

Form SPUE Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Co to www.is.gov/Formations and the latest information. Percent Public A For the 2023 calendar year, or tax year beginning internet inferences and the latest information. D Employer identification number Dento Public. A For the 2023 calendar year, or tax year beginning internet inferences and internet. D Employer identification number D Employer identification number Internet inferences and internet inferences and inference inferences and inference infer			PU	BLIC DISCLOSURE COPY - STATE REGISTE Return of Organization Exempt Fr	RATIO	N NO. 01747: Come Tax	2 OMB No. 1545-0047				
Dependent of the linear view Do not enter social security numbers on this form as it may be made public. Demonstration A For the 2020 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 B Orect # C Name of organization Demotory and ending JUL 3, 2023 and ending JUN 30, 2024 B Orect # C Name of organization D Employer identification number 23-7087774 Ouing business as C Number and street (or P.0. box if mail is not delivered to street address) Room/suit E Talephone number P.O. BOX 3620 C Orect Method Street C PO. Dox if mail is not delivered to street address) Room/suit E Talephone number City or town, states of principal officer. MELINDA CABRERA SO-687-6065 Course excepts Course excepts No SAME AS C ABOVE Source MW.SSECOLARSHIP ORG HG (noup exemption number HG) (noup exemption number HG) (noup exemption number PartII Summary Subord of the source of origin count significant activities: INSPIRE, ENCOURAGE & SUPPORT STUDENTS TO AND THROUGH COLLEGE, GRADUATE & VOCATIONAL SCHOOL. 2 Check this box If the organization discontinue of disposed of more than 25% of its net assets. Source astreastres and milara more streame for MUII, lone 19 <td>Forr</td> <td>"g</td> <td>90</td> <td>-</td> <td></td> <td></td> <td>s) 2023</td>	Forr	" g	90	-			s) 2023				
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Long Dusiness as Doing Dusiness as 23-7/07/4 Product P.O. BOX 3620 Room/suite E Telephone number 805-687-6065 City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93130 H(a) Is this agroup return for subordinates? Yes No P.O. BOX 3620 F Name and address or principal officer: MELINDA CABRERA SANTA S C ABOVE H(a) Is this agroup return for subordinates? Yes No If accempt status: IS 051(c)(1) (insert no.) 4947(a)(1) or ISZ7 Yes No If accempt status: IS 051(c)(2) 501(c)(2) (insert no.) 4947(a)(1) or ISZ7 Yes No H(b) besite: WWW SBSCHOLARSHIP: ORG H(b) Are attachadinate include? Yes No Fart Summary I briefly describe the organization's mission or most significant activities: INSPIRE, ENCOURAGE & SUPPORT STUDENTS TO AND THROUGH COLLEGE, GRADUATE & VOCATIONAL SCHOOL. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part V, line 1a) 4 20 5 20 <td></td> <td>chang</td> <td>ge SCHU.</td> <td>LARSHIP FOUNDATION OF SANTA BARBARA</td> <td></td> <td></td> <td></td>		chang	ge SCHU.	LARSHIP FOUNDATION OF SANTA BARBARA							
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Section City or town, state or province, country, and ZIP or foreign postal code G. Gross receipts \$ 28,521,787. Angelica SANTA BARBARA, CA 93130 H(a) Is this a group return Angelica Forme and address of principal officer: MEL INDA CABRERA H(a) Is this a group return Memory SANTA BARBARA, CA 93130 H(a) Is this a group return I mexexempt status: X 501(c)(3) 001(c) ((insert no.) 4947(a)(1) or SZ J Website: WWW.SSESCHOLARSHIP.ORG H(c) Group exemption number K form of organization: X Carporation Trust Association Other L Year of formation; 1962 M State of legal domicile; CA Partific describe the organization's mission or most significant activities: INSPIRE, ENCOURAGE & SUPPORT STUDENTS TO AND THROUGH COLLEGE, GRADUATE & VOCATIONAL SCHOOL. 3 29 4 Number of voting members of the governing body (Part Vi, line 1a) 3 29 5 Total number of noting members of the governing body (Part Vi, line 2a) 6 200 7 Total number of noting members of the governing body (Part Vi, line 2a) 6 200 6 Total number of noting members of the governing body (Part Vi, line 2a) 5 20		return	n Number		oom/suite						
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2 21 Total liabilities (Part X, line 26) 7,257,006. 7,260,103.	s or JCeS										
	sset 3alaı										
z=22 Net assets or fund balances. Subtract line 21 from line 20											
Part II Signature Block						01,/15,594.	00,/U1,045.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is			•		nd stateme	ints and to the best of my	knowledge and belief it is				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	JAMES HUTCHINSON, CHIEF FINANCIAL OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	LAUREN A. HAVERLOCK LAUREN A. HAVERLOCK	11/14/24 self-employed P00545829
Preparer	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318
Use Only	Firm's address 21700 OXNARD ST. STE 300	
	WOODLAND HILLS, CA 91367	Phone no. 818 - 577 - 1900
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form 990 (2023)

