

| | | | ** PUBLIC DISCLOSURE Return of Organization Exemp | | Incomo Tax | OMB No. 1545-0047 | | | | | |
|--|---|--------------------------------|---|------------------|---|-------------------------------|--|--|--|--|--|
| Far | _ Q (| 90 | • | | | 0000 | | | | | |
| For | | 30 | Under section 501(c), 527, or 4947(a)(1) of the Internal Reve Do not enter social security numbers on this for | • | | | | | | | |
| Depa | rtment o | of the Treasury nue Service | Go to www.irs.gov/Form990 for instructions a | - | • | Open to Public Inspection | | | | | |
| | | | | and ending | | | | | | | |
| | Check if | C Name of | organization | | D Employer identific | ation number | | | | | |
| a | pplicable | THE | FOUNDATION FOR SANTA BARBARA | | | | | | | | |
| | Addres | e CLTY | COLLEGE | | _ | | | | | | |
| | Name chang Initial | e Doing b | usiness as SBCC FOUNDATION | | 95-32345 | 51 | | | | | |
| | I return Number and street (or P.U. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | | | |
| | return/ 721 CHIFF DRIVE | | | | | | | | | | |
| | ated | ded CANT | own, state or province, country, and ZIP or foreign postal code A BARBARA, CA 93109 | | G Gross receipts \$ | 20,264,373. | | | | | |
| | _return Applic | | nd address of principal officer: BOBBI ABRAM | | H(a) Is this a group re for subordinates | | | | | | |
| | tion pendir | | AS C ABOVE | | H(b) Are all subordinates in | | | | | | |
| 11 | Fax-exe | empt status: | | ı)(1) or 52 | | list. See instructions | | | | | |
| | Nebsit | | SBCCFOUNDATION.ORG | | H(c) Group exemption | | | | | | |
| KF | ^c orm of | organization: | X Corporation Trust Association Other | L Yea | r of formation: 1976 N | I State of legal domicile: CA | | | | | |
| Pa | art I | Summary | | | | | | | | | |
| e | 1 | | e the organization's mission or most significant activities: | | | | | | | | |
| Governance | | | NCE OF SANTA BARBARA CITY COLLEG | | | | | | | | |
| ern | 2 | Check this bo | | - | I I | ets. 22 | | | | | |
| So So | 3 | | | | | <u>22</u> 17 | | | | | |
| | I . | | ependent voting members of the governing body (Part VI, line 1 of individuals employed in calendar year 2022 (Part V, line 2a) | | ····· | 15 | | | | | |
| ties | | | of individuals employed in calendar year 2022 (Fart V, line 2a) of volunteers (estimate if necessary) | | | 23 | | | | | |
| Activities & | | | | | | -508. | | | | | |
| ¥ | | | business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | | | |
| | | | , , | | Prior Year | Current Year | | | | | |
| Ø | 8 | Contributions | and grants (Part VIII, line 1h) | | 4,434,884. | 3,882,626. | | | | | |
| Revenue | 9 | Program servi | ce revenue (Part VIII, line 2g) | | 0. | 0. | | | | | |
| eve | 10 | Investment ind | come (Part VIII, column (A), lines 3, 4, and 7d) | | 7,263,788. | 3,240,509. | | | | | |
| Π. | 11 | Other revenue | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 238,031. | 188,964. | | | | | |
| | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 1 | 2) | 11,936,703. | 7,312,099. | | | | | |
| | | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 4,339,006. | 4,765,011. | | | | | |
| | | | o or for members (Part IX, column (A), line 4) | 0. | 0. 1,723,838. | | | | | | |
| ses | 15 | | compensation, employee benefits (Part IX, column (A), lines 5- undraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | |
| Expenses | l loa | | | ,894. | | | | | | | |
| Ă | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | - | 770,037. | 754,494. | | | | | |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,630,365. | 7,243,343. | | | | | |
| | | | expenses. Subtract line 18 from line 12 | | 5,306,338. | 68,756. | | | | | |
| or | | | | В | eginning of Current Year | End of Year | | | | | |
| Assets or d Balances | 20 | Total assets (F | Part X, line 16) | | 84,729,515. | 88,748,883. | | | | | |
| it As | | | (Part X, line 26) | | 3,406,451. | 4,649,649. | | | | | |
| | | | iund balances. Subtract line 21 from line 20 | | 81,323,064. | 84,099,234. | | | | | |
| | art II | | | | | In success and balled it is | | | | | |
| | | | declare that I have examined this return, including accompanying sche Declaration of preparer (other than officer) is based on all information | | | knowledge and beller, it is | | | | | |
| uue, | , correc | | C DISCLOSURE COPY | or which prepare | i lias ally kilowieuge. | | | | | | |
| Sig | n | Signature of of | ficer | | Date | | | | | | |
| Her | | BOBBI A | BRAM, CHIEF EXECUTIVE OFFICER | | | | | | | | |
| | • | Type or print n | - | | | | | | | | |
| | | Print/Type pre | parer's name Preparer's signature | | Date Check | PTIN | | | | | |
| Paid | P00545829 | | | | | | | | | | |
| Prep | barer | Firm's name | MOSS ADAMS LLP | | Firm's EIN 9 | 1-0189318 | | | | | |
| Use Only Firm's address 21700 OXNARD ST. STE 300 | | | | | | | | | | | |
| | | | WOODLAND HILLS, CA 91367 | | Phone no.81 | 8-577-1900 | | | | | |
| | | | return with the preparer shown above? See instructions | | | | | | | | |
| 2320 | 01 12-13 | 3-22 LHA F | or Paperwork Reduction Act Notice, see the separate instru | uctions. | | Form 990 (2022) | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | THE FOUNDATION FOR SANTA BARBARA |
|----|--|
| | 990 (2022) CITY COLLEGE 95-3234551 Page 2 |
| Pa | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: AS AN INDEPENDENT 501(C)(3) NONPROFIT ORGANIZATION AND PARTNER TO |
| | SBCC, THE SBCC FOUNDATION AWARDS MORE THAN \$5 MILLION ANNUALLY FOR |
| | STUDENT SUCCESS PROGRAMS, SCHOLARSHIPS, BOOK GRANTS, EMERGENCY FUNDS, |
| | AND OTHER CRITICAL NEEDS OF THE COLLEGE. FOR NEARLY FIVE DECADES, THE |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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? |
| | 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 \$ 2,369,346. including grants of \$ 2,015,328.) (Revenue \$ 0.) |
| | THE SBCC FOUNDATION PROVIDED \$2 MILLION IN SUPPORT TO COLLEGE |
| | DEPARTMENTS AND PROGRAMS DURING THE 2022-2023 ACADEMIC YEAR. THESE |
| | RESOURCES ALLOW COLLEGE FACULTY, STAFF, AND ADMINISTRATORS TO IMPROVE EXISTING PROGRAMS, EXPERIMENT WITH NEW AND INNOVATIVE APPROACHES, AND |
| | ACHIEVE OUTSTANDING ACADEMIC OUTCOMES. |
| | ACHIEVE OUISIANDING ACADEMIC OUICOMES. |
| | DURING THE FISCAL YEAR ENDING JUNE 30, 2023 AND IN COLLABORATION WITH |
| | SBCC'S SCHEINFELD CENTER FOR ENTREPRENEURSHIP & INNOVATION, THE |
| | FOUNDATION TRANSFERRED FUNDS TO AN EMPLOYEE OWNERSHIP TRUST, THE MEM |
| | EMPLOYEE OWNERSHIP TRUST, U/D/T FOR WHICH THE FOUNDATION IS TRUSTOR. |
| | |
| | |
| 4b | (Code:) (Expenses \$1,948,161. including grants of \$1,806,220.) (Revenue \$) |
| | THE SBCC FOUNDATION CREATED THE SBCC PROMISE IN 2016 TO MAKE OUR |
| | COMMUNITY'S COLLEGE ACCESSIBLE AND AFFORDABLE TO ALL RECENT LOCAL HIGH |
| | SCHOOL GRADUATES. THE SBCC PROMISE OFFERS TWO YEARS OF COMPREHENSIVE |
| | SUPPORT (COVERING ALL REQUIRED FEES, BOOKS, AND SUPPLIES) TO ANY LOCAL STUDENT WHO ENROLLS FULL TIME AT SBCC IN THE FALL OR SPRING SEMESTER |
| | FOLLOWING THE COMPLETION OF THEIR SECONDARY EDUCATION WITHIN THE SBCC |
| | DISTRICT. IN THE 2022-2023 ACADEMIC YEAR, MORE THAN 1,600 SBCC PROMISE |
| | STUDENTS WERE ENROLLED. RESEARCH ON COLLEGE ACHIEVEMENT CORRELATES A |
| | STUDENT'S CHANCE OF SUCCESS WITH EARLY ENROLLMENT, FULL-TIME STUDENT |
| | STATUS, AND ACCESS TO ACADEMIC COUNSELING AND SUPPORT. THE SBCC PROMISE |
| | INCLUDES ALL OF THESE ELEMENTS, PROVIDING \$1.8 MILLION IN SUPPORT TO |
| | SBCC PROMISE STUDENTS IN THE 2022-2023 ACADEMIC YEAR. |
| 4c | |
| | THE SBCC FOUNDATION PROVIDED OVER \$900K IN DIRECT STUDENT SUPPORT IN |
| | THE FORM OF SCHOLARSHIPS AND BOOK GRANTS TO MORE THAN 800 STUDENTS IN |
| | THE 2022-2023 ACADEMIC YEAR. FOR MANY STUDENTS, THIS SUPPORT CAN MEAN |
| | THE DIFFERENCE BETWEEN DROPPING OUT OF COLLEGE AND SUCCESSFULLY |
| | COMPLETING A DEGREE, CERTIFICATE, OR TRANSFER PROGRAM. THE SBCC FOUNDATION ALSO CONTINUED TO FUND IMPORTANT STUDENT SUPPORT PROGRAMS |
| | THAT SERVE SINGLE-PARENT STUDENTS, UNDERPREPARED HIGH SCHOOL GRADUATES, |
| | AND THOSE RECENTLY RELEASED FROM THE CRIMINAL JUSTICE SYSTEM WHO ARE |
| | STARTING COLLEGE. ACCORDING TO THE COLLEGE FUTURES FOUNDATION, |
| | SCHOLARSHIPS ALSO HAVE A POSITIVE IMPACT ON STUDENT MATRICULATION |
| | RATES. |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 5,260,970. |
| | Form 990 (2022) |

232002 12-13-22

CITY COLLEGE

Part IV Checklist of Required Schedules

Form 990 (2022)

| 1 Is the organization described in section 501(k) or 4947(a)(1) (there than a private foundation)? 1 X 2 Is the organization engage in direct in index organization engage in tobbying activities, or have a section 501(h) election in effect 2 X 3 Sectom 501(c)(G) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect 3 X 4 Sectom 501(c)(G) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization matrix and whore a vary similar has the rearks membership dues, assessments, or an intra anounts as defined in Rev. Proc. Be197 // Yes, "complete Schedule D, Part I 6 X 9 Did the organization matrix and whore shore that constras or constration for which dorns have the right to provide advice and the distribution or investment a amount in such finds or accounts? // Yes, "complete Schedule D, Part I 6 X 9 Did the organization matrix cellectors of vorks of at , historical trassures, or other similar asset? // Yes, "complete Schedule D, Part I 8 X 10 Did the organization in amount in Part X, ine 21, ine 21, or esprese or contodel acount labelity, serve as a custorian for a manount in Part X, ine 21, which is did management, credit replets Schedule D, Part VI 10 X 11 He o | | | | Yes | No |
|--|-------|---|----------|-----|----------|
| 2 Is the organization enquiper direct or inderter objective of Control/con 7 See instructions 2 X 3 Dirth organization enguiper direct or inderter objective cambel and or in opposition to candidate for public office? If 'Yes, 'complete Schedule C, Part I 3 X 4 Section 50 (b)(a) organizations. Did the organization engage in lobbing activities on balant of the organization engales Schedule C, Part I 4 X 5 Is the organization as addreid in Parce Conselfs Schedule C, Part I 5 X 5 6 Did the organization matchin any done advised funds or any similar funds or accounts 0" Winki donnors have the organization receive or hold a conservation assessment, including assements to preserve gone space. 7 X 7 Did the organization receive or hold a conservation assessment, including assements to preserve as a sustodian for amounts in bart N. Inteologial decount liability, serve as a custodian for amounts in bart N. Inteologial, decl management, endir repair, or deb negotiation receive? 9 X 10 Did the organization matchin asset 10 relative organization directive or shore of an anount in Part X, line 21, for second or custodial account liability, serve as a custodian for amounts in bart N, line 21, for second or custodial account liability, serve as a custodian for amounts in customered consensing, deb management, and repair. 10 X 10 Did the organization metris and bulk degradiza | 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| 3 Did the organization engage in clinet or indirect political campaign activities on behalf of or in opposition to candidate for public officis? If Yres," complete Schedule C, Part II 3 X 4 Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect of uning the tax year? If Yres," complete Schedule C, Part II 4 X 5 Did the organization matchina and yound xivities (and young activities, or have a section 501(b) election in effect of the organization matchina and yound xivities (and young activities, or have a section 501(b) election in effect of the provide advice on the distribution or investment of amounts in such hands or accounts for which donors have the right of provide advice on the distribution or investment of amounts in such hands or accounts for which donors have the right of Did the organization matchina vision and the provide advice on the distribution and activities of the organization matchina cellectrics of works of art, historical trassures, or other similar assets? If Yes, "complete Schedule D, Part II 6 X 9 Did the organization respect on through a related organization, hold assets in donor restricted endowments or in sub. 7 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X <t< td=""><td></td><td></td><td></td><td></td><td></td></t<> | | | | | |
| public official <i>H</i> 'Yes, 'complete Schedule <i>C</i> , <i>Part I</i> 3 X 4 Section 501(6)3 organizations. Dit the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? <i>H</i> 'Yes, 'complete Schedule <i>C</i> , <i>Part II</i> 4 X 5 In organization a section 501(c)(4). 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar anounts as defined in Review. Dros. 98 (17) <i>H</i> 'Yes,' complete Schedule <i>C</i> , <i>Part II</i> 5 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historic land rease, or historic structures? <i>J</i> 'Yes, 'complete Schedule <i>D</i> , <i>Part II</i> 7 X 8 Did the organization measure to anount in part M, line 21, for secrow or custodial account liability, serve as a custodia for amounts in clutical in Part X, ine 21, for secrew or custodial account liability, serve as a custodia for amounts in clutical in Part X, ine 21, for secrew or custodial account liability, serve as a custodia for amounts in clutical in Part X, ine 21, for secrew or custodial account liability, serve as a custodia for amount or introduce and custodia by <i>Part V</i> 8 X 9 Did the organization regort an amount for liability, genetic construction of accel to construct and customers in a secret as a secret anound for a secret anound for investments - for an amagement, credit repair, or debit regolation for any of the following questions is 'Yes,' then complete Schedule D, Part X, IV, IV, IV, IV, IV, IV, IV, IV, IV, IV | 2 | | 2 | X | |
| 4 Section 501(c)(3) or cpanizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(h)(h), 501(c)(b), or 501(c)(b), or 501(c)(c) Schedule C, Part II 5 X 6 Did the organization match and diminal in Rev. Proc. 89:187. If "Yes," complete Schedule C, Part II 5 X 7 X B Did the organization match and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization nearber in bitoric structures? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization or any organization nearber, including assements to organization services? 7 X 8 Did the organization organization method a conservation global cocount liability, serve as a cutodian for services? 7 X 9 Did the organization method is a conservation global cocount liability, serve as a cutodian for services? 7 X 10 Did the organization method is an anount for investments - other assets in Part X, line 12, Hir 14, Jine 13, Jine 14, Jine X 11 <t< td=""><td>3</td><td></td><td></td><td></td><td></td></t<> | 3 | | | | |
| during the tax year? <i>If Yes</i> , "complete Schedule C, Part II 4 X 5 Is the organization a section 50(16)(6), 50(16)(6), 50(16)(6), 50(16)(6), 50(16)(6), 50(16)(6), 50(16)(6), 50(16)(6), 50(16)(6), 50(16)(6), 50(16), 50(16)(6), 50(16) | | | 3 | | <u> </u> |
| 5 Is the organization a sector 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-197 if "res," <i>complete Schedule C, Part II</i> 5 X 6 Dot the organization markina may doror advised funds or any similar funds or accounts for which donors have the right to provide advice on the distibution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distibution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distibution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distibution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distibution or investment or any orbit solution areavers, or other similar assets? <i>I</i> "res," complete Schedule D, Part II 6 X 9 Did the organization, finded by through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>I</i> "res," complete Schedule D, Part V 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>I</i> "res," complete Schedule D, Part VI. 10 X 11 If the organization report an amount for rivestments - other securities in Part X, line 13; that is 5% or more of its total assets reportal in Part X, line 14/ "res," complete Schedule D, Part X 11a X 11 If the organization report an amount for them sasets in Part X, line 15; th | 4 | | | | 77 |
| eminal amount as defined in Rev. Proc. 89-197. If "Yes," complete Schedule Q, Part II 6 X 6 Did the organization maintain any doner adviced fund or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization neceive or hold a conservation essement, including essements to preserve open space, the environment, historical freesare, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 10 Did the organization is merver to any of the tollowing questions is "Yes," then complete Schedule D, Part V 10 X 11 H the organization report an amount for investments - other securities in Part X, ine 107. If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - other securities in Part X, ine 107. If "Yes," complete Schedule D, Part V 11a X 11 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 127. If "A " | _ | | 4 | | <u> </u> |
| 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? // 'Yes,' complete Schedule D, Part // 7 X 0 Did the organization receive or hold a conservation essement, including assements to pressive open space, the environment, historic land areas, or historic structures? // 'Yes,' complete Schedule D, Part // 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part // 7 X 9 Did the organization receive or inquise for the optimization, includ assets in donorrestricted endowments or in quasi endowments? // 'Yes,' complete Schedule D, Part // 9 X 10 Did the organization receive any of the following questions is 'Yes,' thun complete Schedule D, Part V, 'Is a spipicable. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? // 'Yes,' complete Schedule D, Part X, 'Ins 10? // 'Yes,' complete Schedule D, Part X, 'Ins 2/ 'Is a spipicable. 11a X 12 Did the organization report an amount for investments - organ related in Part X, line 10? // 'Yes,' complete Schedule D, Part X 11a X 13 Did the organization is sparate or consolidated financial statements for the tax year // 'I'Yes,' complete Schedule D, Part X 11a X | 5 | | _ | | v |
| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 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? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 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, ire 7, complete Schedule D, Part IV 8 X 10 Did the organization directly or through a related organization, hold assets in donc-restricted endowments? 10 X 11 If the organization directly or through a related organization, hold assets in donc-restricted endowments? 10 X 12 If the organization report an amount for lawestments - organize and mount for lawestments - organize and anount for investments - organize anount for investments - organize anount for anount for investments - organize anount for lawstements - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 10 Did the organization report an amount for other assets in Part X, line 12? If "Yes," complete Schedule D, Part X 11e | • | | 5 | | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II. 8 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? 9 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on in quasi andowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10 X 12 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? If "Yes," complete Schedule D, Part VI. 11 X 13 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? If "Yes," complete Schedule D, Part VI. 11 X 14 Did the organization subple Schedule D, Part X 111 | 6 | | | | v |
| the environment, historical dareas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If 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? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other asset in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 14 Did the organization separate or consolidated financial statements for the tax year? If | - | | 6 | | |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i> <i>Schedule D, Part III</i> 8 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>II "Yes," complete Schedule D, Part V</i> 10 X 11 If the organization is answer to any of the following questions is "Yes," than complete Schedule D, Part XI, If 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>It "yes," complete Schedule D, Part XI</i> 11a X 12 Did the organization report an amount for investments - rorgam related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16% <i>It "yes," complete Schedule D, Part XI</i> 11e X 13 Did the organization report an amount for investments - program related in Part X, line 25% <i>It "yes," complete Schedule D, Part X</i> 11e X 14 X Did the organization separate or consolidated financial statements for the tax year? 11e X 14 Did the organization separate or consolidated, independent audited financ | ' | | - | | v |
| Schedule D, Pert III 8 X 9 Did the organization report an amount in Part X, line 121, for escrew 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? 9 X 9 Did the organization, directed counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directed counseling, debt management, credit repair, or debt negotiation services? 9 X 11 If the organization, directed organization, hold assets in donor-restricted endowments or in quasi endowments? II "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for ind, buildings, and equipment in Part X, line 127, line 135, that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part VIII 11a X 12 Did the organization report an amount for investments - topgram related in Part X, line 157, line 158, thi is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part X 11e X 13 Did the organization robort an amount for there assets in Part X, line 158, thi as 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part X 11e X 14 Did the organization robort an amount for inderesasset in Part X, line 158, thi is 5% or more | • | | | | л |
| 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, dett management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Parts V, VII, VII, VII, VII, VII, VII, VII, | 0 | | | | x |
| amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If 'Yes,' complete Schedule D, Part V 10 X 10 X 11 If the organization, directly or through a related organization, includ assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 12 If the organization, directly or through a nelated organization, schedule D, Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 11 X 13 If 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? If 'Yes,' complete Schedule D, Part VI 11 11 X 14 Did the organization report an amount for investments - other asset in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11 X 11 X 15 Did the organization report an amount for other lassitilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 114 X 16 Did the organization separate or consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X 114 X 17 Did the organization asset as exprete or the tax year includes a controle that addresesses the organization asset and VI tor uni | ٥ | | o | | - 23 |
| If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part VII, VII, VII, VX, or X, as applicable. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 13 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? If "Yes," complete Schedule D, Part VII 11 X 14 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11 X 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 X 11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 X 11 Did the organization sibility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12 Did the organization asseted" No' to line 12a, then completing Schedule D | 9 | | | | |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VX, VX, as applicable. 10 X 20 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 21 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 167 If "Yes," complete Schedule D, Part VI 11b X 21 Did the organization report an amount for investments - other securities in Part X, line 15, thine 167 If "Yes," complete Schedule D, Part VI 11e X 21 Did the organization report an amount for other assets in Part X, line 15, thine 15% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X 11e X 21 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is bargerate or consolidated financial statements for the tax year? 11f X 21 Did the organization asset and XII. No thine organization asset and XII. No the organization asset and XII. 11e X 21 Did the organization included in acconsolida | | | a | | x |
| or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI 11b X c Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11d X e Did the organization is port an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization included in consolidated financial statements for the tax year? 11f X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? 11g X 14a Did the organization aschool described in section 170b(IV(A)(W)? II "Yes," comple | 10 | | 3 | | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a 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? If "Yes," complete Schedule D, Part VIII 11b 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? If "Yes," complete Schedule D, Part VIII 11d X c Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization asparate, independent audited financial statements for the tax year? 11f X 12a Did the organization asparate, independent audited financial statements for the tax year? 11f 'Yes," complete Schedule D, Part X 11f X 12b Was the organization aschol described in Section 1700/U/(V)/V)/V 'Yes," complete Schedule D, Part X X and XII is optional 11f X 12a Did the organization aschol desc | 10 | | 10 | x | |
| as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11a 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11c 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? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization sibility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization aschere at You in E12, then completing Schedule D, Part X and XII 12a X 14a X 11d X 11d X 12a X and XII 11e X 11e X 12a X 11f X 11d X 11d X 12a <td>11</td> <td>If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VII. VIII. VIII.</td> <td></td> <td></td> <td></td> | 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VII. VIII. | | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part VI 11a 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? If 'Yes," complete Schedule D, Part VI 11b 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? If 'Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other lassiting in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII 11c X e Did the organization report an amount for other lassitilities in Part X, line 15, that is 5% or more of its total assets reported in Part X. 11e X f Did the organization isport an amount for other lassitilities in Part X, line 15, If 'Yes," complete Schedule D, Part X 11e X 12a Did the organization biability for uncertain tax positions under FIN 48 (ASC 740?) If 'Yes," complete Schedule D, Part X 11f X 12a Did the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule D, Part X 11t X 12a X 11d X 11a X 12a Did the organization aschool described in section 170 | •• | | | | |
| Part VI 11a 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? // *Yes," complete Schedule D, Part VII 11b 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? // *Yes," complete Schedule D, Part VII 11c 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? // *Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? // *Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year? 11f X f Yes, * and if the organization aschool described in section 170(b)(1)A(ii)? 11e Yes, * complete Schedule D, Part X 11e X 11a X Did the organization anitah an office, employees, or agents outside of the United States? 11a X 12a X Did the organization aschool described in section 170(b)(1)A(ii)? 11e Yes, * complete Schedule E 11a X 13a Is the organization anintain an office, employees, or agents outs | а | | | | |
| 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11c 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? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization is bability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 11f X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13a X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14 Did the organization export on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign nidviduals? If "Yes," complete Schedule F, Part II and IV | u | | 11a | х | |
| assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII 11b 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? /f "Yes," complete Schedule D, Part VIII 11c 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? /f "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X 112 Did the organization's separate or consolidated financial statements for the tax year? 11f X 12a Did the organization othain separate, independent audited financial statements for the tax year? 11f X 13 Is the organization asswered "No" to line 12a, then completing Schedule D, Part X I and XII is optional 12a X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garge grants or other assistance to or for foreign individuals? If "Yes," complete Schedule C, Part I and IV 16 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garge grants or other assistance to or for f | b | | | | |
| 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? If "Yes," complete Schedule D, Part VIII 11c 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? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization bala separate, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional 12a X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnes or other assistance to or for any foreign organization? 15 X 16 X 11d X 15 X 17 </td <td></td> <td></td> <td>11b</td> <td>х</td> <td></td> | | | 11b | х | |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year, "complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X b Was the organization included in social answerd "No" to line 12a, then completing Schedule D, Parts XI and XII 12b X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gyregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gyregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 16 X 17 Did the organization report on Part IX, column (A), line 3, mor | с | | | | |
| 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? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X 13 Is 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? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "yes," complete Schedule F, | | | 11c | Х | |
| Part X, line 16? If "Yes," complete Schedule D, Part IX. 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 12a X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 14 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? If "Yes," complete Schedule F, Parts I and IV 14b X 15 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? If "Yes," complete Schedule G, Part II and IV 16 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? If "Yes," complete Schedule F, Part | d | | | | |
| e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization 's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X b Was the organization a school described in section 170(b)(1)(A)(0)? /f "Yes," complete Schedule E 13 X 14a Did the organization namatina an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6, Part III and IV 16 <td></td> <td></td> <td>11d</td> <td></td> <td>х</td> | | | 11d | | х |
| f Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? (IF "Yes," complete Schedule D, Part X 11f X 12a Did the organization separate, independent audited financial statements for the tax year? (If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization acknowled in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or or for foreign individuals? If "yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or or for foreign individuals? If "yes," complete Schedule G, Part I. See instructions 16 X 18 Did the organization report more than \$15, | е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>. b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>. b Was the organization answered "No" to <i>line 12a</i>, <i>then completing Schedule D, Parts XI and XII is optional</i> 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>. See instructions 18 Did the organization report more than \$15,000 of grants in grants and contributions on Part VIII, lines and the organization report more than \$15,000 of grants and the and contributions on Part VIII, lines and the organization report more than \$15,000 of grants and the dimancial statements to this return? 19 Did the organization report more than \$15,000 of grants or other assistance to any domestic organization report more than \$15,000 of grants or other assistance to any domestic organization re | | | | | |
| Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II 18 X | | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? 1 If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 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? 14a X b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts II and IV 16 X 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 3, for other assistance to this return? 18 X 10 <td>12a</td> <td></td> <td></td> <td></td> <td></td> | 12a | | | | |
| If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b 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? If "Yes," complete Schedule F, Parts II and IV 15 X 17 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? If "Yes," complete Schedule F, Parts II and IV 16 X 17 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a | | Schedule D, Parts XI and XII | 12a | Х | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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? If "Yes," complete Schedule F, Parts I and IV 14b 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 or foreign individuals? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b 21 X | b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? 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? If "Yes," complete Schedule F, Parts I and IV 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX 20a X 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? If "Yes," complete Schedule I, Parts I and I | | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | |
| 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</i> "Yes," <i>complete Schedule F, Parts I and IV</i>. 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 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 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</i> "Yes," <i>complete Schedule G, Part I</i>. See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>. 18 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>. 20a X 20b 21 X | 13 | | 13 | | |
| investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b 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? If "Yes," complete Schedule I, Parts I and II | 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| or more? If "Yes," complete Schedule F, Parts I and IV 14b 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? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a 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? If "Yes," complete Schedule H 20a X | b | | | | |
| 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X | | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| foreign organization? /f "Yes," complete Schedule F, Parts II and IV 15 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? /f "Yes," complete Schedule F, Parts II and IV 16 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? /f "Yes," complete Schedule G, Part I. See instructions 17 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? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 18 X 20a XX 20a XX 20a XX 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? /f "Yes," complete Schedule H 20a X 21 X | | | 14b | Х | |
| 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X | 15 | | | | |
| or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 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? /f "Yes," complete Schedule G, Part I. See instructions 17 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? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a 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? /f "Yes," complete Schedule I. Parts I and II 20a X | | | 15 | | <u> </u> |
| 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I. Parts I and II</i> 21 X | 16 | | | | |
| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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? If "Yes," complete Schedule I. Parts I and II 21 X | | | 16 | | <u> </u> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," 19 X 20a Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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? // "Yes," complete Schedule I. Parts I and II 21 X | 17 | | | | v |
| 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X | 40 | | 17 | | Ă |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i> 21 X | 18 | | | v | |
| complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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? If "Yes," complete Schedule I. Parts I and II 21 X | 40 | | 18 | Δ | <u> </u> |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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? If "Yes," complete Schedule I. Parts I and II 21 X | 19 | | | | v |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? If "Yes," complete Schedule I. Parts I and II 21 X | 00 | | | | |
| 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? If "Yes," complete Schedule I. Parts I and II 21 X | | | | | |
| domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | | | 206 | | |
| | 21 | | 04 | y | |
| | 00000 | | | | (2020) |

