROVEMENTS				109,006		0	73,935			14,030
MACHINERY AND EQUIPMENT										
1	IBM WHEELWRITER TYPEWRITE	1/01/88		997			997	S/L	5	0
6	SOFTWARE (ACCOUNTING)	12/31/97		15,515			15,515	S/L	5	0
7	VIDEO	12/31/97		5,438			5,438	S/L	5	0
8	MIP MULTI USER	12/31/99		2,224			2,224	S/L	5	0
9	FAS MULTI-USER	12/31/99		7,457			7,457	S/L	5	0
11	MIP UPGRADE	7/01/01		2,243			2,243	S/L	5	0
12	MIP IMPORT UPGRADE	9/01/02		770			770	S/L	5	0
13	FAS UPGRADE	9/01/01		4,156			4,156	S/L	5	0
15	DONOR PERFECT	5/01/02		1,425			1,425	S/L	5	0
16	PRINTER SOFTWARE	11/01/01	3/01/10	759			759	S/L	5	0
17	2 OAK CORNERSTONE DESKS	12/01/01		834			821	S/L	5	0
21	TOSHIBA E-STUDIO	2/01/03	3/01/10	12,026			12,026	S/L	5	0
22	ON-LINE APPLICATION	10/01/03		6,000			6,000	S/L	5	0
23	HP 4200TN LASER JET PRINT	1/01/04		2,104			2,104	S/L	5	0
24	DELL OPTIPLEX GX280	1/01/05		1,908			1,718	S/L	5	190
50	DONOR PERFECT MULTI USER	1/01/07		1,700			1,417	S/L	3	283
51	10 DELL DIMINSION 5150	1/01/07		16,678			8,339	S/L	5	3,336
52	1 DELL LATITUDE D520 LAPT	1/01/07		1,930			965	S/L	5	386
53	NETWORK SERVER, SWITCH FI	1/01/07		15,567			7,790	S/L	5	3,113
59	EPSON POWERLITE 77C PROJE	2/01/08		673			202	S/L	5	135
60	HP LASERJET P3005DN NETWO	4/01/08		908			272	S/L	5	182
61	DELL VOSTRO 200 5 MS OFFI	7/01/08		1,179			118	S/L	5	236
63	ESI PHONE SYSTEM	11/01/08		14,545			1,455	S/L	5	2,909

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CLIENT SCHOLARS

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

23-7087774

11/04/10

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
65	DATA/VOICE CABLING SANTA	9/01/09		211				S/L	5	21
67	1 DELL OPTIPLEX 780 IN SB	11/01/09		1,313				S/L	5	130
68	1 DELL OPTIPLEX 780 IN SM	11/01/09		2,506				S/L	5	251
69	BROTHER MFC 7340 PRINTER	12/01/09		327				S/L	5	34
70	ESI IP PHONE, NET GEAR FI	12/01/09		857				S/L	5	87
72	KYOCERA KM-5050 MULTIFUN	3/01/10		10,872				S/L	5	1,087
	TOTAL MACHINERY AND EQUIPME			133,122		0	84,211			12,380
	MISCELLANEOUS									
10	WEBSITE	12/31/99		2,500			2,500	S/L	5	0
14	WEBSITE UPGRADE	11/01/00		5,909			5,909	S/L	5	0
20	WEB SITE UPGRADE	12/01/02		1,102			1,102	S/L	5	0
73	WEBSITE UPGRADE	1/01/10		12,000				S/L	5	1,200
	TOTAL MISCELLANEOUS			21,511		0	9,511			1,200
	TOTAL DEPRECIATION			305,961		0	183,854			31,770
	GRAND TOTAL AMORTIZATION			50,000		0	24,000			2,000
	GRAND TOTAL DEPRECIATION			305,961		0	183,854			31,770
	DEPRECIATION ASSETS SOLD			12,785		0	12,785			0
	DEPR REMAINING ASSETS			293,176		0	171,069			31,770

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