Form	990 (2023) SCHOLARSHIP FOUNDATION OF SANTA BARBARA 23-7087774 Page 2
Par	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: THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA INSPIRES, ENCOURAGES AND
	SUPPORTS SANTA BARBARA COUNTY STUDENTS TO AND THROUGH COLLEGE,
	GRADUATE AND VOCATIONAL SCHOOL BY PROVIDING INFORMATION, ADVISING, AND
	SCHOLARSHIPS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 7,387,621. including grants of \$ 6,551,836.) (Revenue \$ 85,392.)
	THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA HELPS SANTA BARBARA COUNTY
	STUDENTS ACCESS POSTSECONDARY AND VOCATIONAL EDUCATION THROUGH
	SCHOLARSHIPS AND FINANCIAL AID ADVISING. IT IS THE NATION'S LARGEST
	COMMUNITY-BASED PROVIDER OF POSTSECONDARY EDUCATION SCHOLARSHIPS,
	HAVING CUMULATIVELY AWARDED IN EXCESS OF \$150 MILLION TO OVER 62,000
	STUDENTS THROUGHOUT SANTA BARBARA COUNTY SINCE ITS FOUNDING IN 1962. IN
	2024, THE SCHOLARSHIP FOUNDATION AWARDED \$7.1 MILLION TO 1,787 SANTA
	BARBARA COUNTY STUDENTS. SCHOLARSHIPS FOR UNDERGRADUATES STUDYING AT
	TWO-YEAR AND FOUR-YEAR COLLEGES AND UNIVERSITIES AVERAGED \$3,300. FIFTY
	PERCENT OF THIS YEAR'S RECIPIENTS ARE THE FIRST IN THEIR FAMILY TO
	ATTEND COLLEGE. THE PRIMARY CRITERIA FOR AWARD SELECTION ARE DONOR
	INTENT, FINANCIAL NEED, POTENTIAL, AND MOTIVATION.
4b	(Code:) (Expenses \$ 631,909. including grants of \$) (Revenue \$)
	THE SCHOLARSHIP FOUNDATION OF SANTA BARBARA SERVES MORE THAN 20,000
	INDIVIDUALS EACH YEAR THROUGH FINANCIAL AID WORKSHOPS AND INDIVIDUAL
	APPOINTMENTS. SPECIFICALLY, SCHOLARSHIP FOUNDATION PROGRAM ADVISORS
	ASSIST STUDENTS WITH SCHOLARSHIP APPLICATIONS, HELP DECIPHER COMPLEX
	FEDERAL AND STATE FINANCIAL AID FORMS, AND EXPLAIN FINANCIAL AID AWARD
	LETTERS AND LOAN PROGRAMS, ALL FREE OF CHARGE. OFFICE FINANCIAL AID
	WORKSHOPS AND PRESENTATIONS TAKE PLACE AT SCHOOLS THROUGHOUT SANTA
	BARBARA COUNTY. FINANCIAL AID ADVISING APPOINTMENTS ARE AVAILABLE FOR
	STUDENTS AND THEIR FAMILIES COUNTYWIDE. THE ORGANIZATION EMPLOYS FOUR
	FULL- TIME BILINGUAL PROGRAM ADVISORS. THANKS TO OUR PROGRAMS TEAM,
	SCHOLARSHIP FOUNDATION RECIPIENTS RECEIVE TENS OF MILLIONS OF DOLLARS
	IN ADDITIONAL FEDERAL, STATE, AND INSTITUTIONAL AID EACH YEAR.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,019,530.
	Form 990 (2023)
332002	. 12-21-23
	2