232003 12-13-22

 THE FOUNDATION FOR SANTA BARBARA

 Form 990 (2022)
 CITY COLLEGE

 Part IV
 Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|---|-----------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 165 | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 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? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 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? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | <u> </u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 25a | | х |
| h | transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a | | |
| U | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L. Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 00. | | v |
| 20 | "Yes," complete Schedule L, Part IV | 28c 29 | | X X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | _29 | | <u></u> |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 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? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| ~= | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 07 | | х |
| 38 | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 37 | | - 23 |
| 30 | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | | | |
| | 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 1a 15 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 232004 | 12-13-22 7 | Form | 990 | (2022) |

CITY COLLEGE

| Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Bar St | Par | TV Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
|---|--------------|--|---------|------------------------|------|-----|---------|--|--|--|
| Interpret of the calendar year ending with or within the year covered by this return 12 15 16 Bo Diff be carported in the 20, diff the organization field alregular deviang the year? 26 28 X Bo Diff be carported in the calendar year, did the organization have an explanation or Schedule 0 28 X Bo If Year, 'and the during the calendar year, did the organization have an interest in, or a signature or other autority over, a financial account? 4a X Bo If Year, 'and the many of the forgin country 50 56 X Bo If Year, 'and the many of the forgin country 56 56 X Bo If Year, 'and the argenization field mer and the transaction at any time during the tax year? 56 X Bo Did any taxable party only the organization field mer angination in field mer angination field mer angination in field mer angination field mer angina | | | | 1 | | Yes | No | | | |
| b If a least one is reported on line 2a, db the organization file all required federal employment las returns? 2b X 3b Did the organization have unreaded busines grows income of \$10,000 or more during the year? 3b X 4b At any time during the calenciar year, db the organization have an inteest in, or a signature or other matching to over, a diration of the organization text mate account, a securit security. 3b X b If "Yes," that if field a Form 990-Ther this year? If "No' to line 3b, provide an explanation on Schedule 0 3b X b If "Yes," if out the name of the foreign country luck has a bank account, security action has a programments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X c If Wes," if othe organization that are marking greater than \$100,000, and did the organization solicit any contributions that are normal grows receipts that are normal greater than \$100,000, and did the organization solicit any contributions and party for goods and solves provided to the pays? 7a X b If "Yes," if did the organization that are normal grows receipts the solutions or gifts were not tax deductible? 7a X c Did are toganization as express of S7 finds party as a contributions and party for goods and solves provided to the pays? 7a X d) If "Yes," indicate the number of forms 8282 field during the year? 7a X d) If the organization neave as a bask anigrans, or other whelles, | 2a | | | 1 - | | | | | | |
| ab Did the organization have unrelated business gross income of \$1,000 or more during the year? ab If Yes; That life a Form 3000 The this year? b) If Yes; That life a Form 3000 The this year? b) If Yes; The the name of the forgin country. B) If Yes; The the name of the forgin country. B) If Yes; The the name of the forgin country. B) If Yes; The the organization have an any time during the xyear? C) If Yes; The the organization that if the any time during the xyear? C) Did any taxable party notify the organization that if the any time during the xyear? C) Did any taxable party notify the organization that if the any time during the xyear? C) Did any taxable party notify the organization that if the any time during the xyear? C) Did any taxable party notify the organization the moreally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of notatable contributions? D) If Yes; T did the organization include with every solicitation an express statement that such contributions colds D) If Yes; T did the organization include with every solicitation an express statement that such contributions colds D) If Yes; T did the organization include with every solicitation and services provided? D) If Yes; T did the organization include with every solicitation and services provided? D) If Yes; T did the organization include with every solicitation and service and the organization server and the angle personal property for which it was required to the form 8822? D) If Yes; T did the organization form 4000 the uppeet the angle the organization form the server the angle per | | | · | | | | | | | |
| b If Yes, 'Issa if lifed a Form B9D' Tor this year? If We'to line 3b, provide an explanation on Schedule 0 3b X 4a Atary time during the calendary serv, dit the organization have an interest in, or a signature or other authority over, a timencial account? 4a X b I' Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial accounts ("EAPA). 5a X 5a Wat the organization to a prohibed tax wheter transaction at any time during the tax year? 5a X 5a Wat the organization have annual gress receipts that are ormally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions under section \$70(c) 5a X b I' Yes, 'induce the number of Forms 8262 filed during the year 7d 7a X f Did the organization needs as a solicit during the year? 7d 7d 7d X d I' Yes, 'indicate the number of Forms 8262 filed during the year? 7d 7d X 7d 1d 7d X d | - | | ns? . | | | | | | | |
| 4a At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly " 4a X b If Yea, "enter the name of the foreign country " 5a X b If Yea, "enter the name of the foreign country " 5a X b If Yea, "enter the name of the foreign country " 5a X b If Yea, "to the sa or 5b, did the organization in the two sans and the tax yea? 5a X close the organization have annual gross neepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions or gifts were not tax deductibles contributions under section 170(c). 6b X close the organization neick were were solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 7a X d If Yes," did the organization neick were were solicitation an express statement that such contributions or gifts were not tax deductible as a contribution of grant parts a period were section 170(c). 7a X d If Yes," indicate the number of Forms 382.116d during the year 2d 7d X d If Yes, indicate the number of Forms 382.116d during the year 7a X X d If Yes, indicate the | | | | | | | | | | |
| intractal account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If 'Yes,'' reter the name of the foreign country | | | | | 3b | X | | | | |
| b 1 "Yes," enter the name of the foreign country Image: the instructions for fring requirements for FinCEN from 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aperty to a prohibed tax shelter transaction at any time during the tax year? 5a 5a Image: the instructions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions tax deductible formas dentrable contributions? 5a 5a Image: the instruction star deductible contribution are express statement that such contributions or gifts were not tax deductible and contributions and services provided? 6a 7b Ves," did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible and contributions under section 179(c). 7a X 10 Uf the organization motify the donor of the value of the goods or services provided? 7b X 11 Tes," did the organization notify the donor of the value of the goods or services provided? 7c X 10 Uf the organization notify the good or services provided? 7c X 10 Uf the organization network any divide the good and services provided? 7c X 10 Uf the organization network any divide the divide the good and services provide? 7d X 11 Tes, | 4a | | | | | | v | | | |
| See instructions for filing requirements for FindCNN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). Image: Comparison of the co | | | accour | nt)? | 4a | | | | | |
| Ga Was the organization a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible or achirable contributions on any environment to exceed to the achirable contributions on any environment to exceed to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b If "Yes," did the organization include with every solicitation and party bir poots and services provided to the party? 7a X b If Yes," did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization notify the donor of the value of the goods or services provided? 7a X d If Yes," indicate the number of Forms 8282 filed during the year 7d X f Did the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1089.C? 7a X f <th>a</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | a | | | | | | | | | |
| b Did any taxable party notity the organization that it was or is a party to a prohibited tax shefter transaction? So X c If 'Yes' to line 5a or 5b, did the organization file Form 8886-T? So So So d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution with a were not tax deductible as charitable contributions? So X 0 If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? To | Fe | | | | Ea | | v | | | |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7 5c 6D Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible? 5c b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c 7 Organizations that may receive deductible contributions under section 170(c). 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization neel, exchange, or otherwise dispose of tangbite personal property for which it was required to the Form 8882? 7c X d If "Yes," indicate the number of Forms 8282 field during the year 7d X g If the organization receive a contribution of qualified inteleform property for which it was required to the Form 8898 as required? 7a X g If the organization receive a contribution or quark property or midnecty, on a personal benefit contract? 7r X g If the organization receive a contribution or quark property in during the year? 7a X g Sponsoring organization neave excess business holding at any the organizaton have excess businshalle distributions under | | | | | | | | | | |
| Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charitable contributions? Ga X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ga X c Organizations that may receive deductible contributions under section 170(c). Bit the organization netwise apyment in excess of \$25 made party as a contributions provided to the payof? 7a X c Did the organization notify the door of the value of the goods or services provided? 7b X c Did the organization notify the door of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d X d Did the organization netwine any thruthy, directly or indirectly, on a personal benefit contract? 7r X g If the organization excived a contribution of qualified intellectual property, did the organization file a Form 1098-C7 3 3a g Sponsoring organization make any taxable distributions under section 4966? 9a 9b 0 g Sponsoring organization make any taxable distributions under section 4966? 9a 0 g Sponsoring organization make any taxable distributions unduring the year? 9b 0 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>- 23</th> | | | | | | | - 23 | | | |
| any contributions that were not tax deductible as charable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 7 X 7 b If the organization notify the donor of the value of the goods or senices provided? 7a X c Did the organization notify the donor of the value of the goods or senices provided? 7a X c Did the organization notify the donor of the value of the goods or senices provided? 7a X c Did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X f Did the organization necelved a contribution of casi, boats, applience, or ther values of the organization feedwer as ontrol the organization feedwer as not funds, dinore advised funds. Did a donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 8 8 9 Sponsoring organization necelved a contribution or advised funds. 10a 10a 9a 9a 9 Did the sponsoring organization make any taxable distributions and section 4986? 9a 9a 9a 9 Did the sponsoring organization make any taxable distributions or ordivised, or related person? 9a 9a 9a 10 Section 501(c)(2) organizations. 11a <t< th=""><th></th><th colspan="9"></th></t<> | | | | | | | | | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b C Organizations that may receive deductible contributions under section 170(c). 10 10 D If the organization sclive a gyment in excess of \$75 made parity as a contribution and parity for goods and services provided? 7c X D If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c X D If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X If "Yes," did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7c X If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X If the organization receive any contractive dispose of the values of the organization file a Form 1098-C? 7n X Sponsoring organization make end stability diverse diverse duration the a form route of the sponsoring organization make any travable distributions under section 4966? 9a 9a D dit he sponsoring organizations. Enter: a 10a 10a 10a 10a B initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10a 10a | u | | | | 6a | | x | | | |
| were not tax deductible? 60 7 Organizations that may receive deductible contributions under section 170(c). 70 b If "Yes," did the organization neity the donor of the value of the goods or services provided? 70 b If "Yes," did the organization neity the donor of the value of the goods or services provided? 70 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 70 d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d To did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d 7d g If the organization received a contribution of qualified intelectual property (did the organization file or M899 as required) 7d 7d h If the organization received a contribution of cars, boats, alrplanes, or other vehicles, did the organization file or M899 as required? 7d 7d b Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a D Did the sponsoring organizations. Enter: 10a 10a 10a 10a 11 Section 501(c)(7) organizations. Enter: 10a 10a 10a 10a 12 Section 601(c)(12) organizations. Enter: 10a 10a 10a 10a 13 Section 501(c)(2) organizations. Enter: 10a 10a 10a | b | | | | | | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). a | ~ | | | • | 6b | | | | | |
| 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? 7a X b If "Yes," and the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization excerts exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d X 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7n X n If the organization matching have excess business holdings at any time during the year? 7g 8 8 9 Sponsoring organization have excess business holdings at any time during the year? 9a 9a 9a 10 di the sponsoring organization make any taxable distributions on devised funds. 10a dood and set of the sources? 9a 9a 10 Section 501(c)[12) organizations. Enter: 10a 10b 10b 10b 10c 11 Section 501(c)[12) organization included on Part VIII, line 12 10a 10b 10c 10c | 7 | | | | | | | | | |
| b If Yes,* did the organization seli, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X c Did the organization seli, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If Y'es,* indicate the number of Forms 8282 filed during the year Zd 7d X e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r X g If the organization received a contribution of qualified intellectual property, did the organization face and or dars, boats, anpinanes, or other vehicles, did the organization negarization received a contribution of cars, boats, anpinanes, or other vehicles, did the organization face and a contrabution of cars, boats, anpinanes, or other vehicles, did the organization face and a contrabution of cars, boats, anpinanes, or other vehicles, did the organization face and a contrabution and contrad donor, donor advisor, or related person? 8 9 Sponsoring organization. Enter: 10a 10a 10a 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a 12 Section 501(c)(12) organizations. Enter: 11a 10a 11a 13 Section 501(c)(12) organizations. Enter: 11a 10a 11a 1 | | | vices r | provided to the pavor? | 7a | х | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d t'''se, 'indicate the number of Forms 8282 filed during the year Id Yc X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h X g Sponsoring organization maintaining donor advised funds. 1d a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 Beschion 801(c)(12) organizations. Enter: 10a 10b 10b 10b 10b 10b 11a 10b 12 Section 501(c)(12) organizations. Enter: 11a 10b 10b 11a 10b 13 Section 501(c)(12) organizations. Enter: 11a 10b 10b 11 | | | | | | | | | | |
| to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d X d If Yes, "indicate the number of Forms 8282 filed during the year 7d X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X h If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization file Form 8899 as required? 7f X g If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization file Form 8899 as required? 7f X 9 Sponsoring organizations maintaining doon advised funds. 8 8 9a 9b 9b 9b 9b 9b 9b 9b 9b 9b 9a 9a 9b 9b 9a 9b 9a 9b 9c <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | | | | | | | | | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d e Did the organization during the year, pay premiums, on a personal benefit contract? 7r X f If the organization during the year, pay premiums, or pay previous, directly or indirectly, on a personal benefit contract? 7r X g If the organization during the year, pay premiums, or other vehicles, did the organization file a Form 1098-C? 7n X S opposoring organization maintaining door advised funds. 0 ad onor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 Sponsoring organizations maintaining door advised funds. 9a 9a 9a 10 d the sponsoring organizations make any taxable distributions under section 4966? 9a 9a 9b 10 section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 10b 11 section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 11a 12a 12 Section 501(c)(2) organization size received or accrued during the year 12b 13a 13a 13 Section 501(c)(2) organizations included on Part VIII, line 12 10a 10a 11b 12a 14 Section 501(c)(2) organizations maintain by the states in which th | | to file Form 8282? | | | 7c | | X | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h X g Sponsoring organization maintaining donor advised funds. Did a donor advised fund animatined by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Sponsoring organization maintaining donor advised funds. 9a | d | | 1 | | | | | | | |
| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make a distribution to a donor, donor advised runds. 9a 10 Section 501(c)(7) organizations. Enter: 10a 11 Initiation fees and capital contributions included on Part VIII, line 12 10a 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 13 Section 501(c)(12) organizations. Enter: 11a 14 Gross income from members or shareholders 11a 15 Gross income from nere sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 14a X 15 X 16 17% "New," heast filed a Form 720, Schedule N. 16 13a 17 14a 18 13a 19 13a 14 14a 15 X 16 X | | | ontrac | :t? | 7e | | X | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organizations maintaining donor advised funds. 8 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(7) organizations. Enter: 11a 11b a Gross income from members or shareholders 11a 12a b Gross income from members or shareholders 11b 11b 12a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nearbh plans in more than one state? 13a 13a 13a 14 Did the organization is locensed to issue qualified health plans in more than station on Schedule 0 14b 14b 14a X < | f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7f | | X | | | |
| 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? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 0 Did the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Entler: 10a 11 Initiation fees and capital contributions included on Part VIII, line 12. 10a 12 Section 501(c)(12) organizations. Entler: 10b 13 Gross income from members or shareholders 11a 14 Did the amount of tax-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(2) organization filing form 990 in lieu of Form 1041? 12a 15 If *Yes," entler the amount of tax-exempt interest received or accrued during the year 12b 14a X 13a 13a 15 If the organization receive any payments for indoor tanning services during the tax year? 14a X 14 Did the organization subject to the section 4968 excise tax on net investment income? 15 X 16 If *es," has it filied a form 720 to report the | g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 88 | 99 as required? | 7g | | | | | |
| sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 11 Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 11a 12 Gross income from members or shareholders 11a 11b 12a 13 Section 501(c)(22) organizations. Enter: 11b 12a 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 14 Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(22) qualified nonprofit health plans in more than one state? 13a 14a 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X <t< th=""><th>h</th><th>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization</th><th>tion fi</th><th>le a Form 1098-C?</th><th>7h</th><th></th><th></th></t<> | h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion fi | le a Form 1098-C? | 7h | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. 9 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9b 10 Section 501(c)(7) organizations. Enter: 10a 11 Section 501(c)(12) organizations. Enter: 10a 12 Section 501(c)(12) organizations. Enter: 10b 13 Gross income from members or shareholders 11a 14 Did the sponsoring organization filling Form 990 in lieu of Form 1041? 12a 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13 Section 501(c)(29) qualified nonprofit health neurance issuers. 13a 14 Did the sequence of readitional information the organization must report on Schedule O. 13a 14 Did the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13a 13a 13a 14a X 14b 14b 15 Is the organization size qualified health plans 13b 13a 14b Did the organization is required to mai | 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | l by th | e | | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 11 Section 501(c)(12) organizations. Enter: 10b a Gross income from members or shareholders 11a b Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a c Enter the amount of reserves the organization its required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | | | | | 8 | | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b 10b 10c 11 Section 501(c)(12) organizations. Enter: 10b 10b 10c 10c 12 Section 4001(c)(12) organizations. Enter: 11a 10b 10c 10c 13 Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 14 mounts due or received from them.) 11b 12a 12a 12a 15 Section 9947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 16 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 13 Section 901(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 13a a Is the organization is licensed to issue qualified health plans in more than one state? 13a 13a 13a 13a 13a 13a 13a | 9 | | | | | | | | | |
| 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 12 Gross income from members or shareholders 11a 11b 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 28 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 14a X b Fir Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more tha | | | | | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 14a b If "Yes," set the amount of reserves on hand 13b 14a X b Id the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 s the organization an educational institution subject to the section 4968 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X ff | | | | | | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(22) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," see the instructions and file Form 4720, Schedule N. 15 15 X if "Yes," as the instructions and file Form 4720, Schedule N. 16 X 15 16 X if | | | مدا | 1 | | | | | | |
| 11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13a 3 Section 501(c)(22) qualified nonprofit health insurance issuers. 13a 13a 13a 4 Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c c Enter the amount of reserves on hand 13c 13c 14a X 14b 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X if "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X | | | | | | | | | | |
| a Gross income from members or shareholders 11a 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 s the organization and clucational information subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14a X If "Yes," see the instructions and file Form 4720, Schedule N. 15 X 15 X If "Yes," complete Form 4720, Schedule O. | | | 100 | | | | | | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b 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 13b 14a X c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b c Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X ff "Yes," complete Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 11 | | | 1 | | | | | | |
| amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organizations. Did the trust, or any disqualified or other person engage in any activities 16 X 17 If "Yes," complete Form 6069. 17 17 | a b | | | | | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 12c 14a X b Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(2) organizations. Did the trust, or any disqualified or other person engage in any activities that would re | U | | 111 | | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 | 1 2 2 | | | 1 ? | 122 | | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 | | | 1 | 1 | 120 | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Image: Comparization is licensed to issue qualified health plans b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 17 17 | | | | 1 | | | | | | |
| Note: See the instructions for additional information the organization must report on Schedule O. Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Image: the organization an educational institution subject to the section 4968 excise tax on net investment income? Image: the organization and the organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? Image: the organization is the organization of the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? Image: the organization is the organization of the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? Image: the organization is the organization of the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? Image: the organization is the organization of the trust, or any disqualified or other person engage in any activities that would result in the imposition | | | | | 13a | | | | | |
| b 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 13b 14b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 If "Yes," complete Form 6069. 10 10 10 | | - | | | | | | | | |
| organization is licensed to issue qualified health plans 13b 13b 13c c Enter the amount of reserves on hand 13c 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 17 17 | b | | | | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17 If "Yes," complete Form 6069. 17 17 | | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17 If "Yes," complete Form 6069. 17 17 17 | с | Enter the amount of reserves on hand | 13c | | | | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 10 10 10 10 | 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X | | | |
| excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 10 10 10 10 | b | | | | 14b | | | | | |
| If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 15 | | | | | | <u></u> | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Image: Complete Form 4720, Sche | | | | | 15 | | X | | | |
| If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | | | | | | | 37 | | | |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 17 17 17 17 17 | 16 | | t incor | ne? | 16 | | X | | | |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 0 | <i>.</i> | | | | | | | | | |
| If "Yes," complete Form 6069. | 17 | | | | | | | | | |
| | | | | | 1/ | | | | | |
| | 232005 | | | | Form | 990 | (2022) | | | |