Form 990 (2023)	SCHOLARSHIP	OF	SANTA	BARBARA
Part IV Checklist of F	equired Schedules			

1 bet organization described in section 501(k)(k) or 4947(a)(1) (other than a private foundation? 1 X 2 b the organization require fould on Inderdo Dublic anapage an clivities on behalf of or in opposition to candidates for public offer? <i>H</i> "Kes," complete Schedule 0, Part I 3 X 4 Section 501(k)(d) organization behalf of or in drop Dublic for or in opposition to candidates for public offer? <i>H</i> "Kes," complete Schedule C, Part I 4 X 5 Section 501(k)(d) organization behalf of or in opposition to candidates for public offer? <i>H</i> "Kes," complete Schedule C, Part II 5 X 6 Dot the organization matching and whore anisets for the constraint and or account? If "Kes," complete Schedule D, Part I 5 X 7 Did the organization matching assemments, or the constraint of account? If "Kes," complete Schedule D, Part II 7 X 8 Did the organization matching assemments, or the similar accellor for similar assets? If "Kes," complete Schedule D, Part II 7 X 9 Did the organization matching of the comparization, deciding assemments, or anapage in Lociding asset in the comparization metrics of the similar assets? If "Kes," complete Schedule D, Part II 7 X 8 Did the organization metrics of the complet asset in the complet Schedule D, Part II 9 X 10				Yes	No
2 Is the organization engage in direct o indext policial campaign activities on behalf of or inceptosition to candidates for public offici? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(b)(3) organizations. Do the organization engage in loobying activities, or have a section 501(b) election in effect. 4 X 5 In the organization encode of the organization engage in loobying activities, or have a section 501(b) election in effect. 4 X 6 In the organization encode of the organization encode o	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 direct or patient campaign activities on behalf of or in opposition to candidate for public officit? If Yes,' complete Schedule C, Part I 3 X 4 Section 501(k) organization. Did the organization engage in toobying activities, or have a section 501(h) election in effect during the tax year' If Yes,' complete Schedule C, Part II 4 X 5 Bit the organization assection 501(k) solutions, and and a ray similar funds or association for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment a amount for old a conservation accenter, induction a sectors of vortice of a manument or lated and next X, in provide context conneiling, deta manupent, conti previse, 'complete Schedule D, Part I 7 X 9 Did the organization maintain collections of vortice of an tocumenting, deta manupent, redit regarized and convertes;' and 'reg,' complete Schedule D, Part I 7 X 9 Did the organization report an amount for indusing qualitonies, and equipment in Part X, line 10? If 'reg,' complete Schedule D, Part V 10 X 10 T T T Science Schedule D, Part X 10 X		If "Yes," complete Schedule A	1		
public office/11/154 3 X 4 Section 501(k) argenization. Bit the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 In the organization a section 501(k), 001(k), 00 501(k) diagongalization that receives membership dues, assessments, or similar amounts and drived in Rev. Proc. 59161 // Wes," complete Schedule C, Fart II 5 X 6 Did the organization or investment of amounts in such tunds or account? If wes," complete Schedule D, Part I 6 X 7 Did the organization measures of volvis of at , historical treasures, or other similar assets? If "twes," complete Schedule D, Part II 7 X 8 Did the organization measure to a resortwor or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for serve or or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for serve or or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 10, Part V 10 X 11 If the organization resort an amount for landy, buildings, and explorement in Part X, line 107 If "Yes," complete Schedule D, Part V 11 X 10 Did the organization resort an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part X 11 X 11	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization nagage in lobbying activities, or have a section 501(b) election in effect during the tax year? (I *Yes, * complete Schedule C, Part II	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section S(10(4)),50(10(4),50(10(4)),50(3		<u> </u>
5 Is the organization a sector 501(cH, 501(cH, or 501(cH) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 981(9): <i>If "Yes," complete Schedule C, Part II</i> . 5 X 6 Did the organization maintain any doner advised funds or any similar indis or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or assement, including easements to preserve open space. 7 X 8 Did the organization maints and the relative organization, hold assets in donor restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D</i> , Part V 8 X 10 Did the organization answort for relative organization, hold assets in donor restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D</i> , Part V 10 X 10 Did the organization report an amount for investments - organ related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 <i>If "Yes," complete Schedule D</i> , Part X 10 X 11 Did the organization report an amount for investments tor the xyself" <i>If "Yes," complet</i>	4				v
amina amounts as defined in Rev. Proc. 89-197, 41 Yes, " complete Schedule C, Part III. 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for yrbs," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or other's complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other's complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 11, for accrow or custodial account liability, serve as a custodian for amounts not listed in Part X, vier, 'complete Schedule D, Part V 8 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for investments- other socurities in Part X, line 120, the 13 % or more of its total assets reported in Part X, line 130, the section Part X 10 X 12 Did the organization report an amount for investments- other socurities in Part X, line 130, that is 5% or more of its total assets reported in Part X, line 161, that is 6% or more of its total assets reported in Part X, line 161, the 165, Kor 7409	E		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have thight to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the inplut to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the inplut to provide advise on the distribution or investments or answers (fig. 2000). 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	5		5		x
provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part I 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? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts no listel in Part X, or provide credit counseling, debt mangement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasia donownets? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 11 X 11 X 11 X 12 Did the organization report an amount for investments - organized 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 11 X 13 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 X 111 X 14	6		<u> </u>		
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
uomestic government on Fart IA, column (A), line 1 / If "Yes," complete Schedule I, Parts I and II	21		04		Y
	22000			990	