8

12330513 146892 794638

Form 990 (2022)

THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE

Form 990 (2022)

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 on Schedule O. See instructions.

| Check if Schedule O contains a response or note to any line in this Part VI | X |
|---|-------|
| 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 | 1a | 22 | | | | | | | | | |
| | 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 on Schedule O. | | | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 17 | | | | | | | | | |
| 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 | | Х | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | | | | | | | |
| | of officers, directors, 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 9 | | | 4 | | X | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 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 ap | point | one or | | | | | | | | | |
| | more members of the governing body? | | | | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockhc | lders, or | | | | | | | | | |
| | persons other than the governing body? | | | 7b | | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | r by th | e following: | | | | | | | | | |
| а | The governing body? | | | 8a | Х | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | hed a | it the | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re- | venue | 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 cha | apters | , affiliates, | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \ldots$ | | | 10b | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | befo | re filing the form? | 11a | Х | | | | | | | |
| b | | | | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X X | | | | | | | |
| b | | | | | | | | | | | | |
| С | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | | | |
| | on 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 | Х | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | l by in | dependent | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | X | | | | | | | |
| b | Other officers or key employees of the organization | | | 15b | Х | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | nent w | rith a | | | v | | | | | | |
| | taxable entity during the year? | | | 16a | | X | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatior | ı's | | | | | | | | | |
| <u> </u> | exempt status with respect to such arrangements? | | | 16b | | | | | | | | |
| | tion C. Disclosure | | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed <u>CA</u> | | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 |)-T (section 501(c)(3) | s only) | availal | ole | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | - | : | | | | | | | | | |
| X Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con | ntiict (| or interest policy, and | i tinano | ciai | | | | | | | |
| 00 | statements available to the public during the tax year. | ko =:- | draaarda | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo ZORANA MORRIS - $805-730-4418$ | ks an | u recorus | | | | | | | | | |
| | 721 CLIFF DRIVE, SANTA BARBARA, CA 93109 | | | | | | | | | | | |
| 222004 | 12-13-22 | | | Form | 990 | (2022) | | | | | | |
| 232000 | 9 | | | 1 UII | | (2022) | | | | | | |
| | | | | | | | | | | | | |

| THE | FOUNDATION | FOR | SANTA | BARBARA | |
|-----|------------|-----|-------|---------|--|
| | | | | | |

| Form 990 (| 2022) | CITY | COI | LEGE | | | | 95-3 |
|------------|---------------|----------|-------|------------|-----------|----------------|---------|-------------|
| Part VII | Compensation | of Offic | cers, | Directors, | Trustees, | Key Employees, | Highest | Compensated |
| - | Employees, an | d Indep | ende | ent Contra | ctors | | | |

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

| | | l ga | inzai | | | iper | ioatt | | | |
|-----------------------------|------------------------|--------------------------------|-------------------------|---------|--------------|--|--------|------------------------------|-----------------|-----------------------------|
| (A) | (B) | Desition | | | | | | (D) | (E) | (F) |
| Name and title | Average | (do | not cł | | | | one | Reportable | Reportable | Estimated |
| | hours per | | box, unless officer and | | | | | compensation | compensation | amount of |
| | week | | | uau | | 1/ | iee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for | ordi | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee | trust | | 96 | bens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | organizations below | ual tr | ional | | ploy | t con | | 1099-NEC) | | organizations |
| | line) | Individual trustee or director | In stitutio nal trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) KINDRED MURILLO | 1.00 | | | | | | | | | |
| EX-OFFICIO - SBCC | 40.00 | Х | | | | | | 0. | 392,904. | 14,367. |
| (2) GEOFF GREEN | 40.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | 0.00 | | | Х | | | | 244,872. | 0. | 41,196. |
| (3) CAROLA SMITH | 1.00 | | | | | | | | | |
| EX-OFFICIO - SBCC | 40.00 | Х | | | | | | 0. | 221,420. | 21,775. |
| (4) PALOMA ARNOLD | 1.00 | | | | | | | | | |
| EX-OFFICIO - SBCC | 40.00 | Х | | | | | | 0. | 194,812. | 25,365. |
| (5) ZORANA MORRIS | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 0.00 | | | Х | | | | 133,346. | 0. | 30,075. |
| (6) MELANIE ECKFORD-PROSSOR | 1.00 | | | | | | | | | |
| EX-OFFICIO - SBCC | 40.00 | Х | | | | | | 0. | 150,356. | 11,232. |
| (7) RACHEL JOHNSON | 40.00 | | | | | | | | | |
| CHIEF PROGRAM OFFICER | 0.00 | | | | | X | | 128,421. | 0. | 17,584. |
| (8) ROBERT K. MILLER | 1.00 | | | | | | | | | |
| EX-OFFICIO - SBCC | 2.00 | Х | | | | | | 0. | 4,800. | 17,954. |
| (9) CHERNOR DIALLO | 1.00 | | | | | | | | | |
| EX-OFFICIO - SBCC | 2.00 | Х | | | | | | 0. | 9,731. | 0. |
| (10) ANNA EVERETT | 1.00 | | | | | | | | | |
| EX-OFFICIO - SBCC | 2.00 | Х | | | | | | 0. | 4,500. | 0. |
| (11) SCOTT VINCENT | 3.00 | | | | | | | | | |
| PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (12) LAURIE ASHTON | 2.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (13) MICHELLE LEE PICKETT | 2.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (14) FRANK TABAR | 2.00 | | | | | | | | | |
| TREASURER | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (15) SARAH DE TAGYOS | 2.00 | | | | | | | | | |
| SECRETARY | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (16) WENDY READ | 2.00 | | | | | | | | | |
| AT LARGE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (17) ROGER DURLING | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| 232007 12-13-22 | | | | | | | | | | Form 990 (2022) |

10

CTTY COLLEGE

2021551

| Form 990 (2022) CITY COLI | LEGE | | | | | | | | 95-323 | 4551 | Pa | age 8 |
|---|----------------------|--------------------------------|-----------------------|-----------|--------------|---------------------------------|---------|---------------------------|---------------------------------------|------------|----------------------|--------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | d Hig | ghes | st C | ompensated Employee | s (continued) | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | | (F) | |
| Name and title | Average | (do | | | itior | ۱ than d | | Reportable | Reportable | E | stimate | ed |
| | hours per | box | , unles | ss pe | rson i | is both | n an | compensation | compensation | ar | nount o | of |
| | week | | cer an | dad | lirecto | or/trus [.] | tee) | from | from related | | other | |
| | (list any | ector | | | | | | the | organizations | | npensa | |
| | hours for related | or dir | e | | | ated | | organization | (W-2/1099-MISC/ | | rom the | |
| | organizations | ustee | truste | | Ð | pens | | (W-2/1099-MISC/ | 1099-NEC) | | ganizati d relate | |
| | below | ual tr | tional | | ploye | t com | | 1099-NEC) | | | anizatio | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | amzan | 5115 |
| (18) DANIEL EMMETT | 1.00 | | _ | 0 | × | 1 0 | - | | | + | | |
| DIRECTOR | 0.00 | x | | | | | | 0. | 0 | | | Ο. |
| (19) MADELEINE JACOBSON | 1.00 | | | | | | | | | - | | |
| DIRECTOR | 0.00 | х | | | | | | 0. | 0 | • | | Ο. |
| (20) RACHEL KAGANOFF STERN | 1.00 | | | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0 | • | | Ο. |
| (21) GREG LOOSVELT | 1.00 | | | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0 | • | | 0. |
| (22) PAUL MENZEL | 1.00 | | | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0 | • | | 0. |
| (23) GRACIELA MONTGOMERY | 1.00 | | | | | | | | | | | |
| DIRECTOR (THRU 8/31/22) | 0.00 | Х | | | | | | 0. | 0 | • | | 0. |
| (24) CAROLA NICHOLSON | 1.00 | | | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0 | • | | 0. |
| (25) PEDRO PAZ | 1.00 | | | | | | | | | | | • |
| DIRECTOR | 0.00 | X | | | | - | | 0. | 0 | • | | 0. |
| (26) BEN SCOTT | 1.00 | | | | | | | 0 | 0 | | | • |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0 978,523 | | 9,54 | 0. |
| 1b Subtotal | | | | | | | | 506,639. | 978,523 | | 9, 54 | |
| c Total from continuation sheets to Part VI | | | | | | | | 506,639. | 978,523 | | 9,54 | 0. |
| | | | | | | | | | · · · · · · · · · · · · · · · · · · · | • 1 1 / | 9,54 | ±0. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | a at | oove | e) wn | o re | eceived more than \$100, | 000 of reportable | | | 3 |
| compensation from the organization | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director trust | oo k | | mo | | a or | hio | nhest companyated emp | | | 100 | 110 |
| line 1a? If "Yes," complete Schedule J for s | , | | | • | | , | 0 | , , , | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su | im of reportabl | e co | mpe | nsa | tion | and | oth | ner compensation from t | he organization | Ű | | |
| and related organizations greater than \$150 | - | | - | | | | | | - | 4 | x | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | |
| rendered to the organization? If "Yes." com | | | | | | | | | | 5 | | Х |
| Section B. Independent Contractors | <u></u> | | 01 00 | <u></u> , | | 011 | | | | • | | |
| 1 Complete this table for your five highest co | mpensated ind | lepe | nder | nt co | ontra | actor | rs th | hat received more than \$ | 100,000 of compen | sation fro | om | |
| the organization. Report compensation for | the calendar ye | ear e | ndin | ıg w | ith c | or wi | thin | the organization's tax y | ear. | | | |
| (A) | | | | | | | | (B) | | | C) | |
| Name and business | address | | | | | | | Description of s | ervices | Compe | nsatior | 1 |
| SEI INVESTMENTS | | | ~ • | | | | | INVESTMENT | | ~ ~ ~ | <u>а -</u> , | |
| <u>1 FREEDOM VALLEY DRIVE, C</u> | AKS, PA | 1 | 94 | 56 | | | _ | MANAGEMENT | | 28 | 9,51 | 19. |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (ii | heluding but p | ot lin | nitor | to | thos | | tod | above) who received m | aro than | | | |

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 \$100,000 of compensation from the organization

Form 990 (2022)

THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE

| Form | | | | | | | 95-3234 | 551 Page 9 |
|---|----|--------|--|---------------------|-----------------------------|--|--------------------------------------|---|
| Pa | t١ | /111 | Statement of Revenue | | | | | |
| | | | Check if Schedule O contains a response | or note to any line | | (5) | (2) | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| S S | 1 | а | Federated campaigns 1a | | | | | |
| ant | | | Membership dues 1b | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Fundraising events 1c | 368,736. | | | | |
| ľfts, | | | Related organizations 11 | 45,000. | | | | |
| , Gi | | | Government grants (contributions) 1e | 30,000. | | | | |
| Sin | | | All other contributions, gifts, grants, and | | | | | |
| utio | | • | similar amounts not included above 1f | 3,438,890. | | | | |
| 0ti Oti | | a | Noncash contributions included in lines 1a-1f | 15,571. | | | | |
| no' | | - | Total. Add lines 1a-1f | · · · | 3,882,626. | | | |
| 0 10 | | | | Business Code | -,, | | | |
| • | 0 | а | | | | | | |
| Program Service Revenue | 2 | b | | | | | | |
| Ser | | c | | | | | | |
| ver S | | d | | | | | | |
| gra Re | | e e | | | | | | |
| Pro | | | All other program service revenue | | | | | |
| - | | | Total. Add lines 2a-2f | | | | | |
| | 3 | | Investment income (including dividends, intere | | | | | |
| | 0 | | other similar amounts) | | 3,647,645. | | -508. | 3648153. |
| | 4 | | Income from investment of tax-exempt bond p | | , , . | | | |
| | 5 | | Royalties | | | | | |
| | Ŭ | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | |
| | Ŭ | | Less: rental expenses 6b | | | | | |
| | | | Rental income or (loss) 6c | | | | | |
| | | | | | | | | |
| | 7 | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | • | | assets other than inventory $7a$ 12,336,606. | | | | | |
| | | b | Less: cost or other basis | | | | | |
| e | | | and sales expenses 7b 12,743,742. | | | | | |
| evenue | | с | Gain or (loss) 7c -407,136. | | | | | |
| Sev | | | Net gain or (loss) | | -407,136. | | | -407,136. |
| Other R | 8 | | Gross income from fundraising events (not | | | | | |
| ŧ | | | including \$ 368,736. of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 8a | 28,545. | | | | |
| | | b | Less: direct expenses 8b | 208,532. | | | | |
| | | | Net income or (loss) from fundraising events | | -179,987. | | | -179,987. |
| | 9 | а | Gross income from gaming activities. See | | | | | |
| | | | Part IV, line 19 9a | | | | | |
| | | | Less: direct expenses9b | | | | | |
| | | | Net income or (loss) from gaming activities | | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | |
| | | _ | and allowances 10a | | | | | |
| | | | Less: cost of goods sold 10k | | | | | |
| -+ | | С | Net income or (loss) from sales of inventory | Business Code | | | | |
| sn | | _ | OTHER INCOME | 561499 | 368,951. | | | 368,951. |
| Miscellaneous Revenue | 11 | a b | | | 500,551. | | | |
| ellar Ven | | D C | | | | | | <u> </u> |
| Be | | | All other revenue | | | | | |
| Σ | | | Total. Add lines 11a-11d | | 368,951. | | | |
| | 12 | | Total revenue. See instructions | | 7,312,099. | 0. | -508. | 3429981. |
| 232009 | | | | | · | • | • | Form 990 (2022) |

12

THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE

Form 990 (2022) CITY COLLEGE
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).

| 0000 | | | | | |
|------|--|-----------------------|------------------------|---------------------------------|---------------------------|
| | Check if Schedule O contains a respons | | | (C) | |
| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | Management and | (D) Fundraising |
| 7b, | 8b, 9b, and 10b of Part VIII. | | ĕxpenses | Management and general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 3,811,319. | 3,811,319. | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | individuals. See Part IV, line 22 | 953,692. | 953,692. | | |
| ~ | | 55570521 | 55570521 | | |
| 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 | 477,768. | 134,502. | 222,788. | 120,478. |
| 6 | Compensation not included above to disqualified | | | | • |
| Ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | | | | | |
| | persons described in section 4958(c)(3)(B) | 000 200 | 0.017 0.04 | | 000 700 |
| 7 | Other salaries and wages | 888,389. | 237,804. | 367,796. | 282,789. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 61,962. | 16,854. | 26,581. | 18,527. |
| 9 | Other employee benefits | 199,292. | 54,046. | 80,522. | <u>18,527.</u> 64,724. |
| 10 | Payroll taxes | 96,427. | 26,268. | 41,333. | 28,826. |
| 11 | Fees for services (nonemployees): | | | | • |
| | | 2,875. | | 2,875. | |
| | Management | 13,923. | | 13,923. | |
| | Legal | | | | |
| | Accounting | 45,407. | | 45,407. | |
| | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 289,519. | | 289,519. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| Ū | column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | 178,058. | | | 178,058. |
| | | 36,266. | | 27,919. | 8,347. |
| 13 | Office expenses | 20,198. | | 20,198. | 0,547. |
| 14 | Information technology | 20,190. | | 20,190. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 35,023. | | 35,023. | |
| 20 | · · · · · · · · · · · · · · · · · · · | , | | | |
| | | | | | |
| 21 | Payments to affiliates | 14,851. | | 14,851. | |
| 22 | Depreciation, depletion, and amortization | 9,015. | | 9,015. | |
| 23 | | 9,015. | | 9,015. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | DONOR CULTIVATION | 36,145. | | | 36,145. |
| b | TEMPORARY HELP | 26,789. | 26,485. | 304. | - |
| c | EQUIPMENT RENTAL | 5,851. | ., = | 5,851. | |
| d | PRINTING AND POSTAGE | 1,298. | | 1,298. | |
| | | 39,276. | | 39,276. | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,243,343. | 5,260,970. | 1,244,479. | 737,894. |
| 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) | | | | |
| | | | 1 | L. | Form 990 (2022) |

13

232010 12-13-22

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE

| Par | tΧ | 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 |
| | 1 | Cash - non-interest-bearing | 2,706,851. | 1 | 1,230,864 | | |
| | 2 | Savings and temporary cash investments | | | 7,673,658. | 2 | 8,060,662 |
| | 3 | Pledges and grants receivable, net | | | 1,770,400. | 3 | 1,248,919 |
| | 4 | Accounts receivable, net | | | 0. | 4 | 63,086 |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, substa | antial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these | e perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ed per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | ······ - | | 8 | |
| A | 9 | | | | 54,393. | 9 | 71,571 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 368,626. | 00 005 | | 07.010 |
| | | Less: accumulated depreciation | | 340,714. | 29,235. | 10c | 27,912 56,601,322 |
| | 11 | Investments - publicly traded securities | | | 46,901,295. | 11 | 56,601,322 |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 8,162,796. | 12 | 9,754,194 |
| | 13 | Investments - program-related. See Part IV, line 1 | | | 8,159,911. | 13 | 7,760,718 |
| | 14 | Intangible assets | | | 9,270,976. | 14 | 2 0 2 0 6 2 5 |
| | 15 | Other assets. See Part IV, line 11 | | | 84,729,515. | 15 | 3,929,635 88,748,883 |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 992,416. | 16 | 1,490,455 |
| | 17 | Accounts payable and accrued expenses Grants payable | | | 1,782,450. | 17 18 | 2,649,700 |
| | 18 19 | | | | 1,702,430. | 19 | 2,049,700 |
| | 20 | Deferred revenue Tax-exempt bond liabilities | | | | 20 | |
| | 20 | Escrow or custodial account liability. Complete F | | | | 20 | |
| | 22 | Loans and other payables to any current or form | | | | 21 | |
| Liabilities | LL | trustee, key employee, creator or founder, substa | | | | | |
| bili | | controlled entity or family member of any of these | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelat | | Γ | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | - | | 631,585. | 25 | 509,494. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 3,406,451. | 26 | 4,649,649. |
| | | Organizations that follow FASB ASC 958, check | ck here | e X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| lan | 27 | Net assets without donor restrictions | | | 17,317,857. | 27 | 16,945,115. |
| Ba | 28 | | | <u></u> | 64,005,207. | 28 | 67,154,119. |
| pur | | Organizations that do not follow FASB ASC 95 | 58, che | ck here | | | |
| ΓF | | and complete lines 29 through 33. | | | | | |
| s o | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sei | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated inc | ome, o | or other funds | 01 000 000 | 31 | |
| Ne | 32 | | | ······ - | 81,323,064. | 32 | 84,099,234. |
| | 33 | Total liabilities and net assets/fund balances | | | 84,729,515. | 33 | 88,748,883. Form 990 (2022 |

Form **990** (2022)

| THE FOUNDATION FOR SANTA BARBAR | THE | FOUNDATION | FOR | SANTA | BARBARA |
|---------------------------------|-----|------------|-----|-------|---------|
|---------------------------------|-----|------------|-----|-------|---------|

| Form | 990 (2022) CITY COLLEGE | 95-3 | 3234551 | Page | 12 |
|------|--|-----------|---------|------|-----------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | [] | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,312 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,243 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,756 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 81,323 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,116 | ,42 | 5. |
| 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 on Schedule O) | 9 | 590 | ,989 | 9. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 84,099 | ,234 | <u>4.</u> |
| Pa | rt XII Financial Statements and Reporting | | | _ | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | L | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> |
| | 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: | | | | |
| | Separate basis Consolidated basis 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: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e 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 on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form 990 (2022)

| SCHEDULE A (Form 990) | | | | omplete if the organ 494 | rity Status an nization is a section 501 47(a)(1) nonexempt chan ttach to Form 990 or Fo | (c)(3) orga ritable tru | anization st. | | | OMB No. 1545-0047 |
|--------------------------|-----------|------------------|------------------------|-----------------------------|---|-------------------------------------|----------------------------------|-----------------|--------------------|---------------------------------|
| | | nue Service | | | Form990 for instruction | | | ormation. | | Inspection |
| Nar | ne of t | he organizatio | on THE | | FOR SANTA BA | | | | | identification number 5-3234551 |
| Pa | nrt I | Reason | | | (All organizations must c | omplete th | nis part.) S | ee instructior | | |
| The | organi | | | | For lines 1 through 12, ch | | | | | |
| 1 | | | - | | n of churches described | • | - | 1)(A)(i). | | |
| 2 | \square | | | | Attach Schedule E (Form | | | | | |
| 3 | \square | | | | anization described in se | | (b)(1)(A)(ii | ii). | | |
| 4 | \square | - | - | | njunction with a hospital | | | - |)(iii). Enter | the hospital's name, |
| | | city, and state | - | · | , . | | | | ~ / | · , |
| 5 | X | • | | or the benefit of a col | llege or university owned | or operate | ed by a go | overnmental u | nit describe | ed in |
| | | | | Complete Part II.) | 0 , | • | , 0 | | | |
| 6 | | - | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | | | | - | ntial part of its support fr | | | | ne general i | oublic described in |
| | | - | | complete Part II.) | | U U | | | . | |
| 8 | | A community | trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Part | : II.) | | | | |
| 9 | | An agricultura | I research or | ganization described | in section 170(b)(1)(A)(i | x) operate | ed in conju | inction with a | land-grant | college |
| | | or university of | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or |
| | | university: | | | | | | | | |
| 10 | | An organizati | on that norma | ally receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | ip fees, and | d gross receipts from |
| | | activities relat | ed to its exer | npt functions, subjec | t to certain exceptions; a | nd (2) no | more than | 33 1/3% of it | s support f | rom gross investment |
| | | income and u | nrelated busi | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | after June 30, 1975. |
| | | See section & | 5 09(a)(2). (Co | mplete Part III.) | | | | | | |
| 11 | Ц | An organizati | on organized | and operated exclusi | vely to test for public saf | ety. See | section 50 | 09(a)(4). | | |
| 12 | | An organizati | on organized | and operated exclusi | vely for the benefit of, to | perform t | ne functio | ns of, or to ca | rry out the | purposes of one or |
| | | | | - | d in section 509(a)(1) o | | | | | Check the box on |
| | | 7 | • | • • | f supporting organization | | | | - | |
| a | | | | | upervised, or controlled I | • | - | | | |
| | | | - | | gularly appoint or elect a | majority o | f the direc | tors or truste | es of the su | ipporting |
| | | 7 7 | | complete Part IV, Se | | | | | ··· (-) ···· ·· ·· | |
| k | | | | - | or controlled in connect | | | - | | • |
| | | | - | | anization vested in the sa | ime perso | ns that co | ntrol or mana | ge the supp | ported |
| _ | | - ⁻ | . , | st complete Part IV, | | | ion with a | and functional | l, intograto | |
| c | | | | | g organization operated i). You must complete F | | | | iy integrate | a with, |
| c | | | U | ()() | orting organization operation | , | , | | ted organi | zation(s) |
| | • | | | • • | ation generally must sati | | | | • | |
| | | | - | | nplete Part IV, Sections | • | | | anallenin | 1611635 |
| e | | 7 | | | written determination from | | | | II Type III | |
| | | | • | | nally integrated supportir | | | 19901, 1990 | n, rype m | |
| f | Ente | er the number of | | | | | | | | |
| | | | | n about the supporte | | | | | | |
| | | i) Name of suppo | | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed ng document? | (v) Amount o | f monetary | (vi) Amount of other |
| | | organization | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ii | nstructions) | support (see instructions) |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tet | | | | | | | | | | |
| Tot | ai | | | | | | | | | |

THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE

95-3234551 Page 2

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. | .) | |
|--|----|--|
|--|----|--|

Schedule A (Form 990) 2022

| Sec | ction A. Public Support | | | - | | | |
|------|--|----------------------|-----------------|-------------|----------|--------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 6241353. | 4167828. | 25763820. | 4420804. | 3882626. | 44476431. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 6241353. | 4167828. | 25763820. | 4420804. | 3882626. | 44476431. |
| 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) | | | | | | 1650296. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 42826135. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | 6241353. | 4167828. | 25763820. | 4420804. | 3882626. | 44476431. |
| | Gross income from interest, | | | | | | |
| - | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 3054264. | 2306295. | 1829801. | 7243388. | 3648153. | 18081901. |
| 9 | Net income from unrelated business | | | | | | |
| • | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | 2,857. | | 2,857. |
| 10 | Other income. Do not include gain | | | | _, | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 214.104. | 222.372. | 129,727. | 355.358. | 368,951. | 1290512. |
| 11 | Total support. Add lines 7 through 10 | | | | , | | 63851701. |
| | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 | |
| | First 5 years. If the Form 990 is for th | | , | | | | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2022 (I | | | column (f)) | | 14 | 67.07 % |
| | Public support percentage from 2021 | | | | | 15 | 66.80 % |
| | 33 1/3% support test - 2022. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | V |
| b | 33 1/3% support test - 2021. If the o | | - | | | | |
| - | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | • • | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | - | • | | vine organiz | |
| h | 10% -facts-and-circumstances test | • | • • | | • | | |
| | more, and if the organization meets the | 0 | | | | | |
| | organization meets the facts-and-circu | | | | | ation | |
| 18 | Private foundation. If the organizatio | | • | | • • | | s |
| | | | | <u>.,,,</u> | | | (Form 990) 2022 |

Schedule A (Form 990) 202

232022 12-09-22

Schedule A (Form 990) 2022 CITY COLLEGE

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

(Complete only if you checked the box on line 10 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.)

| Sec | ction A. Public Support | | | | | | |
|-------|--|-----------------------------|---------------------|----------------------|----------------------|-----------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | 2 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | 2 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | 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 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on 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.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) orgai | nization, |
| _ | | | | | | | |
| | ction C. Computation of Publ | | | | | 1 1 | |
| | Public support percentage for 2022 (| | • | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| Sec | ction D. Computation of Inves | | | | | 1 1 | |
| 17 | Investment income percentage for 20 |)22 (line 10c, colur | mn (f), divided by | line 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2022. If the | | | | | | ine 17 is not |
| | more than 33 1/3%, check this box a | - | | | | | |
| b | 33 1/3% support tests - 2021. If the | | | | | | |
| ~~ | line 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | inis box and see ins | | |
| 23202 | 23 12-09-22 | | 18 | 3 | | Sched | dule A (Form 990) 2022 |

THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE

1

2

Yes No

Schedule A (Form 990) 2022 CITY

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

19

| Sche | dule A (Form 990) 2022 CITY COLLEGE | 95-323455 | 1 Pa | age 5 |
|------|--|-----------|------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of | | | |
| | 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 sup | , | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor | ng the | | |
| 2 | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, | 2 | | |
| Sec | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | Z | | |
| | | | 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). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | · · · | | |
| | | | Yes | No |

| | | | 100 | 110 |
|---|--|---|-----|-----|
| 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, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 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). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, 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. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year (see instructions). |
|--|--|
|--|--|

] The organization satisfied the Activities Test. Complete line 2 below. а

| b | | The organization is the | parent of each of its supported | organizations. Complete line 3 below. |
|---|--|-------------------------|---------------------------------|---------------------------------------|
|---|--|-------------------------|---------------------------------|---------------------------------------|

| С | | The organization | supported a | governmental entity. | Describe in Part | I how | you supported a | governmental entity | (see instruction <u>s).</u> |
|---|--|------------------|-------------|----------------------|------------------|-------|-----------------|---------------------|-----------------------------|
|---|--|------------------|-------------|----------------------|------------------|-------|-----------------|---------------------|-----------------------------|

20

- Activities Test. Answer lines 2a and 2b below. 2
- 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.
- b Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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. 232025 12-09-22

Schedule A (Form 990) 2022

12330513 146892 794638

2022.05090 THE FOUNDATION FOR SANTA 794638 1

Yes No 2a 2b 3a 3b

| | THE FOUNDATION FOR SANTA | BAB | RBARA | |
|------|--|----------|------------------------------------|--------------------------------|
| Sche | edule A (Form 990) 2022 CITY COLLEGE | | | 95-3234551 Page 6 |
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | Orga | nizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust or | n Nov. 20, 1970 (<i>explain</i>) | in Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must c | complet | e Sections A through E. | |
| Sect | tion 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 | | |
| Sect | tion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 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 | Check here if the current year is the organization's first as a non-functionally | integra | ted Type III supporting or | ganization (see |

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

THE FOUNDATION FOR SANTA BARBARA CTTY COLLEGE

| | dule A (Form 990) 2022 CITY COLLEGE | | | 9 | 5-3234551 Page 7 |
|----------|---|-------------------------------|---------------------------------------|------|---|
| Par | t V Type III Non-Functionally Integrated 509 | a)(3) Supporting Orga | nizations (continu | ied) | |
| Secti | on D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 6 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | I. | 1 | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | IS | (iii) Distributable Amount for 2022 |
| _1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| C | From 2019 | | | | |
| d | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| <u>e</u> | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

232027 12-09-22

| Cabadula A | (Form 990) 2022 | | FOUNDATION COLLEGE | FOR | SANTA | BARBARA | 95-3234551 Page 8 |
|----------------|--|------------------------------------|---|------------------------------------|------------------------------|--|---|
| Part VI | Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, | mation. 2, 3b, 3c lines 2 an | Provide the explana , 4b, 4c, 5a, 6, 9a, 9l d 3; Part IV, Section | b, 9c, 11 E, lines ⁻ | a, 11b, and 1c, 2a, 2b, 3 | 11c; Part IV, Sec a, and 3b; Part V | t II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V, or any additional information. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 232028 12-09-2 | 22 | | | n | ` | | Schedule A (Form 990) 202 |

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

95-3234551

| Schedule | В |
|------------|---|
| (Form 990) | |

Department of the Treasury

Internal Revenue Service

Name of the organization

THE FOUNDATION FOR SANTA BARBARA

CITY COLLEGE

Organization type (check one):

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | \fbox 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

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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



| CITY | COLLEGE | 95 | 5-3234551 |
|------------|---|----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$360,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$226,402. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$199,057. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$176,723. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$150,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ <u>137,376.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

THE FOUNDATION FOR SANTA BARBARA

Name of organization

Employer identification number

95-3234551

2022.05090 THE FOUNDATION FOR SANTA 794638_1

12330513 146892 794638

| Page | 2 |
|------|---|
|------|---|

| CITY (| Y COLLEGE 95-32 | | | | |
|--------------|---|----------------------------|--|--|--|
| 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 | | \$ <u>126,500.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 8 | | \$125,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 9_ | | \$ <u>119,500.</u> | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| <u> 10</u> | | \$106,080. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ <u>100,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 12 | | \$ <u>100,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

THE FOUNDATION FOR SANTA BARBARA

Page 2 Employer identification number

05 2024551

223452 11-15-22

2022.05090 THE FOUNDATION FOR SANTA 794638_1

26

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------|-----------------------------------|----------------------------|--|
| 13 | | \$ <u>86,329.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23452 11-15 | | \$ | Person Payroll Payroll Occupied Part II for noncash contributions.) Schedule B (Form 990) (2022) |
| | 27 | | |

Schedule B (Form 990) (2022)

Part I

Name of organization THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

95-3234551

Page 2

2022.05090 THE FOUNDATION FOR SANTA 794638_1

22

12330513 146892 794638

| | B (Form 990) (2022) | | Page 3 |
|------------------------------|--|---|--------------------------------|
| | rganization OUNDATION FOR SANTA BARBARA | | Employer identification number |
| | COLLEGE | | 95-3234551 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II i | f additional space is needed | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | Listo received |
| | | _ _ _ \$ | |
| 223453 11-15 | 5-22 | | Schedule B (Form 990) (2022) |

28

12330513 146892 794638

| Schedule | B (Form 990) (2022) | | | | Page 4 | | | |
|-----------------|--|---|--|--------------------------|--------------------------------|--|--|--|
| | organization | | | | Employer identification number | | | |
| | OUNDATION FOR SANTA BAR | BARA | | | | | | |
| | COLLEGE | | | | 95-3234551 | | | |
| Part III | from any one contributor. Complete columns (a |) through (e) and the following line en | ntrv. For organi | zations | | | | |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or | less for the year | ar. (Enter this info. or | nce.) \$ | | | |
| (a) No. | Use duplicate copies of Part III if additional | space is needed. I | | | | | | |
| from | (b) Purpose of gift | (c) Use of gift | | (d) Desc | ription of how gift is held | | | |
| Part I | | | | | | | | |
| | | | - | | | | | |
| | | | - | | | | | |
| | | | - | | | | | |
| | | (e) Transfer of gi | ft | | | | | |
| | | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Desc | ription of how gift is held | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relat | ionship of trar | nsferor to transferee | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Desc | ription of how gift is held | | | |
| | | | _ | | | | | |
| | | | _ | | | | | |
| | | | _ | | | | | |
| | | (a) Transfer of a | | | | | | |
| | | (e) Transfer of gi | π | | | | | |
| | Transferee's name, address, a | nd 7IP + 4 | Relat | ionshin of trar | nsferor to transferee | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Desc | ription of how gift is held | | | |
| Part I | (2) - 2 - 3 | (-, 3 | | (-) | | | | |
| | | | _ | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gi | ift | | | | | |
| | | (-, -, -, -, -, -, -, -, -, -, -, -, -, - | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relat | ionship of trar | nsferor to transferee | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | [| | | | | | |
| | | | | | | | | |
| 223454 11-15 | 5-22 | | | | Schedule B (Form 990) (2022) | | | |

12330513 146892 794638

| ••••••••••••••••••••••••••••••••••••••• | | Supplementa | al Financial Statements | 5 | OMB No. 1545-0047 |
|---|---------------------------|--|--|----------------------|----------------------------|
| (Forr | n 990) | Complete if the orga Part IV, line 6, 7, 8, 9, 10 | 2022 | | |
| Department of the Treasury Atta | | ttach to Form 990. | | Open to Public | |
| | I Revenue Service | | 0 for instructions and the latest informa | | |
| Main | e of the organizatio | CITY COLLEGE | DANTA DANDANA | | r identification number |
| Pa | t I Organizat | | d Funds or Other Similar Funds | | |
| | organization | answered "Yes" on Form 990, Part IV, lin | e 6. | | |
| | | | (a) Donor advised funds | (b) Funds an | d other accounts |
| 1 | | d of year | | | |
| 2 | | contributions to (during year) | | | |
| 3 | | grants from (during year) | | | |
| 4 5 | | end of year | writing that the assets held in donor advise | d fundo | |
| 5 | - | | exclusive legal control? | | Yes No |
| 6 | | | dvisors in writing that grant funds can be u | | |
| | • | | r donor advisor, or for any other purpose o | | |
| | impermissible privat | te benefit? | ····· | | Yes No |
| Pa | rt II Conserva | tion Easements. Complete if the org | ganization answered "Yes" on Form 990, F | Part IV, line 7. | |
| 1 | Purpose(s) of conse | ervation easements held by the organization | on (check all that apply). | | |
| | | of land for public use (for example, recrea | | a historically impo | |
| | | natural habitat | Preservation of | a certified historic | structure |
| • | | of open space | · | 6 | |
| 2 | day of the tax year. | nrough 2d if the organization held a qualif | ied conservation contribution in the form o | | at the End of the Tax Year |
| а | | servation easements | | | |
| b | | | | | |
| c | • | | ucture included in (a) | | |
| d | | ation easements included in (c) acquired a | | | |
| | historic structure lis | ted in the National Register | | 2d | |
| 3 | Number of conserva | ation easements modified, transferred, rel | eased, extinguished, or terminated by the | organization during | g the tax |
| | year | | | | |
| 4 | | here property subject to conservation eas | | | |
| 5 | | on have a written policy regarding the per | | | Yes No |
| 6 | | rcement of the conservation easements it hours devoted to monitoring inspecting | holds? handling of violations, and enforcing cons | | |
| Ŭ | | | handing of violations, and emotoring const | | o daning the year |
| 7 | Amount of expense | — s incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservat | ion easements dur | ing the year |
| | | | | | • |
| 8 | Does each conserva | ation easement reported on line 2(d) abov | e satisfy the requirements of section 170(h | n)(4)(B)(i) | |
| | and section 170(h)(4 | | | | Yes No |
| 9 | | - · | on easements in its revenue and expense s | | |
| | | | ote to the organization's financial stateme | ents that describes | the |
| Pa | t III Organization's acco | unting for conservation easements. tions Maintaining Collections of | Art, Historical Treasures, or Otl | her Similar As | sets. |
| | | the organization answered "Yes" on Form | | | |
| - 1a | | | 8, not to report in its revenue statement ar | nd balance sheet v | vorks |
| | 0 | , 1 | blic exhibition, education, or research in fu | | |
| | service, provide in F | Part XIII the text of the footnote to its finar | ncial statements that describes these items | S. | |
| b | If the organization e | elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and b | alance sheet work | s of |
| | art, historical treasu | ires, or other similar assets held for public | exhibition, education, or research in furth | erance of public se | ervice, |
| | - | g amounts relating to these items: | | | |
| | | | | <u>^</u> | |
| 0 | | | asures, or other similar assets for financial | | |
| 2 | | nts required to be reported under FASB A | | gain, provide | |
| а | - | | | \$ | |
| | | | | | |
| | | duction Act Notice, see the Instructions | | | dule D (Form 990) 2022 |
| | 09-01-22 | | | | |
| | | | 30 | | |