332003 12-21-23

 Form 990 (2023)
 SCHOLARSHIP
 FOUNDATION
 OF
 SANTA
 BARBARA

 Part IV
 Checklist of Required Schedules
 (continued)
 (continued)
 (continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? 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								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?								
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							
d	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								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L, Part I	25b		X					
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		X					
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					
b	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								
	"Yes," complete Schedule L, Part IV	28c		X					
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	30		X					
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		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37						
	Part V, line 1	34	Х						
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x					
07	If "Yes," complete Schedule R, Part V, line 2	36							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x					
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х						
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	21	I					
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23		.03						
h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
5	(gambling) winnings to prize winners?	1c	х						
332004	↓ 12-21-23			(2023)					

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			1		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	20		x				
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transat	ction?		5b		X			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	r gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a		X			
b				7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	:t?	7e 7f		X X			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9									
a									
	, , , , , , , , , , , , , , , , , , , ,								
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-					
11	Section 501(c)(12) organizations. Enter:		I						
a	Gross income from members or shareholders	11a		-					
a	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.)	11b		10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	<u>12a</u>					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.			154					
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D D	organization is licensed to issue qualified health plans	13b							
с	Enter the amount of reserves on hand	13c							
	Did the entry instantian and the entry is a second state of the terms of the second state of the second st		•	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			<u> </u>					
	excess parachute payment(s) during the year?								
	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 investmen	t inco	ne?	16		Х			
	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 ac	tivitie	S						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								
332005	j 12-21-23			Form	990	(2023			

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

23-7087774 Page 5

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Form 990 (2023)

Form 990	(2023)
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SCHOLARSHIP FOUNDATION OF SANTA BARBARA

23-7087774 Page 6

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.

			Yes	N				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29							
	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 29							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
-	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>						
Ŭ	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 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			<u> </u>				
1 a		7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10						
D		7b		x				
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			- 23				
8		0-	х					
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 0h	X	-				
-		8b	~					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x				
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9						
eu	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Y.					
~			Yes	N X				
	Did the organization have local chapters, branches, or affiliates?	10a						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	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					
3	Did the organization have a written whistleblower policy?	13	X					
4	Did the organization have a written document retention and destruction policy?	14	Х					
5	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
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.							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
ec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed CA							
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble				
	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)							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial					
	statements available to the public during the tax year.							
0	State the name, address, and telephone number of the person who possesses the organization's books and records							
	CHIEF FINANCIAL OFFICER - 805-687-6065							
	P.O. BOX 3620, SANTA BARBARA, CA 93130							

Form 990 (2023)	SCHOLARSHIP	FOUNDATION (OF SANTA	BARBARA	23-7087774	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated													
Employees, and Independent Contractors													
Check if Sche	dule O contains a response o	r note to any line in this	Part VII										
Section A. Officers, Dir	ectors, Trustees, Key Emplo	yees, and Highest Co	mpensated Em	ployees									
•				, 0	vith or within the organization's ardless of amount of compens	,							

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.

Name and title Average hours per version Desition instructions must be below Peopriation below Reportable compensation from related below Estimated amount of the organizations organizations (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of the organizations and related organizations (1) JAMES HUTCHINSON 40.00 x 159,247. 0. 19,666. (2) MARY DWYER 40.00 x x 166,397. 0. 8,320. (3) TIM DOUBERTY 40.00 x x 166,397. 0. 8,320. (3) TIM DOUBERTY 40.00 x x 122,507. 0. 18,596. (4) LON STOLEBR 30.00 x x 122,739. 0. 0. (5) CHRISTIE GLAWILLE 30.00 x x 83,077. 0. 2,543. (7) TIM DOUBERTY 40.00 x x 0. 0. 0. (5) CHRISTIE GLAWILLE 30.00 x 0. 0. 0. 0. (6) DANA MORER 8.000 x 0.	(A) (B)				(0	C)			(D)	(F)		
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(17) ALAN CRIFFIN (2) (10) (1) (1) (1)			X			<u> </u>			0.	0.	0.	
	(17) ALAN GRIFFIN	2.00								•	•	
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Form 990 (2023)