^{12330513 146892 794638}

^{2022.05090} THE FOUNDATION FOR SANTA 794638_1

| THE FOUNDATION F | OR SANTA | BARBARA |
|------------------|----------|---------|
|------------------|----------|---------|

| Scho | dule D (Form 990) 2022 CITY CO | NDATION FOR | A SANIA DA | NDANA | | 95- | 3234553 | 1 Page 2 |
|------------|---|------------------------|------------------------|------------------|--------------|-------------------|---------------------------------|-----------------|
| | t III Organizations Maintaining C | | t, Historical Tre | easures, or (| Other S | Similar Ass | ets (contin | – Faye – |
| 3 | Using the organization's acquisition, accessi | | | | | | | |
| | collection items (check all that apply): | , | , | 5 | 5 | | | |
| а | Public exhibition | d | Loan or exc | hange program | า | | | |
| b | Scholarly research | е | | 0.0 | | | | |
| с | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | how they further th | ne organization | 's exemp | t purpose in F | art XIII. | |
| 5 | During the year, did the organization solicit o | • | • | • | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | No No |
| Par | t IV Escrow and Custodial Arran | gements. Comple | ete if the organizatio | | | | IV, line 9, or | |
| | reported an amount on Form 990, Pa | | - | | | | · · | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for contribution | s or other asset | ts not inc | cluded | | |
| | on Form 990, Part X? | | | | | | Yes | 🗌 No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | |
| | | | | | | | Amoun | t |
| с | Beginning balance | | | | | 1c | | |
| d | Additions during the year | | | | | 1d | | |
| е | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for escrow or cu | ustodial accoun | nt liability | ? | Yes | No No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | |
| Par | t V Endowment Funds. Complete i | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years | | I) Three years ba | | years back |
| 1a | Beginning of year balance | 54,982,330. | 63,272,898. | | | 51,718,64 | , | 213,593. |
| b | Contributions | 5,098,035. | 52,525. | · · · · | | 169,74 | | ,581,329. |
| С | Net investment earnings, gains, and losses | 4,967,455. | -6,690,475. | 11,969, | 496. | 519,78 | 32. 2 | ,136,560. |
| | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | C 410 044 | 1 (52 (10 | 1 110 | 0.4.6 | 440.40 | | 010 000 |
| - | and programs | 6,412,044. | 1,652,618. | 1,116, | 846. | 442,49 | ··· · | ,212,833. |
| | Administrative expenses | 58,635,776. | 54,982,330. | 62 272 | 000 | 51,965,68 | DA E1 | 718,649. |
| g | End of year balance | , , | | | 090. | 51,905,00 | ⁵⁴ • ⁵¹ , | /10,049. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | |)) held as: | | | | |
| a | Board designated or quasi-endowment Permanent endowment 73.7800 | | _% | | | | | |
| D | 0.6.0000 | % % | | | | | | |
| С | | | | | | | | |
| 20 | The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse | | tion that are hold a | ad administoro | t for tho | | | |
| Ja | organization by: | ssion of the organiza | luon that are new a | | | |] | Yes No |
| | c | | | | | | 3a(i) | X |
| | (i) Unrelated organizations | | | | | | | X |
| h | If "Yes" on line 3a(ii), are the related organizations | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. | | | | | | |
| | Complete if the organization answere | | , Part IV, line 11a. S | See Form 990, F | Part X, lin | ne 10. | | |
| | Description of property | (a) Cost or o | | t or other | | umulated | (d) Boo | k value |
| | , | basis (investn | • • | (other) | | eciation | ., | |
| 1 a | Land | | | | | | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | | 1 | 7,146. | 1 | 16,437. | | 709. |
| | Equipment | | 21 | 3,201. | | 94,951. | | 8,250. |
| | Other | | 13 | 8,279. | 12 | 29,326. | | 8,953. |
| Total | I. Add lines 1a through 1e. <i>(Column (d) must e</i> | aual Form 990. Part | X. column (B). line 1 | 0c.) | | | 2 | 7,912. |

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CITY COLLEGE Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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) COLLATERALIZED LOAN | | | | |
| (B) OBLIGATIONS (CLOS) | 4,726,297. | END-OF-YEAR MARKET VALUE | | |
| (C) EQUITY | 113,720. | END-OF-YEAR MARKET VALUE | | |
| (D) FIXED INCOME | 20,698. | END-OF-YEAR MARKET VALUE | | |
| (E) HEDGE FUNDS | 4,117,809. | END-OF-YEAR MARKET VALUE | | |
| (F) PRIVATE EQUITY | 775,670. | END-OF-YEAR MARKET VALUE | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 9,754,194. | | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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) ASSETS HELD IN FCCC-OSHER | 909,737. | END-OF-YEAR MARKET VALUE | | | | |
| (2) INVESTMENT IN REAL ESTATE | 6,850,981. | END-OF-YEAR MARKET VALUE | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | 7,760,718. | | | | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on 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) | | |
| otal. (Co | lumn (b) must equal Form 990, Part X, col. (B) line 15.) | |
| Part X | Other Liabilities. | |
| | Complete if the organization answered "Yes" on 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) LIABILITY UNDER UNITRUST | |
| (3) AGREEMENTS | 483,404. |
| (4) DISCOUNT FOR FUTURE INTEREST- | |
| (5) POOLED INCOME FUNDS | 26,090. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 509,494. |
| | |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

| | THE FOUNDATION FOR SANTA BA | ARBAR | A | | |
|----|--|---------|-------------------|-------|----------------|
| | edule D (Form 990) 2022 CITY COLLEGE | | | | 3234551 Page 4 |
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | nts Wit | h Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 9,998,526. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 2,116,425. | | |
| b | Donated services and use of facilities | 2b | 60,000. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 799,013. | | |
| е | Add lines 2a through 2d | | | 2e | 2,975,438. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,023,088. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 289,519. | | |
| b | Other (Describe in Part XIII.) | 4b | -508. | | |
| с | Add lines 4a and 4b | | | 4c | 289,011. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 7,312,099. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents Wi | th Expenses per F | Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 7,222,356. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 60,000. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 208,532. | | |
| е | Add lines 2a through 2d | | | 2e | 268,532. |
| 3 | Subtract line 2e from line 1 | | | 3 | 6,953,824. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 289,519. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 289,519. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 7,243,343. |
| Pa | rt 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 V, LINE 4:

| VARIOUS ENDOWED FUNDS HAVE BEEN ESTABLISHED TO PROVIDE FINANCIAL SUPPORT |
|--|
| FOR VARIOUS COLLEGE PROGRAMS INCLUDING STUDENT SCHOLARSHIPS AND AWARDS, |
| GENERAL DEPARTMENT AND PROGRAM SUPPORT, EQUIPMENT PURCHASES AND CAPITAL |
| IMPROVEMENTS, AND FACULTY RESEARCH AND TEACHING ACTIVITIES. THE BOARD OF |
| DIRECTORS PASSED A RESOLUTION THAT STATES THE FOUNDATION WILL NOT |
| DISTRIBUTE FROM AN ENDOWMENT WITH A CURRENT MARKET VALUE THAT IS BELOW THE |
| ORIGINAL GIFT VALUE UNLESS DIRECTED BY THE DONOR. |
| |
| |

PART X, LINE 2:

THE FOUNDATION IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, WHICH

IS EXEMPT FROM INCOME TAXES, THEREFORE NO PROVISION FOR INCOME TAXES IS
232054 09-01-22
33

| THE FOUNDATION FOR SANTA BARBARA Schedule D (Form 990) 2022 CITY COLLEGE 95-3 Part XIII Supplemental Information (continued) | 3234551 Page 5 |
|--|----------------|
| REQUIRED. THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION | DN |
| DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS A | N |
| ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A | A)(1). |
| THE FOUNDATION EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFF | ECT OF |
| THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED F | PROBABLE |
| AND REASONABLY ESTIMABLE. AS OF JUNE 30, 2023, THE FOUNDATION HAS | S NO |
| UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. | |
| | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 590,481. |
| SPECIAL EVENTS EXPENSES | 208,532. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 799,013. |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| UBI FROM K-1S | -508. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| SPECIAL EVENTS EXPENSES | 208,532. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2022

232055 09-01-22

| SCHEDULE F | Stateme | nt of Act | ivities Outside the Un | ited Sta | tes | OMB No. | 1545-0047 |
|--|------------------------------------|------------------------------|--|------------------|----------------|---------------|----------------------|
| (Form 990) | | | nswered "Yes" on Form 990, Part IV, | | | 20 | 22 |
| Department of the Treasury | | | Attach to Form 990. | | | Open to P | ublic |
| Internal Revenue Service | Go to w | ww.irs.gov/Form | 990 for instructions and the latest in | nformation. | | Inspection | |
| Name of the organization THE FOUNDATION | FOR SANT | A BARBARA | A | | Employer | identificatio | on number |
| CITY COLLEGE | | | | | 95-32 | | |
| Part I General Info | rmation on A | ctivities Out | side the United States. Comple | ete if the organ | ization answ | vered "Yes" o | on |
| Form 990, Part I | V, line 14b. | | | | | | |
| - | • | | ds to substantiate the amount of its gra | | | | <u> </u> |
| the grantees' eligibility f | or the grants or a | assistance, and t | he selection criteria used to award the | grants or assis | stance? | 🛄 Yes | No |
| 2 For grantmakers. Desc | ribe in Part V the | e organization's | procedures for monitoring the use of its | grants and ot | her assistan | ce outside th | ie |
| United States. | | | | | | | |
| 3 Activities per Region. (T (a) Region | he following Part (b) Number of | | n be duplicated if additional space is n (d) Activities conducted in the region | | vity listed in | (d) | (f) Total |
| (a) Region | offices | employees, agents, and | (by type) (such as, fundraising, pro- | ., | gram service | e, ex | penditures |
| | in the region | Independent | gram services, investments, grants to | describe | e specific typ | | for and /estments |
| | | contractors in the region | recipients located in the region) | of service | (s) in the reg | | the region |
| CENTRAL AMERICA AND | | U | | | | | |
| THE CARIBBEAN - | | | | | | | |
| ANTIGUA & BARBUDA, | | | | | | | |
| ARUBA, BAHAMAS, | 0 | 0 | INVESTMENTS | | | 8 | ,864,804. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3 a Subtotal | 0 | 0 | | | | 8 | ,864,804. |
| b Total from continuation | _ | - | | | | | • |
| sheets to Part I | 0 | 0 | | | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | | 8 | ,864,804. |
| anu 00j | i ș | ľ | | | | Ű | |

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

Schedule F (Form 990) 2022

232071 10-17-22

THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE

Schedule F (Form 990) 2022

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (f) Manner of (e) Amount (a) Name of organization (c) Region valuation (book, FMV, noncash of noncash and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3** Enter total number of other organizations or entities

Page 2

95-3234551

232073 10-17-22

THE FOUNDATION FOR SANTA BARBARA

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

CITY COLLEGE

| Part III can be duplicated if a (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|------------|--------------------------|--------------------------|--|-----------------------|---------------------------------------|--|
| | | | | | assistance | | (book, FMV, appraisal, other) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | _ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

95-3234551

Schedule F (Form 990) 2022

Page 3

| Sched | ule F (Form 990) 2022 CITY COLLEGE | 95-3234551 | Page 4 |
|-------|--|------------|--------|
| Part | | | 9 |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | X Yes | No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | X Yes | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i> | X Yes | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | X Yes | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2022

232074 10-17-22

| THE | FOUNDATION | FOR | SANTA | BARBARA | |
|-----|------------|-----|-------|---------|--|
| | | | | | |

| Schedule F | (Form 990) 2022 CITY COLLEGE | 95-3234551 | Page 5 |
|----------------|---|----------------------------|-----------|
| Part V | Supplemental Information | | |
| | Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acc | ounting method: amounts of | |
| | investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method) | | |
| | (estimated number of recipients), as applicable. Also complete this part to provide any additional in | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 232075 10-17-2 | 22 | Schedule F (Form S | 990) 2022 |

12330513 146892 794638

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctivities | | DMB No. 1545-0047 | | | | |
|--|--------------------|---|-----------------|--|--------------------------------------|--|--------------------|--|--|--|--|--|
| (Form 990) | | plete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | | | | | |
| Attach to Form 990 or Form 990-EZ. Open to Public | | | | | | | | | | | | |
| Internal Revenue Service | | | | | | | | | | | | |
| Name of the organization THE FOUNDATION FOR SANTA BARBARA Employer identification number CITY COLLEGE 95-3234551 | | | | | | | | | | | | |
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not | | | | | | | | | | | | |
| required to complete this part. | | | | | | | | | | | | |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? | | | | | | | | | | | | |
| b If "Yes," list the 10 compensated at le | | viduals or entities (fundraisers) pursuation | ant to | agreer | ments under which th | ne fundrais | er is to be | 9 | | | | |
| (i) Name and addres or entity (func | s of individual | (ii) Activity | fundr have c | Did raiser ustody utrol of utions? | (iv) Gross receipts from activity | (v) Amou to (or reta fundr listed in | ained by) aiser | (vi) Amount paid to (or retained by) organization | | | | |
| | | | Yes | No | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |
| 3 List all states in whi or licensing. | ch the organizatio | n is registered or licensed to solicit c | ontrib | utions | or has been notified | it is exem | pt from re | gistration | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

Schedule G (Form 990) 2022

232081 10-27-22

| Sch | edu | THE FOU le G (Form 990) 2022 CITY CO | NDATION FOR ; LLEGE | SANTA BARBARA | | 3234551 Page 2 | | | |
|-----------------|---|---|-------------------------------|--|--------------------------|---|--|--|--|
| - | Part II Fundraising Events. Complete if the organization answered "Yes" on 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 NONE | (d) Total events (add col. (a) through | | | |
| | | | SPRING GALA | | | col. (c) | | | |
| a) | | | (event type) | (event type) | (total number) | | | | |
| Revenue | 1 | Gross receipts | 397,281. | | | 397,281. | | | |
| | 2 | Less: Contributions | 368,736. | | | 368,736. | | | |
| | 3 | Gross income (line 1 minus line 2) | 28,545. | | | 28,545. | | | |
| | 4 | Cash prizes | | | | | | | |
| 6 | 5 | Noncash prizes | | | | | | | |
| bense: | 6 | Rent/facility costs | | | | | | | |
| Direct Expenses | 7 | Food and beverages | 47,371. | | | 47,371. | | | |
| Δ | 8 | Entertainment | | | | | | | |
| | 9 | Other direct expenses | | | | 161,161. | | | |
| | 10 | Direct expense summary. Add lines 4 through | | | | 208,532. | | | |
| | 11 | Net income summary. Subtract line 10 from li | | | | -179,987. | | | |
| Pa | irt I | Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 990, Part IV, line 19, or | reported more than | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | | | |
| Re | 1 | Gross revenue | | | | | | | |
| ses | 2 | Cash prizes | | | | | | | |
| Expenses | 3 | Noncash prizes | | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | | |
| | 5 | Other direct expenses | | | | | | | |
| | - | · · · · · · · · · · · · · · · · · · · | Yes % | Yes % | Yes % | | | | |
| | 6 | Volunteer labor | No | No | No | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | | | | |
| | | | for a line of the line of the | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | | |
| 9 | Fn | ter the state(s) in which the organization condu | icts gaming activities: | | | | | | |
| | | the organization licensed to conduct gaming ac | · · · _ | | | Yes No | | | |
| | | No," explain: | | | | | | | |
| | | | | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | /ear? | Yes No | | | |
| | | | | | | | | | |
| 23208 | 32 10 |)-27-22 | | | Sche | dule G (Form 990) 2022 | | | |

| Sch | edule G (Form 990) 2022 | | FOUNDATION FOR SANTA BARBARA COLLEGE | 95-3: | 234551 | Page 3 |
|-------------|--|------------|---|--------------|-----------------|-----------|
| 11 | | - | vities with nonmembers? | | Yes | |
| | Is the organization a grantor, bene | ficiary or | trustee of a trust, or a member of a partnership or other entity formed | | Yes | |
| 13 | Indicate the percentage of gaming | | | | | |
| | | | | | 13a | % |
| | | | | | 13b | % |
| | | | who prepares the organization's gaming/special events books and record | | | |
| | Name | | | | | |
| | Address | | | | | |
| 15a | Does the organization have a contr | ract with | a third party from whom the organization receives gaming revenue? \dots | | Yes | No No |
| | If "Yes," enter the amount of gamin of gaming revenue retained by the | third par | ty \$ | nount | | |
| С | If "Yes," enter name and address of | n the thi | o party. | | | |
| | Name | | | | | |
| 40 | | | | | | |
| 16 | Gaming manager information: | | | | | |
| | Name | | | | | |
| | Gaming manager compensation | \$ | | | | |
| | Description of services provided | | | | | |
| | | | | | | |
| | Director/officer | Em | bloyee Independent contractor | | | |
| а | retain the state gaming license? | | to make charitable distributions from the gaming proceeds to | | Yes | 🗌 No |
| b | | - | nder state law to be distributed to other exempt organizations or spent | in the | | |
| Pa | | nation. | Provide the explanations required by Part I, line 2b, columns (iii) and (v) | ; and Part | III, lines 9, 9 | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as | applicab | e. Also provide any additional information. See instructions. | | | |
| PA | RT II, LINE 11 | | | | | |
| TO | TAL SPECIAL EVENT | GROS | S RECEIPTS: \$397,281 | | | |
| TO | TAL COST OF SPECIA | LEV | ENTS: \$208,532 | | | |
| NE | T INCOME FROM SPEC | IAL | EVENTS: \$188,749 | | | |
| GR | OSS PROCEEDS OF \$3 | 68,7 | 36 ARE RECLASSIFIED AS CONTRIBUTION 1 | REVEN | JE. | |
| AS | SUCH, SPECIAL EVE | NT N | ET INCOME IS REPORTED ON PART II, LII | <u>NE 11</u> | AS | |
| <u>\$</u> - | 179,987. | | | | | |
| | | | | | | |
| 23208 | 33 10-27-22 | | | Schedu | le G (Form | 990) 2022 |

| Schodulo G (Form 000) | THE FOUNDATION CITY COLLEGE | FOR | SANTA | BARBARA | 95-3234551 Page 4 |
|---|--------------------------------|-----|-------|---------|-----------------------|
| Schedule G (Form 990) Part IV Supplemental Info | ormation (continued) | | | | |
| L • • | (continaca) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | Oshadala O /France OO |
| 222024 04 01 22 | | | | | Schedule G (Form 990 |
| 232084 04-01-22 | | | | | |

43

2022.05090 THE FOUNDATION FOR SANTA 794638_1

12330513 146892 794638

| SCHEDULE I | G | arants and Oth | ner Assistan | ce to Organ | izations. | | OMB No. 1545-0047 | | | |
|---|----------------|------------------------------------|--------------------------|---|---|---------------------------------------|--|--|--|--|
| (Form 990) | | | | | | | | | | |
| Department of the Treasury | | - | Attach to Form | 990. | | | Open to Public | | | |
| Internal Revenue Service | | | s.gov/Form990 for | the latest information | ation. | | Inspection | | | |
| Name of the organization THE FOUND | | SANTA BARB | ARA | | | | Employer identification number 95-3234551 | | | |
| Part I General Information on Grants a | nd Assistance | | | | | | | | | |
| 1 Does the organization maintain records t criteria used to award the grants or assis | tance? | | | | - | | on X Yes No | | | |
| 2 Describe in Part IV the organization's pro | | | | | | | | | | |
| Part II Grants and Other Assistance to I recipient that received more than \$ | | | | | anization answered "Y | 'es" on Form 990, Part | IV, line 21, for any | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | | |
| SANTA BARBARA CITY COLLEGE 721 CLIFF DRIVE | | STATE OF | | | | | TO ASSIST THE COLLEGE IN PROVIDING OUTSTANDING EDUCATIONAL OPPORTUNITIES | | | |
| SANTA BARBARA, CA 93109 | 77-0070782 | CALIFORNIA | 2,827,338. | 0. | | | FOR ALL BY ENRICHING | | | |
| MEM EMPLOYEE OWNERSHIP TRUST U/D/T | | | | | | | FUNDING FOR ACQUISITION | | | |
| DATED AUGUST 3, 2022 - 1225 COAST | | | | | | | OF PARTIAL OWNERSHIP | | | |
| VILLAGE ROAD, SUITE C - MONTECITO, | | | | | | | INTEREST BY NEWLY CREATED | | | |
| CA 93108 | 88-6640551 | | 850,100. | 0. | | | EMPLOYEE OWNERSHIP TRUST | | | |
| FUND FOR SANTA BARBARA P.O. BOX 90710 | | | | | | | REGIONAL EQUITY STUDY/INITIATIVE | | | |
| SANTA BARBARA, CA 93190 | 77-0070742 | 501(C)(3) | 10,000. | 0. | | | SPONSORSHIP | | | |
| EXPLORE ECOLOGY 302 E. COTA STREET SANTA BARBARA, CA 93101 | 20-4944416 | 501(C)(3) | 7,000. | 0. | | | EPA ENVIRONMENTAL EDUCATION GRANT – ENGAGEMENT, OUTREACH, AND SUPPORT | | | |
| DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION - P.O. BOX 313 - GOLETA, CA 93116 | 26-1115393 | 501(C)(3) | 6,979. | 0. | | | SBCC INTERNS - DOS PUEBLOS ENGINEERING | | | |
| 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations | | | e line 1 table | | | | <u>4.</u> 1. | | | |

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

CITY COLLEGE

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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 noncash assistance |
|---|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| ARIOUS EDUCATIONAL CASH GRANTS FOR SCHOLARSHIPS | 801 | 943,463. | 0. | | |
| | | | | | |
| VARIOUS CASH GRANTS FOR PROGRAMS | 11 | 10,229. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SBCC DEPARTMENTS MAY REQUEST FUNDING FOR SPECIFIED PURPOSES. IF THE GRANT

IS AWARDED, IT MUST BE USED AS SPECIFIED BY THE GRANTING AGENCY. PERIODIC

REPORTING ON THE SPENDING MAY BE REQUIRED BY THE DONOR; SOME GRANTS ARE

PAID OUT IN ANNUAL INSTALLMENTS, AND SOME ON AN AS-NEEDED BASIS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA CITY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST THE COLLEGE IN PROVIDING

| Schedule I (Form 990) Part IV Supplemental Inf | CITY COLLEGE | | 95-3234551 Page 2 |
|--|---------------------|------------------------|-----------------------|
| | | OR ALL BY ENRICHING CO | LLEGE |
| | | | |
| PROGRAMS, REMOVING | BARRIERS TO ACCESS, | AND EMPOWERING STUDENT | S TO SUCCEED |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 232291 04-01-22 | | | Schedule I (Form 990) |

| SC | HEDULE J | Compensation Information | 1 | OMB No. | 1545-00 | 47 | | | |
|------|--|---|-------------|------------|---------|-------------|--|--|--|
| (Fo | (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | | | | | | | | |
| | | Compensated Employees | | 20 | 22 | - | | | |
| Depa | tment of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | Publ | ic | | | |
| | Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | |
| Nam | e of the organizatio | | Employer id | | | mber | | | |
| | | CITY COLLEGE | 95-32 | 23455 | 1 | | | | |
| Ра | rt I Question | s Regarding Compensation | | | | | | | |
| | | | | | Yes | No | | | |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | | |
| | First-class or o | i i i i i i i i i i i i i i i i i i i | | | | | | | |
| | Travel for com | | | | | | | | |
| | | cation and gross-up payments | | | | | | | |
| | | spending account Personal services (such as maid, chauffer | ir, chet) | | | | | | |
| | If any of the house | | | | | | | | |
| a | • | on line 1a are checked, did the organization follow a written policy regarding payment or | | - 41- | | | | | |
| • | • | | | <u>1b</u> | | | | | |
| 2 | • | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | | | |
| | trustees, and onice | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | | | |
| 3 | Indicate which if a | ny, of the following the organization used to establish the compensation of the organization's | | | | | | | |
| U | | | | | | | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee | | ommittee | | | | | | |
| | | | ommittee | | | | | | |
| 4 | During the year, di | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | | | |
| • | organization or a re | | | | | | | | |
| а | • | e payment or change-of-control payment? | | 4a | | X | | | |
| b | | ceive payment from a supplemental nonqualified retirement plan? | | | | X | | | |
| с | • | eive payment from an equity-based compensation arrangement? | | | | X | | | |
| | | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | |
| | | | | | | | | | |
| | Only section 501(| :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | |
| 5 | For persons listed | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | | | |
| | contingent on the r | evenues of: | | | | | | | |
| а | The organization? | | | 5a | | X | | | |
| | | ation? | | | | X | | | |
| | | or 5b, describe in Part III. | | | | | | | |
| 6 | For persons listed | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | | | |
| | contingent on the r | net earnings of: | | | | | | | |
| а | The organization? | | | <u>6a</u> | | X | | | |
| | | ation? | | | | X | | | |
| | If "Yes" on line 6a | or 6b, describe in Part III. | | | | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | | . 7 | Х | L | | | |
| 8 | Were any amounts | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | ıe | | | | | | |
| | initial contract exce | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | 8 | | X | | | |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | | | | |
| | Regulations section | ז 53.4958-6(c)? | <u></u> | . 9 | | | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Schedu | le J (Forr | n 990) |) 2022 | | | |

232111 10-18-22

Schedule J (Form 990) 2022

CITY COLLEGE

95-3234551

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|-----------------------------|------|----------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) KINDRED MURILLO | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| EX-OFFICIO - SBCC | (ii) | 392,904. | 0. | 0. | 0. | 14,367. | 407,271. | 0. |
| (2) GEOFF GREEN | (i) | 244,872. | 0. | 0. | 15,000. | 26,196. | 286,068. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CAROLA SMITH | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| EX-OFFICIO - SBCC | (ii) | 221,420. | 0. | 0. | 0. | 21,775. | 243,195. | 0. |
| (4) PALOMA ARNOLD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| EX-OFFICIO - SBCC | (ii) | 194,812. | 0. | 0. | 0. | 25,365. | 220,177. | 0. |
| (5) ZORANA MORRIS | (i) | 132,798. | 548. | 0. | 4,050. | 26,025. | 163,421. | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) MELANIE ECKFORD-PROSSOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| EX-OFFICIO - SBCC | (ii) | 150,356. | 0. | 0. | 0. | 11,232. | 161,588. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

DISCRETIONARY BASED BONUSES WERE AWARDED DURING THE YEAR.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. THE FOUNDATION FOR SANTA BARBARA



95-3234551

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

BUILDING RELATIONSHIPS, AND INVITING THE GENEROSITY OF DONORS. THE

RESOURCES RAISED AND MANAGED BY THE FOUNDATION ENRICH COLLEGE PROGRAMS,

REMOVE BARRIERS, AND EMPOWER STUDENTS TO SUCCEED.

CITY COLLEGE

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

RESOURCES RAISED AND MANAGED BY THE SBCC FOUNDATION HAVE SUPPORTED SBCC

STUDENTS AS THEY PREPARE FOR CAREERS, TRANSFER TO FOUR-YEAR

UNIVERSITIES, AND PURSUE LIFELONG LEARNING GOALS.

IN 2016, THE FOUNDATION CREATED THE SBCC PROMISE, OFFERING ALL RECENT, LOCAL HIGH SCHOOL GRADUATES THE OPPORTUNITY TO ATTEND SBCC FULL-TIME AT NO COST. THE SBCC PROMISE RELIES ENTIRELY ON PRIVATE SUPPORT AND COVERS ALL REQUIRED FEES, BOOKS, AND SUPPLIES FOR UP TO TWO YEARS. TO DATE, MORE THAN 7,000 LOCAL STUDENTS HAVE PARTICIPATED IN THE SBCC PROMISE.

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

THE CFO REVIEWS THE DRAFT TAX RETURN WITH THE CEO. IT IS THEN REVIEWED BY THE AUDIT AND FINANCE COMMITTEES (INDEPENDENTLY OR JOINTLY). ONCE ACCEPTED BY THE COMMITTEES, IT IS SHARED WITH THE FULL BOARD BEFORE FILING.

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

1. ANY POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY MEMBER OF THE BOARD

OF DIRECTORS OR ANY PERSON SITTING ON A COMMITTEE OF THE BOARD SHALL BE

FULLY DISCLOSED TO THE OTHER DIRECTORS AND MADE A MATTER OF RECORD WHEN THE

INTEREST BECOMES A MATTER FOR BOARD OR COMMITTEE CONSIDERATION.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

50

2. A CONFLICT OF INTEREST SHALL BE CONSIDERED TO BE PRESENT WHEN A BOARD MEMBER OR A FAMILY MEMBER HAS A FINANCIAL INTEREST IN ANY TRANSACTION TO WHICH THE FOUNDATION IS A PARTY, OR HOLDS A DIRECTORSHIP IN ANOTHER ENTITY WHICH IS PARTY TO THE TRANSACTION.

3. ANY DIRECTOR WITH A POSSIBLE CONFLICT OF INTEREST ON ANY MATTER UP FOR CONSIDERATION BY THE BOARD OR COMMITTEE SHALL DISCLOSE SUCH CONFLICT AND SHALL NOT VOTE OR USE THEIR PERSONAL INFLUENCE ON THE MATTER. THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE INTERESTED MEMBER ABSTAINED FROM VOTING.

4. THE FOREGOING REQUIREMENTS SHALL NOT BE CONSTRUED AS PREVENTING THE DIRECTOR FROM BRIEFLY STATING THEIR POSITION ON THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS OF OTHER DIRECTORS SINCE THEIR KNOWLEDGE MAY BE OF GREAT ASSISTANCE.

5. ANY NEW DIRECTOR OF THE BOARD OR MEMBER OF A COMMITTEE OF THE BOARD WILL BE ADVISED OF THIS POLICY UPON AGREEING TO THE DUTIES OF THEIR OFFICE.

FURTHER, ALL MEMBERS OF THE BOARD AND ANY COMMITTEE ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND COMPLETE AN ACKNOWLEDGEMENT AND DECLARATION FORM.

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

THE FOUNDATION PARTICIPATES IN SEVERAL COMPENSATION SURVEYS OF COMPARABLE

NON-PROFIT ORGANIZATIONS. THE BOARD OF DIRECTORS CONSIDERS THE DATA FROM

 THE SURVEYS ALONGSIDE BUDGET CONSTRAINTS, PERFORMANCE, AND INTERNAL PAY

 232212 10-28-22
 Schedule O (Form 990) 2022

 51

2022.05090 THE FOUNDATION FOR SANTA 794638_1

| Schedule O (Form 990) 2022 | Page 2 |
|--|--------------------------------|
| Name of the organization THE FOUNDATION FOR SANTA BARBARA | Employer identification number |
| CITY COLLEGE | 95-3234551 |
| EQUITY, AMONG OTHER FACTORS, IN DETERMINING THE CHIEF EXEC | UTIVE OFFICER'S |
| AND CHIEF FINANCIAL OFFICER'S COMPENSATION. THE CHIEF EXEC | UTIVE OFFICER |
| CONSIDERS APPROPRIATE SURVEY DATA, BUDGET CONSTRAINTS, PER | FORMANCE, |
| INTERNAL PAY EQUITY, AND OTHER FACTORS IN SETTING ALL OTHE | R STAFF |
| COMPENSATION IN PARTNERSHIP WITH SUPERVISORS. THE BOARD CO | MPENSATION REVIEW |
| COMMITTEE LAST COMPLETED ITS COMPENSATION ANALYSIS ON SEPT | EMBER 28, 2023. |
| | |
| | |

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

IT IS THE FOUNDATION'S POLICY TO FULLY COMPLY WITH THE FEDERAL (AND

APPLICABLE STATE) PUBLIC DISCLOSURE REQUIREMENTS, AND TO MAKE SUCH

ADDITIONAL DISCLOSURES AS MAY BE USEFUL TO FOSTER TRANSPARENCY AND DONOR

DUE DILIGENCE. TO THIS END, THE CHIEF EXECUTIVE OFFICER SHALL ENSURE THAT

THE FOLLOWING DOCUMENTS ARE PUBLICLY AVAILABLE, TOGETHER WITH SUCH OTHER

DOCUMENTS AS THE CHIEF EXECUTIVE OFFICER MAY DEEM APPROPRIATE:

FORMS 990

THE FOUNDATION'S IRS DETERMINATION LETTER(S)

THE FOUNDATION'S ARTICLES OF INCORPORATION

THE FOUNDATION'S BY LAWS

THE FOUNDATION'S FINANCIAL STATEMENTS

THE FOUNDATION'S CONFLICT OF INTEREST POLICY

THE FOUNDATION'S INVESTMENT POLICY STATEMENT

THE FOUNDATION'S STAFF SHALL HONOR THE PUBLIC INSPECTION AND COPYING

REQUIREMENTS PRESCRIBED BY IRS REGULATIONS, INCLUDING PROVIDING COPIES TO

INDIVIDUALS WHO REQUEST THEM AND POSTING THEM TO THE FOUNDATION'S WEBSITE.

52

| FORM | 990, | PART | XI, | LINE 9 | , | CHANGES | IN | \mathbf{NET} | ASSETS: | |
|------|------|------|-----|--------|---|---------|----|----------------|---------|--|
| | | | | | | | | | | |

232212 10-28-22

| Schedule O (Form 990) 2022 Name of the organization THE FOUNDATION FOR SANTA BARBARA | Page 2 Employer identification number |
|--|--|
| CITY COLLEGE | 95-3234551 |
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS | 590,481. |
| UBI FROM K-1S | 508. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 590,989. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 232212 10-28-22 | Schedule O (Form 990) 2022 |
| 53 | |

| 232161 | 09-14-22 | LHA |
|--------|----------|-----|
| | | |

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

| the Treasury ue Service | | Go to www.irs.gov/Form990 for | instructions and the latest info | rmation. | |
|----------------------------|---|---------------------------------------|---|--------------|--------------------|
| ne organizat | ion THE FOUNDATION | FOR SANTA BARBARA | | | E |
| - | CITY COLLEGE | | | | |
| Identificati | on of Disregarded Entities. Complet | te if the organization answered "Yes" | on Form 990, Part IV, line 33. | | |
| | (a) | (b) | (c) | (d) | (e) |
| , | ress, and EIN (if applicable) disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets |
| APA, LLC | | OWN, MANAGE, AND LEASE TO | | | |
| F DRIVE | | SBCC FOR EDUCATION AND | | | |
| RBARA, CA | 93109 | CHARITABLE PURPOSES | CALIFORNIA | 0. | 10,000 |
| | | | | | |
| | | | | | |

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.

2022 Open to Public Inspection

| mployer identification | numbe |
|------------------------|-------|
| 95-3234551 | |

(f)

Direct controlling

entity

Part I Identification o

| 525 ANACAPA, LLC | OWN, MANAGE, AND LEASE TO | | | | THE FOUNDATI | ON FOR |
|---|---------------------------------------|---------------------------|---------------------|--------------------|--------------------------|----------------------------------|
| 721 CLIFF DRIVE | SBCC FOR EDUCATION AND | | | | SANTA BARBAR | A CITY |
| SANTA BARBARA, CA 93109 | CHARITABLE PURPOSES | CALIFORNIA | | 0. 1 | 0,000.COLLEGE | |
| | | | | | | |
| | - | | | | | |
| | 1 | | | | | |
| | | | | | | |
| | 1 | | | | | |
| | 1 | | | | | |
| | | | | | | |
| | 1 | | | | | |
| | 1 | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | tions. Complete if the organization a | nswered "Yes" on Form 990 | Part IV, line 34, b | because it had one | or more related tax-exer | npt |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) Section 512(b)(13) |
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | Section 512(b)(13) controlled |
| of related organization | | foreign country) | section | status (if section | entity | entity? |
| | | | | 501(c)(3)) | | Yes No |

| SANTA BARBARA CITY COLLEGE - 77-0070782 | | | | | |
|---|-------------------|------------|--|-----|---|
| 721 CLIFF DRIVE | | | | | |
| SANTA BARBARA, CA 93109 | COMMUNITY COLLEGE | CALIFORNIA | | N/A | х |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 CITY COLLEGE

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

| | | · , | | | | | | | 1 | | |
|--|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-----|----------------------|---------------------------------|-----------------|----------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | | ortionate itions? | amount in box 20 of Schedule | manag partne | or Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | lo |
| MONTECITO ESTATE MANAGEMENT LLC, 1225 COAST VILLAGE ROAD, | PROPERTY | | | | | | | | | | |
| SUITE C, MONTECITO, CA 93108 | MANAGEMENT | CA | N/A | N/A | N/A | N/A | | x | N/A | | N/A |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
| | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | 512(cont | i) b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------------|--|--|---|---------------------------------------|--------------|--|
| | | country) | | | | | | Yes | No |
| MEM EMPLOYEE OWNERSHIP TRUST U/D/T DATED | | | SANTA BARBARA | | | | | | |
| AUGUST 3, 2022 - 88-6640551, 1225 COAST | EMPLOYEE OWNERSHIP | | CITY COLLEGE | | | | | | |
| VILLAGE ROAD, SUITE C, MONTECITO, CA 93108 | TRUST | CA | FOUNDATION | TRUST | Ο. | 0. | .00% | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Schedule R (Form 990) 2022 CITY COLLEGE

| | | <u> </u> | " | |
|--------|--|---------------------------------------|----------------------|-------------------------|
| Part V | Transactions With Related Organizations. | Complete if the organization answered | "Yes" on Form 990 Pa | rt IV line 34 35b or 36 |
| | | oomploto n'ino organization anomoroa | | |

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Ye | s No |
|---|----|----|------|
| 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? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| d Loans or loan guarantees to or for related organization(s) | | | |
| e Loans or loan guarantees by related organization(s) | | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | | | |
| i Exchange of assets with related organization(s) | 11 | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | x | |
| Performance of services or membership or fundraising solicitations for related organization(s) | | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X | |
| o Sharing of paid employees with related organization(s) | | | _ |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| a Reimbursement paid by related organization(s) for expenses | | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | | | |

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) SANTA BARBARA CITY COLLEGE | в | 2,827,338. | FMV |
| (2) SANTA BARBARA CITY COLLEGE | L | 496,090. | FMV |
| (3) SANTA BARBARA CITY COLLEGE | м | 206,737. | FMV |
| (4) SANTA BARBARA CITY COLLEGE | J | 240,000. | FMV |
| MEM EMPLOYEE OWNERSHIP TRUST U/D/T DATED (5) AUGUST 3, 2022 | В | 850,100. | FMV |
| _(6) | | | |

Schedule R (Form 990) 2022 CITY COLLEGE

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under | (e Are partner 501(r org | all rs sec. c)(3) s.? | (f) Share of total income | (g) Share of end-of-year assets | (f Dispr tior allocat | n) opor- late tions? | | (j) General managii partner | (k) Percentage ownership |
|--|--------------------------------|-----|--|--------------------------------------|--------------------------------|---|---|--|-------------------------------|--------------|--------------------------------------|--------------------------------|
| | | | | Yes | NO | | | Yes | NO | (1011111000) | Yes N | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

THE FOUNDATION FOR SANTA BARBARA CITY COLLEGE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

MONTECITO ESTATE MANAGEMENT LLC

DIRECT CONTROLLING ENTITY: MEM EMPLOYEE OWNERSHIP TRUST, U/D/T DATED

AUGUST 3, 2022

Schedule R (Form 990) 2022

232165 09-14-22

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type o print | r Name of exempt organization or other filer, see instru THE FOUNDATION FOR SANTA BA | Taxpayer identification number (TIN) | | | | |
|---|---|---|---|--------------------------|---|--------------------|
| print | CITY COLLEGE | | | 95-3234551 | | |
| File by the due date filing your return. Se | for Number, street, and room or suite no. If a P.O. box, so | ee instruct | tions. | | | |
| instructio | | preign add | ress, see instructions. | | | |
| Enter t | ne Return Code for the return that this application is for (file | e a separa | te application for each return) | | | 01 |
| Applic | ation | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 9 | 90 or Form 990-EZ | 01 | Form 1041-A | | | 08 |
| Form 4 | 720 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 9 | 90-PF | 04 | Form 5227 | | | 10 |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 9 | 90-T (trust other than above) | 06 | Form 8870 | | | 12 |
| Form 9 | 90-T (corporation) ZORANA MORRIS | 07 | | | | |
| If th If th box 1 1 t t 2 | request an automatic 6-month extension of time until | Group Exe and atta MAX anization's , an heck reaso | Imption Number (GEN), in the names and TINs of the name and the names and TINs of the name and the nam | f this is fo all memb | r the whole ers the extern npt organiza | group, check this |
| | f this application is for Forms 990-PF, 990-T, 4720, or 6069 iny nonrefundable credits. See instructions. | , enter the | tentative tax, less | 3a | \$ | 0. |
| | f this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp | | | 3b | \$ | 0. |
| - | Balance due. Subtract line 3b from line 3a. Include your pa | | | | | |
| | ising EFTPS (Electronic Federal Tax Payment System). See | | | 3c | \$ | 0. |
| Cautio instruc | n: If you are going to make an electronic funds withdrawal tions. | (direct del | bit) with this Form 8868, see Form 84 | | d Form 8879 | 9-TE for payment |
| LHA | For Privacy Act and Paperwork Reduction Act Notice, | see instru | ictions. | | Form | 8868 (Rev. 1-2022) |

| | | | ** PUBLIC DISCLOSURE COPY ** | | | | | | |
|------|--|----------|--|----------|--|--|--|--|--|
| | | | EXTENDED TO MAY 15, 2024 | | | | | | |
| Form | 990-T | E | Exempt Organization Business Income Tax Return | ו | OMB No. 1545-0047 | | | | |
| | | For ca | (and proxy tax under section 6033(e)) Iendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 202 | 23 | 2022 | | | | |
| D | | TOFCA | Go to www.irs.gov/Form990T for instructions and the latest information. | | | | | | |
| | tment of the Treasury al Revenue Service | I | 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 | | | | |
| Α | Check box if address changed. | | Name of organization (Check box if name changed and see instructions.) THE FOUNDATION FOR SANTA BARBARA | DEmpl | oyer identification number | | | | |
| | kempt under section | Print | CITY COLLEGE | - | 5-3234551 | | | | |
| X |] 501(c)(3) | | p exemption number instructions) | | | | | | |
| | 408(e) 220(e) | Туре | 721 CLIFF DRIVE | - | | | | | |
| | 408A 530(a) 529(a) 529A | | City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93109 | F | Check box if | | | | |
| L |]020(u) []020A | с во | ok value of all assets at end of year | ┦└─ | an amended return. | | | | |
| G | Check organization | | X 501(c) corporation 501(c) trust 401(a) trust Other trust |] State | college/university | | | | |
| H (| Check if filing only to | 0 | Claim credit from Form 8941 Claim a refund shown on Form 2439 | | | | | | |
| 1 (| | | | | | | | | |
| J | Enter the number of attached Schedules A (Form 990-T) | | | | | | | | |
| | | | | | | | | | |
| | If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ZORANA MORRIS Telephone number $805-730-4418$ | | | | | | | | |
| | The books are in car | | ZORANA MORRIS Telephone number | 305- | 730-4418 | | | | |
| 1 | | | ss taxable income computed from all unrelated trades or businesses (see | — | | | | | |
| | | | | 1 | 0. | | | | |
| 2 | Reserved | 2 | | | | | | | |
| 3 | Add lines 1 and 2 | 3 | | | | | | | |
| 4 | Charitable contrib | | see instructions for limitation rules) | 4 | 0. | | | | |
| 5 | Total unrelated bu | isiness | taxable income before net operating losses. Subtract line 4 from line 3 | 5 | | | | | |
| 6 | Deduction for net | operati | ng loss. See instructions | 6 | | | | | |
| 7 | Total of unrelated | busine | ss taxable income before specific deduction and section 199A deduction. | | | | | | |
| | Subtract line 6 from | | | 7 | | | | | |
| 8 | Specific deduction | n (gene | rally \$1,000, but see instructions for exceptions) duction. See instructions | 8 | 1,000. | | | | |
| 9 | Trusts. Section 19 | 9 | 1,000. | | | | | | |
| 10 | | | | | | | | | |
| 11 | | ss taxa | ble income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | 0. | | | | |
| Pa | rt II Tax Com | outat | on | 11 | 0. | | | | |
| 1 | | - | s corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. | | | | |
| 2 | | | ates. See instructions for tax computation. Income tax on the amount on | <u> </u> | | | | | |
| | Part I, line 11 from | | Tax rate schedule or Schedule D (Form 1041) | 2 | | | | | |
| 3 | Proxy tax. See ins | | | 3 | | | | | |
| 4 | Other tax amounts | s. See i | nstructions | 4 | | | | | |
| 5 | Alternative minimu | um tax | (trusts only) | 5 | | | | | |
| 6 | Tax on noncompl | liant fa | cility income. See instructions | 6 | | | | | |
| 7 | | | h 6 to line 1 or 2, whichever applies | 7 | 0. | | | | |
| LHA | For Paperwork F | Reduct | ion Act Notice, see instructions. | | Form 990-T (2022) | | | | |