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Form 990 (2023) SCHOLARS	HIP FOUN	IDA	TI	ON	OF	s S	ANTA	BARBARA	23-7087	774	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	High	nest	Compen	sated Employee	s (continued)	_	
(A)	(B)			(C	;)			(D)	(E)		(F)
Name and title	Average	(do		Posit heck m			F	Reportable	Reportable		mated
	hours per	box	, unle	ss pers	son is l	both a	n CO	mpensation	compensation	amo	ount of
	week		cer ar I	ıd a dir	ector/1	trustee	e)	from	from related	0	ther
	(list any	ector						the	organizations		ensation
	hours for related	or di	ee		ated	ared		rganization	(W-2/1099-MISC/		m the
	organizations	ustee	trust		ee ee	ibeus	· ·	2/1099-MISC/ 1099-NEC)	1099-NEC)	J v	nization related
	below	ual tr	tional		t con	/ee		1099-NEC)			izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former			l	izationio
(18) CHARLIE HUINER	2.00				_						
DIRECTOR		Х						0.	0.		0.
(19) TESSA KAGANOFF	2.00										
DIRECTOR		х						0.	0.		0.
(20) JIM KNIGHT	2.00										
DIRECTOR		х						0.	0.		0.
(21) KELLY KNIGHT	2.00						-		•		
DIRECTOR		х						0.	0.		0.
(22) AIMEE MILLER	2.00										
DIRECTOR		х						0.	0.		0.
(23) EMIL NAZARETYAN	2.00										
DIRECTOR		x						0.	0.		0.
(24) KATHY OLEARY	2.00										
DIRECTOR		х						0.	0.		0.
(25) MARTY PLOURD	2.00				-						
DIRECTOR	2.00	x						0.	0.		0.
(26) CARRIE RANDOLPH	2.00										
DIRECTOR		x						0.	0.		0.
								797,441.	0.		,299.
1b Subtotal c Total from continuation sheets to Part V								0.	0.		0.
								797,441.	0.		,299.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r 											, 2, , , , , ,
compensation from the organization		056	IISLE	u abu	uve)	who	receiveu	more man \$100,			5
compensation nom the organization											res No
3 Did the organization list any former officer	director trust	ا مم		mole		or h	iahest co	mnensated emn	lovee on		
c ,				•			•		•	3	x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the s											
and related organizations greater than \$15										4	x
5 Did any person listed on line 1a receive or	,		•								
					-		-			5	x
rendered to the organization? <i>If</i> "Yes," <i>cor</i> Section B. Independent Contractors	npiete Scheaul	<u> </u>	or si	<u>icn p</u>	ersoi	<u>n</u>				5	
1 Complete this table for your five highest co	mpensated inc	lono	ndo		ntrac	otore	that rece	ived more than 4	100 000 of company	ation from	
the organization. Report compensation for	•	•									
(A)	the calendar y	Jare	, i i u ii	ig wi		WILLI		(B)		(C)	
Name and business	address							Description of s	ervices	Compens	
TP MORGAN PRIVATE BANK	2029 CEN	דודי	RY	PZ	ARK	-	TNVE	STMENT			
JP MORGAN PRIVATE BANK, 2029 CENTURY PARK INVESTMENT E, FLOOR 39, LOS ANGELES, CA 90067 MANAGEMENT								145	,215.		
<u>E, FLOOR 55, LOS ANGELLES, CA 50007 MANAGEMENI 145, 2</u>									/===		
							<u> </u>				
 Total number of independent contractors (\$100,000 of compensation from the organ 	•	ot lir	niteo	to tl	hose 1	liste	d above)	who received me	ore than		
SEE PART VII, SECTIO		IN	UA	TIC	 DN	SH	EETS			Form 9	90 (2023)
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14001114 146892 651624

Indexemption Indexemptin Indexemptin I									NTA BARBARA	23-708	7774
Name and title Average per week (list any per week (list any per wee			nplo	yee			lighe	est (, ,	
Indurs (check all that apply) week (last apply) burs for billed organization (W2/1099-MISC) compensation from related organizations (W2/1099-MISC) and compensation from related organizations (W2/1099-MISC) and compensation from related organizations (W2/1099-MISC) (27) JEINITER RAPP DLRECTOR 2.00 X X 0 0. 0. (27) JEINITER RAPP DLRECTOR 2.00 X X 0 0. 0. (28) JAY INITY 2.00 X X 0 0. 0. 0. (28) JAY INITY 2.00 X X 0 0. 0. 0. (29) TRACTY SOLONON 2.00 X X 0 0. 0. 0. (31) MATT ROME 2.00 X X 0 0. 0. 0. (32) GERGE TUNLOW 2.000 X X 0 0. 0. 0. (33) DONK WEEDL 2.000 X X 0 0. 0. 0. (34) MCLREL YOUNG 2.000 X X 0 0. 0. 0. (34) MCLREL YOUNG 2.000 C X 0 <t< td=""><td>(A)</td><td>(B)</td><td></td><td></td><td></td><td></td><td></td><td></td><td>(D)</td><td>(E)</td><td>(F)</td></t<>	(A)	(B)							(D)	(E)	(F)
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332201 04-01-23