223701 01-16-23

| Form 9 | 90-7 (2022) | | | Pa | age 2 | | | |
|------------|--|--------|----|-----|--------------|--|--|--|
| Part | III Tax and Payments | | | | | | | |
| 1 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | | | | | | |
| b | Other credits (see instructions) 1b | | | | | | | |
| с | General business credit. Attach Form 3800 (see instructions) | | | | | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | | | | | | |
| е | Total credits. Add lines 1a through 1d | 1e | | | | | | |
| 2 | Subtract line 1e from Part II, line 7 | 2 | | | 0. | | | |
| 3 | Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 | 3 | | | | | | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). | | | | | | | |
| | section 1294. Enter tax amount here | 4 | | | 0. | | | |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | | 0. | | | |
| 6a | Payments: A 2021 overpayment credited to 2022 | | | | | | | |
| b | 2022 estimated tax payments. Check if section 643(g) election applies 6b 600. | | | | | | | |
| с | Tax deposited with Form 8868 6c | | | | | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | | | | | | | |
| е | Backup withholding (see instructions) 6e | | | | | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | | | | | | | |
| g | Other credits, adjustments, and payments: Form 2439 | | | | | | | |
| | Form 4136 Other Total 6g | | | | | | | |
| 7 | 7 Total payments. Add lines 6a through 6g | | | | | | | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 8 | | | | | | |
| 9 | 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 | | | | | | | |
| 10 | 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 | | | | | | | |
| | Enter the amount of line 10 you want: Credited to 2023 estimated tax 600 • Refunded | 11 | | | 0. | | | |
| Part | IV Statements Regarding Certain Activities and Other Information (see instructions) | | | | | | | |
| 1 | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority | | Y | ′es | No | | | |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | | | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | | | | | |
| | here | | | _ | <u>X</u> | | | |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a | | | | | | | |
| | foreign trust? | | | _ | <u>X</u> | | | |
| | If "Yes," see instructions for other forms the organization may have to file. | | | | | | | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year\$ | | | | | | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car | ryover | | _ | | | | |
| | shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | | | | | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce | | | | | | | |
| | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | | | | | | |
| | Business Activity Code Available post-2017 NOL c | arryov | er | | | | | |
| | \$ | | | | | | | |
| | \$ | | | | | | | |
| 6a | Did the organization change its method of accounting? (see instructions) | | L | | X | | | |
| b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," | | | | | | | |
| | explain in Part V | | | | | | | |
| Part | V Supplemental Information | | | | | | | |

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| Sign | Under penalties of perjury, correct, and complete. Dec | der 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, rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | | | |
|----------------|--|---|----------------------|----------|---------------|-------|--|--|--|--|--|
| Here | PUBLIC Signature of officer | DISCLOS | | FICER | /E | the p | the IRS discuss this return with reparer shown below (see uctions)? X Yes No | | | | |
| | Print/Type prepare | r's name | Preparer's signature | Date | Check | if | PTIN | | | | |
| Paid | | | LAUREN A. | | self- employe | ed | | | | | |
| Preparer | . LAUREN A. | HAVERLOCK | HAVERLOCK | 05/13/24 | | | P00545829 | | | | |
| Use Only | 1 | IOSS ADAMS L | Firm's EIN | | 91-0189318 | | | | | | |
| | | 21700 OXNA | | | | | | | | | |
| | Firm's address | Firm's address WOODLAND HILLS, CA 91367 | | | | | 8-577-1900 | | | | |
| 223711 01-16-2 | 23 | | | | | | Form 990-T (2022) | | | | |
| | | | 60 | | | | | | | | |

62 2022.05090 THE FOUNDATION FOR SANTA 794638_1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions a mation.

t 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

1

Name of the organization THE FOUNDATION FOR SANTA BARBARA Α CITY COLLEGE

B Employer identification number 95-3234551

of

1

D Sequence:

901101 С Unrelated business activity code (see instructions)

QUALIFYING INVESTMENT ACTIVITIES Describe the unrelated trade or business

| ΕI | Describe the unrelated trade or business QUALIFYING INVESTMENT ACTIVITIES | | | | | | | | | |
|-----|--|----|------------|--------------|---------|--|--|--|--|--|
| Pa | rt 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 (Part III, line 8) | 2 | | | | | | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | | | | | | |
| 4 a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | 1,178. | | 1,178. | | | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | | | | | | |
| с | Capital loss deduction for trusts | 4c | | | | | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 | 5 | -1,686. | | -1,686. | | | | | |
| 6 | Rent income (Part IV) | 6 | | | | | | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | | | | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | | | | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | | | | | | |
| 11 | Advertising income (Part IX) | 11 | | | | | | | | |
| 12 | Other income (see instructions; attach statement) | 12 | | | | | | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | -508. | | -508. | | | | | |

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

| 1 | Compensation of officers, directors, and trustees (Part X) | | | . 1 | |
|-----|--|-----|-------------|----------|---------------------|
| 2 | Salaries and wages | | | | |
| 3 | Repairs and maintenance | . 3 | | | |
| 4 | Bad debts | | | | |
| 5 | Interest (attach statement). See instructions | | | 5 | |
| 6 | Taxes and licenses | | | 6 | 229. |
| 7 | Depreciation (attach Form 4562). See instructions | | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b | |
| 9 | Depletion | | | 9 | 16. |
| 10 | Contributions to deferred compensation plans | | | | |
| 11 | Employee benefit programs | | | 11 | |
| 12 | Excess exempt expenses (Part VIII) | | | | |
| 13 | Excess readership costs (Part IX) | | | | |
| 14 | Other deductions (attach statement) | EE | STATEMENT 2 | 14 | 1,890. |
| 15 | Total deductions. Add lines 1 through 14 | | | 15 | 2,135. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from | | | | |
| | column (C) | | | 16 | -2,643. |
| 17 | Deduction for net operating loss. See instructions | | | . 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | | -2,643. |
| LHA | For Paperwork Reduction Act Notice, see instructions. | | | Schedule | A (Form 990-T) 2022 |

12330513 146892 794638

| nd | the | latest | info | ori |
|----|-----|--------|------|-----|
| | | | | |

| Internal Revenue Service Do not |
|---------------------------------|
|---------------------------------|

| m 990-T) 2022 ost of Goods Sold Enter meth y at beginning of year es labor | here and in Part I, line produced or acquired I Personal Prope tate, ZIP code). Chec A | e 2 d for resale) apply to the o erty Leased with Re | 2 3 4 5 6 7 8 organization? | Page 2 |
|--|---|--|--|---|
| es | here and in Part I, line produced or acquired I Personal Prope tate, ZIP code). Chec A | e 2 d for resale) apply to the o erty Leased with Re ck if a dual-use. See instru | 2 3 4 5 6 7 8 organization? ctions. | |
| es | here and in Part I, line produced or acquired I Personal Prope tate, ZIP code). Chec A | e 2 d for resale) apply to the o erty Leased with Re ck if a dual-use. See instru | 2 3 4 5 6 7 8 organization? ctions. | |
| al section 263A costs (attach statement) osts (attach statement) Add lines 1 through 5 y at end of year goods sold. Subtract line 7 from line 6. Enter hules of section 263A (with respect to property pent Income (From Real Property and ion of property (property street address, city, st environ of property (property street address, city, st resonal property (if the percentage of bersonal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ints received or accrued. Add line 2c columns A | here and in Part I, line produced or acquired I Personal Prope tate, ZIP code). Chec A | e 2 <u>d for resale) apply to the o</u> erty Leased with Re ck if a dual-use. See instru | 4 5 6 7 8 9 9 9 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 | |
| every extended of accrued and personal property is more than 50%) and personal property (if the age of rent for personal property exceeds for the rent is based on profit or income) | A | e 2 <u>J for resale) apply to the o</u> erty Leased with Re ck if a dual-use. See instru | organization? | |
| Add lines 1 through 5 y at end of year goods sold. Subtract line 7 from line 6. Enter r ules of section 263A (with respect to property p ent Income (From Real Property and ion of property (property street address, city, st evelved or accrued resonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) its received or accrued by property. s 2a and 2b, columns A through D at st received or accrued. Add line 2c columns A | A | e 2 d for resale) apply to the o erty Leased with Re ck if a dual-use. See instru | eal Property) | |
| y at end of year goods sold. Subtract line 7 from line 6. Enter h ules of section 263A (with respect to property p ent Income (From Real Property and ion of property (property street address, city, st served or accrued rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ints received or accrued by property. s 2a and 2b, columns A through D ints received or accrued. Add line 2c columns A | A | e 2 d for resale) apply to the o erty Leased with Re ck if a dual-use. See instru | prganization? [2013] adl Property) uctions. | |
| goods sold. Subtract line 7 from line 6. Enter h ules of section 263A (with respect to property p ent Income (From Real Property and ion of property (property street address, city, st evived or accrued rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ths received or accrued by property. s 2a and 2b, columns A through D | here and in Part I, line produced or acquired I Personal Prope tate, ZIP code). Chec A | e 2 d for resale) apply to the o erty Leased with Re ck if a dual-use. See instru | B addition? | |
| elies of section 263A (with respect to property p ent Income (From Real Property and ion of property (property street address, city, st elived or accrued rsonal property (if the percentage of personal property is more than 10% more than 50%) | Produced or acquired Personal Prope tate, ZIP code). Chec A | d for resale) apply to the o erty Leased with Re ck if a dual-use. See instru | arganization? | |
| erived or accrued rsonal property (property street address, city, st revived or accrued rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) nts received or accrued by property. s 2a and 2b, columns A through D | A | erty Leased with Re | eal Property) uctions. | D |
| reived or accrued rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ths received or accrued by property. s 2a and 2b, columns A through D | A | | | D |
| rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ths received or accrued by property. s 2a and 2b, columns A through D mts received or accrued. Add line 2c columns A | | B | C | D |
| rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ths received or accrued by property. s 2a and 2b, columns A through D mts received or accrued. Add line 2c columns A | | B | C | D |
| rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ths received or accrued by property. s 2a and 2b, columns A through D mts received or accrued. Add line 2c columns A | | B | с | D |
| rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ths received or accrued by property. s 2a and 2b, columns A through D mts received or accrued. Add line 2c columns A | | B | C | D |
| rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ths received or accrued by property. s 2a and 2b, columns A through D mts received or accrued. Add line 2c columns A | | | C | U |
| rsonal property (if the percentage of personal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) ths received or accrued by property. s 2a and 2b, columns A through D mts received or accrued. Add line 2c columns A | through D. Enter her | | | |
| bersonal property is more than 10% more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) hts received or accrued by property. s 2a and 2b, columns A through D hts received or accrued. Add line 2c columns A | through D. Enter her | | | |
| more than 50%) al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) nts received or accrued by property. s 2a and 2b, columns A through D nts received or accrued. Add line 2c columns A | through D. Enter her | | | |
| al and personal property (if the age of rent for personal property exceeds f the rent is based on profit or income) nts received or accrued by property. s 2a and 2b, columns A through D nts received or accrued. Add line 2c columns A | through D. Enter her | | | |
| age of rent for personal property exceeds f the rent is based on profit or income) nts received or accrued by property. s 2a and 2b, columns A through D | through D. Enter her | | | |
| nts received or accrued by property. s 2a and 2b, columns A through D | through D. Enter her | | | |
| s 2a and 2b, columns A through D | through D. Enter her | | | |
| nts received or accrued. Add line 2c columns A | through D. Enter her | | | |
| ſ | through D. Enter her | | | |
| eductions. Add line 4 columns A through D. En nrelated Debt-Financed Income (se ion of debt-financed property (street address, c | ee instructions) | | | 0. |
| | | | | |
| | Α | В | С | D |
| come from or allocable to debt-financed | | | | |
| , | | | | |
| ons directly connected with or allocable | | | | |
| inanced property | | | | |
| | | | | |
| | | | | |
| ductions (add lines 3a and 3b, A through D) | | | | |
| of average acquisition debt on or allocable inanced property (attach statement) | | | | |
| adjusted basis of or allocable to debt- l property (attach statement) | | | | |
| ne 4 by line 5 | , c | % | % | % |
| come reportable. Multiply line 2 by line 6 | | | | |
| oss income (add line 7, columns A through D). | . Enter here and on P | Part I, line 7, column (A) | ····· | 0. |
| | | | | |
| e deductions. Multiply line 3c by line 6 | | and an Dart L line 7 aclum | nn (B) | |
| locable deductions. Add line 9, columns A thr | | ind on Part I, line 7, colum | | 0. |
| | ons directly connected with or allocable inanced property line depreciation (attach statement) eductions (attach statement) ductions (add lines 3a and 3b, A through D) of average acquisition debt on or allocable inanced property (attach statement) adjusted basis of or allocable to debt- property (attach statement) he 4 by line 5 come reportable. Multiply line 2 by line 6 oss income (add line 7, columns A through D) | come from or allocable to debt-financed ons directly connected with or allocable inanced property line depreciation (attach statement) eductions (attach statement) ductions (atd lines 3a and 3b, A through D) of average acquisition debt on or allocable inanced property (attach statement) adjusted basis of or allocable to debt- property (attach statement) adjusted basis of or allocable to debt- property (attach statement) acome reportable. Multiply line 2 by line 6 oss income (add line 7, columns A through D). Enter here and on F e deductions. Multiply line 3c by line 6 | come from or allocable to debt-financed ons directly connected with or allocable inanced property line depreciation (attach statement) eductions (attach statement) ductions (add lines 3a and 3b, A through D) of average acquisition debt on or allocable inanced property (attach statement) adjusted basis of or allocable to debt- property (attach statement) me 4 by line 5 ocss income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) e deductions. Multiply line 3c by line 6 ocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column | come from or allocable to debt-financed |

64 2022.05090 THE FOUNDATION FOR SANTA 794638_1

| | /= | | | | | | | | | | | 1 |
|------------|---|-----------------|---|-------------|------------------------------|----------|--|-----------------|--|--------|---|---|
| | ule A (Form 990-T) 2022 | | alties. and R | ents fror | n Control | led Or | ganizations | S (se | e instruct | ions) | | Page 3 |
| | , | | , | | | | Exempt Control | , | | | | |
| | 1. Name of controlled organization | d | 2. Employer identification | | | | nents made that is | | 5. Part of column 4 that is included in the controlling organiza- | | 6. Deductions directly connected with | |
| | | | number | (see ins | structions) | | | | gross inc | | inco | ome in column 5 |
| <u>(1)</u> | | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | | | | |
| | | 0.11 | | | Controlled O | - | 1 | | | 44 | Dealu | |
| | . Taxable Income | inco | t unrelated ome (loss) nstructions) | | otal of specif yments mad | | that is inc controlling | included in the | | conn | uctions directly lected with in column 10 | |
| <u>(1)</u> | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | | | | |
| | | | | | | | Add colum Enter here line 8, c | and on | Part I, (A) | Ent | er here | imns 6 and 11. e and on Part I, , column (B) |
| Totals | | | | | | | | | 0. | | | 0. |
| Part | | | a Section 50 |)1(c)(7), (| | | nization _{(s} | ee inst | ructions) | | | |
| | 1. Desc | cription of inc | come | | 2. Amou incor | | 3. Deduction directly connormal (attach stater | ected | 4. Set- (attach st | | nt) | Total deductions and set-asides add cols 3 and 4) |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | Add amou column 2 | | | | | | | Add amounts in column 5. Enter |
| | | | | | here and o | | | | | | | ere and on Part I, |
| | | | | | line 9, colu | | | | | | li | ine 9, column (B) |
| Totals | | | | | | 0. | | | | | | 0. |
| Part | Exploited E | | tivity Income | , Other T | nan Adve | ertising | g income (| see ins | structions) | | | |
| 1 | Description of exploite | | | | | | | | | | | |
| 2 | Gross unrelated busin | | | | | | | | | 2 | | |
| 3 | Expenses directly con | • | | | | | | - | | | | |
| A | line 10, column (B) Net income (loss) from | | ada ar buainaga | | | | | | | 3 | | |
| 4 | | | | | | | | | | | | |
| 5 | Gross income from ac | | not unrelated bus | | | | | | | 4 5 | | |
| 6 | Expenses attributable | | | | | | | | | 6 | | |
| 7 | Excess exempt expense | | | | | | | | | | | |
| • | 4. Enter here and on P | | | | | | | | | 7 | | |
| | | | | | | | | | | | | |

Schedule A (Form 990-T) 2022

223731 01-16-22

| | ule A (Form 990-T) 2022 | | | | Page 4 |
|---------|--|---------------------------------|---------------------|-----------------|--------------------|
| Part | IX Advertising Income | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting | ng two or more periodicals on a | consolidated basis | S. | |
| | Α | | | | |
| | В | | | | |
| | c 🗌 | | | | |
| | D 🗌 | | | | |
| Enter a | amounts for each periodical listed above in the | corresponding column. | | | |
| | | Α | В | c | D |
| 2 | Gross advertising income | | | | |
| | Add columns A through D. Enter here and or | n Part I, line 11, column (A) | | | 0. |
| а | | | | | |
| 3 | Direct advertising costs by periodical | | | | |
| а | Add columns A through D. Enter here and or | n Part I, line 11, column (B) | | | 0. |
| | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from li | ine | | | |
| | 2. For any column in line 4 showing a gain, | | | | |
| | complete lines 5 through 8. For any column i | in | | | |
| | line 4 showing a loss or zero, do not complet | | | | |
| | lines 5 through 7, and enter zero on line 8 | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is le | ess | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain | on | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the g | | tal or zero here an | id on | • |
| | Part II, line 13 | - | | | 0. |
| Part | X Compensation of Officers, Di | rectors, and Trustees (s | ee instructions) | | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| | | | | to business | unrelated business |
| (1) | | | | % | |
| (2) | | | | % | |
| (3) | | | | % | |
| (4) | | | | % | |
| | | | | | |
| | . Enter here and on Part II, line 1 | | | | 0. |
| Part | XI Supplemental Information (se | ee instructions) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

223732 01-16-23

1

| FORM 990-T (A) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 1 |
|-------------------------------------|---|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| COMMONFUND CAPITAL INCOME (LOSS) | PARTNERS IV, LP - ORDINARY BUSINESS | 1,941. |
| | PARTNERS IV, LP - NET RENTAL REAL | -10. |
| COMMONFUND CAPITAL | PARTNERS IV, LP - DIVIDEND INCOME PARTNERS IV, LP - OTHER PORTFOLIO | 15. |
| INCOME (LOSS) | TARINERS IV, EL OTHER FORFOLIO | 44. |
| | PARTNERS IV, LP - OTHER INCOME (LOSS) ASSETS V LP - ORDINARY BUSINESS INCOME | -13. |
| (LOSS) SET GLOBAL PRIVATE | ASSETS V LP - NET RENTAL REAL ESTATE | -3,170. |
| INCOME | | 144. |
| | ASSETS V LP - INTEREST INCOME ASSETS V LP - DIVIDEND INCOME | 211. 86. |
| SEI GLOBAL PRIVATE | ASSETS V LP - ROYALTIES ASSETS V LP - OTHER INCOME (LOSS) | 4. -938. |
| | SCHEDULE A, PART I, LINE 5 | |

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 2 |
|---------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| TAX PREPARATION FEES | | 1,890. |
| TOTAL TO SCHEDULE A, PART II, I | INE 14 | 1,890. |

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 .т

OMB No. 1545-0123

2022

| Internal Revenue Service | | |) for instructions and the late | | | ZUZZ |
|---|---|---|--|--|-----|--|
| | | SANTA BARBAR | A | | | over identification number |
| CITY COLLE | | | | | | 3234551 |
| Did the corporation dispose If "Yes," attach Form 8949 | and see its instruc | ctions for additional requir | rements for reporting your | r gain or loss. | | Yes X No |
| Part I Short-Terr | m Capital Gai | ns and Losses - As | sets Held One Year | or Less | | |
| See instructions for how to fig to enter on the lines below. This form may be easier to con round off cents to whole dollars | nplete if you | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column | 49, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a Totals for all short-term tra reported on Form 1099-B was reported to the IRS an have no adjustments (see However, if you choose to transactions on Form 8945 | ansactions for which basis Id for which you instructions). report all these | | | | | (9) |
| 1b Totals for all transactions r | · | | | | | |
| Form(s) 8949 with Box A of | | | | | | |
| 2 Totals for all transactions r | · | | | | | |
| Form(s) 8949 with Box B of 3 Totals for all transactions r | | | | | | |
| Form(s) 8949 with Box C of | | | | | | |
| 4 Short-term capital gain fro | | from Form 6252 line 26 or 3 | 27 | | 4 | |
| 5 Short-term capital gain no | | | | | 5 | |
| 6 Unused capital loss carryo | | | | | 6 | (|
| 7 Net short-term capital gain | · · | , | n h | | 7 | / |
| Part II Long-Terr | n Capital Gai | ns and Losses - Ass | sets Held More Tha | n One Year | 1 | |
| See instructions for how to fig to enter on the lines below. | | (d) Proceeds | (e) Cost | (g) Adjustments to ga or loss from Form(s) 89 | | (h) Gain or (loss) Subtract column (e) from |
| This form may be easier to com round off cents to whole dollars | | (sales price) | (or other basis) | Part II, line 2, column | | column (d) and combine the result with column (g) |
| 8a Totals for all long-term tra on Form 1099-B for which reported to the IRS and fou no adjustments (see instru if you choose to report all on Form 8949, leave this li line 8b | basis was r which you have ictions). However, these transactions | | | | | |
| 8b Totals for all transactions r | reported on | | | | | |
| Form(s) 8949 with Box D o | checked | | | | | |
| 9 Totals for all transactions r | · · | | | | | |
| Form(s) 8949 with Box E o | checked | | | | | |
| 10 Totals for all transactions r | | | | | | |
| Form(s) 8949 with Box F of | | | | | | 995. |
| 11 Enter gain from Form 479 | | | | | 11 | 183. |
| 12 Long-term capital gain fro | | | | | 12 | |
| 13 Long-term capital gain or | (loss) from like-kind | l exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | | | 14 | |
| | of Parts I and | | | | 15 | 1,178. |
| 16 Enter excess of net short-t | erm capital gain (lin | e 7) over net long-term capit | al loss (line 15) | | 16 | |

| | 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 | 1 |
| • | 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 1 |

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2022

<u>,178.</u> 178.

221051 12-16-22

| Form 8949 (2022) | | | | Attachn | nent Sequer | nce No. 12A | Page 2 | |
|---|---|---|--|--|--------------------------------|---|--|---|
| Name(s) shown on return. Name and THE FOUNDATION CITY COLLEGE | | | | | · | Social secur taxpayer ide | ity number or ntification no. 234551 | |
| Before you check Box D, E, or F below statement will have the same information broker and may even tell you which the same statement of the same statement | | you received any 99-B. Either will s | Form(s) 1099-B c show whether you | or substitute statem Ir basis (usually you | ent(s) from y r cost) was r | | | |
| Part II Long-Term. Transaction see page 1. Note: You may aggregate all codes are required. Enter the | Note: You may aggregate all long-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. | | | | | | | |
| If you have more long-term transactions than will (D) Long-term transactions rep (E) Long-term transactions rep | fit on this page for one ported on Form(s ported on Form(s | e or more of the boxes,) 1099-B showing) 1099-B showing | complete as many form g basis was repor g basis wasn't re | ns with the same box check ted to the IRS (see | ked as you nee | d. | | |
| X (F) Long-term transactions not 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis. See the | loss. If you in column (| , if any, to gain or u enter an amount g), enter a code in See instructions. | (h) Gain or (loss). Subtract column (e) | |
| | | (Mo., day, yr.) | | Note below and see <i>Column (e)</i> in the instructions | (f) Code(s) | (g) Amount of adjustment | from column (d) & combine the result with column (g) | |
| COMMONFUND CAPITAL PARTNERS IV, LP | | | | | | | 786. | С |
| SEI GLOBAL PRIVATE ASSETS V LP | | | | | | | 209. | C |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D abo | tal here and inclu | ude on your | | | | | | |
| above is checked), or line 10 (if E | Box F above is cl | necked) | | | | | 995. | |
| Note: If you checked Box D above b adjustment in column (g) to correct t | | | | . , | | | • | |

| Form 47 | 797 |
|----------------|-----|
|----------------|-----|

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

to www.irs.gov/Form4797 for instructions and the latest information.

| OMB No. 1545-0184 |
|-------------------|
| 2022 |

Attachment Sequence No. 27

| Department of the Treasury Internal Revenue Service | Go |
|--|----|
| Name(s) shown on return | |

| Name(s) shown on return | Identifying number |
|--|--------------------|
| THE FOUNDATION FOR SANTA BARBARA | |
| CITY COLLEGE | 95-3234551 |
| 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S | |
| (or substitute statement) that you are including on line 2, 10, or 20 | 1a |
| b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of | |
| MACRS assets | 1b |
| c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS | |
| assets | 1c |

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) Part I

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (C) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or o basis, plu improvement expense of | s s and | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|------|---|--------------------------------------|---|-----------------------|--|--|------------|--|
| CO | MMONFUND CAPITAL | | | | | | | |
| | RTNERS IV, LP | | | | | | | 34. |
| | I GLOBAL PRIVATE | | | | | | | |
| | SETS V LP | | | | | | | 149. |
| 3 | Gain, if any, from Form 4684, line 39 | 1 | | • | • | | 3 | |
| 4 | Section 1231 gain from installment sa | ales from Form 6 | 252 line 26 or 3 | 7 | | | 4 | |
| 5 | Section 1231 gain or (loss) from like-k | | | | | | 5 | |
| 6 | Gain, if any, from line 32, from other t | | | | | | 6 | |
| 7 | Combine lines 2 through 6. Enter the | | | | | | 7 | 183. |
| • | Partnerships and S corporations. F | | | | | | - | 1001 |
| | line 10, or Form 1120-S, Schedule K, | | | | | duie IX, | | |
| | | | | | less ontor the or | aunt | | |
| | Individuals, partners, S corporation from line 7 on line 11 below and skip | | | | | | | |
| | 1231 losses, or they were recaptured | | | | | | | |
| | the Schedule D filed with your return | | | | | | | |
| ~ | New York and the standard land | | | | | | | |
| 8 | Nonrecaptured net section 1231 loss | | | | | | 8 | |
| 9 | Subtract line 8 from line 7. If zero or l | • | | • | | | | |
| | line 9 is more than zero, enter the am | | | Ū. | | • | | 183. |
| _ | capital gain on the Schedule D filed v | | | | | | 9 | 103. |
| Pa | rt II Ordinary Gains and I | Losses (see in | structions) | | | | | |
| 10 | Ordinary gains and losses not incluc | led on lines 11 th | rough 16 (inclu | he property held 1 | vear or less). | | | |
| 10 | Ordinary gains and losses not includ | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 1 | | | | | | 44 | , , , |
| 11 | | | | | | | 11 | () |
| 12 | Gain, if any, from line 7 or amount fro | | | | | | 12 | |
| 13 | Gain, if any, from line 31 | | | | | | 13 | |
| 14 | Net gain or (loss) from Form 4684, lin | | | | | | 14 | |
| 15 | Ordinary gain from installment sales f | | | | | | 15 | |
| 16 | Ordinary gain or (loss) from like-kind e | exchanges from I | -orm 8824 | | | | 16 | |
| 17 | | | | | | | 17 | |
| 18 | , i , | | | appropriate line of | your return and sk | ip lines | | |
| | a and b below. For individual returns, | | | | | | | |
| а | If the loss on line 11 includes a loss fi | , | , | | | | | |
| | loss from income-producing property | | | | | | | |
| | as an employee.) Identify as from "Fo | | | | | | 18a | |
| b | Redetermine the gain or (loss) on line | 17 excluding the | e loss, if any, on | line 18a. Enter her | re and on Schedule | e 1 | | |
| | | | | | | | 18b | |
| LH | A For Paperwork Reduction Act N | otice, see separ | ate instructions | 5. | | | | Form 4797 (2022) |
| 2180 | 11 12-12-22 | | | | | | | |

| 70 |) | |
|----|-----------|-------|
| ~ | 0 F 0 0 0 | _ |

Form 4797 (2022) CITY COLLEGE

95-3234551

Page **2**

| 9 (a) Description of section 1245, 1250, 1252, 1254, c | or 1255 p | property: | | (b) Date acquired (mo., day, yr.) | d | (c) Date sold (mo., day, yr.) |
|---|-----------|----------------------|------------------------|--------------------------------------|-------|---|
| Α | | | | | | |
| В | | | | | | |
| C | | | | | | |
| D | | | | | | |
| These columns relate to the properties on | | | | | | |
| lines 19A through 19D. | | Property A | Property B | Property C | ; | Property D |
| D Gross sales price (Note: See line 1a before completing.) | 20 | | | | | |
| 1 Cost or other basis plus expense of sale | 21 | | | | | |
| 2 Depreciation (or depletion) allowed or allowable | 22 | | | | | |
| 3 Adjusted basis. Subtract line 22 from line 21 | 23 | | | | | |
| 4 Total gain. Subtract line 23 from line 20 | 24 | | | | | |
| 5 If section 1245 property: | | | | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | | | | |
| b Enter the smaller of line 24 or 25a | 25b | | | | | |
| 6 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | | |
| a Additional depreciation after 1975. See instructions \dots | 26a | | | | | |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | | | | |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | | | | |
| e Enter the smaller of line 26c or 26d | 26e | | | | | |
| f Section 291 amount (corporations only) | 26f | | | | | |
| g Add lines 26b, 26e, and 26f | 26g | | | | | |
| 7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | | | |
| a Soil, water, and land clearing expenses | 27a | | | | | |
| b Line 27a multiplied by applicable percentage | 27b | | | | | |
| c Enter the smaller of line 24 or 27b | 27c | | | | | |
| 8 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | | | | |
| b Enter the smaller of line 24 or 28a | 28b | | | | | |
| 9 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | | |
| b Enter the smaller of line 24 or 29a. See instructions | 29b | | | | | |
| ummary of Part III Gains. Complete property c | olumns | A through D through | line 29b before goin | g to line 30. | | |
| 0 Total gains for all properties. Add property columns | | | | | 30 | |
| 3 FF FF | | , ., <u>.</u> | | | | |
| 1 Add property columns A through D, lines 25b, 26g, | 27c, 28b | o, and 29b. Enter he | e and on line 13 | | 31 | |
| 2 Subtract line 31 from line 30. Enter the portion from | - | or theft on Form 46 | 84, line 33. Enter the | | | |
| from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Sectio | 6 | and 200E(h)(0) | Whon Duciness | Lloo Drono to 5 | 32 | rlooc |
| Part IV Recapture Amounts Under Sectio | 115 179 | anu 200F(D)(2) | when business | USE DIOPS TO 5 | JU% O | Less |

| | | | (a) Section 179 | • | o) Section 280F(b)(2) |
|----|---|----|--------------------|---|--------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | | | |
| 34 | Recomputed depreciation. See instructions | 34 | | | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | | |
| | | | | _ | 4707 (2222) |

218012 12-12-22

Form 4797 (2022)

12330513 146892 794638

71 2 05090 THE FOIL Name

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-RIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

X No

Employer identification number

| THE | FOUNDATION | FOR | SANTA | BARBARA |
|------|------------|-----|-------|---------|
| CITY | COLLEGE | | | |

| CI | TY COLLEGE 9 | 5-3234551 | | | | | | |
|--|---|-----------|--|--|--|--|--|--|
| Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? | | | | | | | | |
| If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. | | | | | | | | |
| Part I | 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. | (d) Proceeds | (g) Adjustments to ga or loss from Form(s) 89 | | (h) Gain or (loss) Subtract column (e) from | |
|---|--|--|---|--|--|
| This form may be easier to complete if you round off cents to whole dollars. | n may be easier to complete if you (sales price) (or other basis) Part I, line 2, column f cents to whole dollars. | | Part I, line 2, column | | 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 | | | | | |
| 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 3 | 7 | | 4 | |
| 5 Short-term capital gain or (loss) from like-kine | d exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computed | ation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combin | e lines 1a through 6 in columr | ıh | | 7 | |
| Part II Long-Term Capital Gai | ns and Losses - Ass | ets 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 ga or loss from Form(s) 89 Part II, line 2, column | 49, | (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 | | | | | |

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

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

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

For Paperwork Reduction Act Notice, see the Instructions for Form 1120. LHA

Schedule D (Form 1120) 2022

995.

183.

1,178.

1,178.

1,178.

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

14 Capital gain distributions

11

12

13

14

15

16

17

18

| Form 8949 (2022) | | | | Attachn | nent Sequer | nce No. 12A | Page 2 |
|---|------------------------------------|-----------------------------|---------------------------|--|----------------|---|---|
| Name(s) shown on return. Name and THE FOUNDATION | | | • | | | Social secur | ity number or ntification no. |
| CITY COLLEGE | | | | | | | 234551 |
| Before you check Box D, E, or F belo statement will have the same informat broker and may even tell you which b Part II Long-Term. Transaction | ation as Form 109 box to check. | 99-B. Either will s | show whether you | ir basis (usually you | r cost) was i | reported to the IR | IS by your |
| see page 1. Note: You may aggregate all | | | | | | | |
| codes are required. Enter the You must check Box D, E, or F below. (| e totals directly on S | Schedule D, line 8a | ; you aren't required | to report these trans | actions on Fo | orm 8949 (see instru | ctions). |
| If you have more long-term transactions than will | | | | | | | each applicable box. |
| (D) Long-term transactions rep (E) Long-term transactions rep (X) (F) Long-term transactions not | orted on Form(s) | 1099-B showing | g basis wasn't re | , | Note abov | ve) | |
| 1 (a) | (b) | (c) | (d) | (e) | Adjustment | , if any, to gain or | (h) |
| Description of property (Example: 100 sh. XYZ Co.) | Date acquired (Mo., day, yr.) | Date sold or disposed of | Proceeds (sales price) | Cost or other basis. See the Note below and | in column (| u enter an amount g), enter a code in See instructions . | Gain or (loss). Subtract column (e) from column (d) & |
| | | (Mo., day, yr.) | | see Column (e) in the instructions | (f) Code(s) | (g) Amount of adiustment | combine the result with column (g) |
| COMMONFUND CAPITAL | | | | | | udjustment | |
| PARTNERS IV, LP | | | | | | | 786. |
| SEI GLOBAL PRIVATE | | | | | | | |
| ASSETS V LP | | | | | | | 209. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in colur negative amounts). Enter each to | | | | | | | |
| Schedule D, line 8b (if Box D abo | ove is checked), | line 9 (if Box E | | | | | |
| above is checked), or line 10 (if E | | | | | | | 995. |
| Note: If you checked Box D above b adjustment in column (g) to correct t | | | | | | | |

223012 10-24-22

| Form 4 | 797 |
|--------|-----|
|--------|-----|

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

| OMB No. 1545-0184 | ł |
|-------------------|---|
| 2022 | |

Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service Name(s) shown on return

| Name(s) shown on return | Ide | entifying number |
|---|-----|------------------|
| THE FOUNDATION FOR SANTA BARBARA | | |
| CITY COLLEGE | | 95-3234551 |
| 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 | 1a | |
| b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets | 1b | |
| c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets | 1c | |

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (C) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or basis, plu improvement expense of | is s and | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|----------|--|---|---|--|--|--|-------------|--|
| CO | MMONFUND CAPITAL | | | | | | | |
| | RTNERS IV, LP | | | | | | | 34. |
| - | I GLOBAL PRIVATE | | | | | | | |
| | SETS V LP | | | | | | | 149. |
| 3 | Gain, if any, from Form 4684, line 39 | | | | | | 3 | |
| 4 | Section 1231 gain from installment sa | ales from Form 6 | 252 line 26 or 3 | 7 | | | 4 | |
| 5 | Section 1231 gain or (loss) from like-k | | | | | | 5 | |
| 6 | Gain, if any, from line 32, from other t | | | | | | 6 | |
| 7 | Combine lines 2 through 6. Enter the | | | | | | 7 | 183. |
| ' | | | | | | | - | 105. |
| | Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K, | | | | r Form 1065, Sche | dule K, | | |
| | Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return | lines 8 and 9. If I in an earlier year | ine 7 is a gain ar r, enter the gain | nd you didn't have from line 7 as a lor | any prior year sec | tion | | |
| 8 | Nonrecaptured net section 1231 loss | es from prior vea | rs. See instructi | ons | | | 8 | |
| 9 | Subtract line 8 from line 7. If zero or le | | | | | | <u> </u> | |
| - | line 9 is more than zero, enter the am | | | • | | | | |
| | capital gain on the Schedule D filed w | | | - | | - | 9 | 183. |
| Ра 10 | rt II Ordinary Gains and I | | | he property held 1 | | | | |
| 10 | Ordinary gains and losses not includ | | irougii io (iriciud | | year or less). | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 | | | | | | | 11 | () |
| 12 | Gain, if any, from line 7 or amount fro | | | | | | 12 | |
| 13 | Gain, if any, from line 31 | | | | | | 13 | |
| 14 | Net gain or (loss) from Form 4684, line | | | | | | 14 | |
| 15 | Ordinary gain from installment sales f | | | | | | 15 | |
| 16 | Ordinary gain or (loss) from like-kind e | exchanges from F | Form 8824 | | | | 16 | |
| 17 | Combine lines 10 through 16 | | | | | | 17 | |
| 18 | For all except individual returns, enter | r the amount fror | n line 17 on the | appropriate line of | your return and sk | kip lines | | |
| | a and b below. For individual returns, | complete lines a | and b below. | | | | | |
| а | If the loss on line 11 includes a loss fr | om Form 4684, I | line 35, column (| (b)(ii), enter that pa | rt of the loss here. | Enter the | | |
| | loss from income-producing property | on Schedule A (I | Form 1040), line | 16. (Do not includ | e any loss on prop | erty used | | |
| | as an employee.) Identify as from "Fo | rm 4797, line 18a | a." See instructio | ons | | | 18a | |
| b | Redetermine the gain or (loss) on line | | | | | | | |
| | (Form 1040), Part I, line 4 | | <u></u> | | <u></u> | <u></u> | 18b | |
| LH/ | A For Paperwork Reduction Act No | otice, see separ | ate instructions | S | | | | Form 4797 (2022) |
| 21801 | 1 12-12-22 | | | | | | | |

| 74 | 1 | |
|----|-----------|--|
| ~ | ~ - ~ ~ ~ | |

Form 4797 (2022) CITY COLLEGE

95-3234551

Page **2**

| 9 (a) Description of section 1245, 1250, 1252, 1254, o | or 1255 p | property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|-----------|---------------------|-------------------------|--------------------------------------|----------------------------------|
| Α | | | | | |
| В | | | | | |
| C | | | | | |
| D | | | | | |
| These columns relate to the properties on | | | | | |
| lines 19A through 19D. | | Property A | Property B | Property C | Property D |
| 0 Gross sales price (Note: See line 1a before completing.) | 20 | | | | |
| 1 Cost or other basis plus expense of sale | 21 | | | | |
| 2 Depreciation (or depletion) allowed or allowable | 22 | | | | |
| Adjusted basis. Subtract line 22 from line 21 | 23 | | | | |
| 4 Total gain. Subtract line 23 from line 20 | 24 | | | | |
| 5 If section 1245 property: | | | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | | | |
| b Enter the smaller of line 24 or 25a | 25b | | | | |
| 6 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | |
| ${\bf a}$ Additional depreciation after 1975. See instructions \dots | 26a | | | | |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | | | |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | | | |
| e Enter the smaller of line 26c or 26d | 26e | | | | |
| f Section 291 amount (corporations only) | 26f | | | | |
| g Add lines 26b, 26e, and 26f | 26g | | | | |
| 7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | | |
| a Soil, water, and land clearing expenses | 27a | | | | |
| b Line 27a multiplied by applicable percentage | 27b | | | | |
| c Enter the smaller of line 24 or 27b | 27c | | | | |
| 8 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | | | |
| b Enter the smaller of line 24 or 28a | 28b | | | | |
| 9 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | |
| b Enter the smaller of line 24 or 29a. See instructions | 29b | | | | |
| ummary of Part III Gains. Complete property of | | A through D through | l line 29b before going | g to line 30. | |
| D Total gains for all properties. Add property columns | A throug | gh D, line 24 | | | |
| Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from | | | | portion 31 | |
| from other than casualty or theft on Form 4797, line | e 6 | | | 32 | |

| | | | (a) Section 179 | (b) Section 280F(b)(2) |
|------|---|----|--------------------|---------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 | Recomputed depreciation. See instructions | 34 | | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |
| 2180 | 12 12-12-22 | | | Form 4797 (2022) |

12330513 146892 794638

75 2022.05090 THE FOUNDATION FOR SANTA 794638_1

Form 4797 (2022)

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | THE FOUNDATION FOR SANTA BARBARA | | | Taxpayer | axpayer identification number (TIN) | |
|---|--|---|--|--------------------------|---|-------------------|
| File by the due date fo filing your | Are for Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | |
| return. See instruction | tions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93109 | | | | | |
| Enter th | e Return Code for the return that this application is for (file | a separa | e application for each return) | | | |
| Application | | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | | 01 | Form 1041-A | | | 08 |
| Form 4720 (individual) | | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990-PF | | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | | 06 | Form 8870 | | | 12 |
| Form 990-T (corporation) ZORANA MORRIS | | 07 | | | | |
| • If the • If this box 1 Ir th 2 If [| behone No. ▶ 805-730-4418 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the organization is for the organization named above. The extension is for the organization request an automatic <u>0</u> or X tax year beginning JUL 1, 2022 the tax year entered in line 1 is for less than 12 months, cl Change in accounting period | Aroup Exe and atta MAX anization's , an neck reaso | mption Number (GEN) I ch a list with the names and TINs of <u>Z</u> 15, 2024, to file return for: d ending | f this is fo all memb | r the whole g ers the exten npt organizat | roup, check this |
| | this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. | , enter the | tentative tax, less | 3a | \$ | 0. |
| | this application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter any | refundable credits and | | | |
| | estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | Зb | \$ | 0. |
| _ | | | | | | |
| | sing EFTPS (Electronic Federal Tax Payment System). See | | | 3c | \$ | Ο. |
| | : If you are going to make an electronic funds withdrawal | | | 153-TE and | d Form 8879 | -TE for payment |
| I HA | For Privacy Act and Paperwork Reduction Act Notice. | see instru | ctions. | | Form 8 | 868 (Rev. 1-2022) |

223841 04-01-22