					IP F	OUNDATION	OF	SANTA	BARBARA	23-7087	774 Page 9
Pa	rt V	/	Statement of Revo	enue							
			Check if Schedule O co	ontains a re	sponse	or note to any line					
								(A) revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ខេត	1	а	Federated campaigns		la						
Contributions, Gifts, Grants and Other Similar Amounts					lb						
۵°.		с	Fundraising events		lc	211,063.					
ar /			Related organizations		ld						
inil S		е	Government grants (contrib	outions)	le						
tion S		f	All other contributions, gifts, gr								
jbu the			similar amounts not included a		lf	7,652,438.					
onti		-	Noncash contributions included in lin	ies 1a-1f	lg \$	112,428.	-	062 501			
<u></u> Ū		h	Total. Add lines 1a-1f	<u></u>		Business Code	/,	863,501.			
	•	а	GRANT FOR STUDENT AID	SVC		900099		85,392.	85,392.		
Program Service Revenue	2	a b		5 570		500055		05,552.	03,352.		
Ser		c									
am Sver		d									
- Sig		е									
Pr		f	All other program service re	evenue							
		g	Total. Add lines 2a-2f					85,392.			
	3		Investment income (includin	ng dividend	ls, intere	est, and					
							1,	544,489.			1544489.
	4		Income from investment of	-							
	5		Royalties		Real			42,924.			42,924.
	~	_	Overe verte		real	(ii) Personal					
	0			6a 6b							
				6c							
			Net rental income or (loss)			-					
			Gross amount from sales of		curities	(ii) Other					
			assets other than inventory	7a 18,42	8,684.	394,030.					
		b	Less: cost or other basis								
one				7b 18,44							
enue			. ,		6,553.	284,030.					
Ŗ			Net gain or (loss)					267,477.			267,477.
Other Re	8	а	Gross income from fundraising including \$21								
			contributions reported on lin	,							
			Part IV, line 18								
			Less: direct expenses			180,185.		40.025			40.025
	~		Net income or (loss) from fu			1		-48,935.			-48,935.
	Э	а	Gross income from gaming								
		h	Part IV, line 19 Less: direct expenses								
			Net income or (loss) from ga			• · · · · · · · · · · · · · · · · · · ·					
			Gross sales of inventory, les								
			and allowances		10a						
		b	Less: cost of goods sold								
		с	Net income or (loss) from sa	ales of inve	ntory						
S						Business Code					
noə	11					 -					
ellaneo evenue		b				 					
Miscellaneous Revenue		с С				900099		31,517.			31,517.
Ĭ			All other revenue			L		31,517.			51,517.
	12		Total revenue. See instruction				9.	786,365.	85,392.	0.	1837472.
33200					<u></u>	·····	,		, ,		Form 990 (2023)

Form 990 (2023) SCHOLARSHIP FOUNDATION OF SANTA BARBARA 23-7087774 Page 10 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
De	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	6,510,611.	6,510,611.		
3	Grants and other assistance to foreign	0,510,011.	0,010,0110		
3	c				
	organizations, foreign governments, and foreign	41,225.	41,225.		
4	individuals. See Part IV, lines 15 and 16	Ŧ ⊥, 223•	±1,223•		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	452,599.	117,953.	188,567.	146,079.
~	trustees, and key employees	452,599.	117,955.	100,507.	140,079.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1,250,300.	866,722.	120,352.	263,226.
7	Other salaries and wages	т,200,300.	000,/22.	120,332.	203,220.
8	Pension plan accruals and contributions (include	67 005	10 517	6 400	10 050
_	section 401(k) and 403(b) employer contributions)	67,885.	48,517.	6,409.	<u>12,959.</u> <u>16,884.</u>
9	Other employee benefits	106,153.	69,476.	19,793.	16,884.
10	Payroll taxes	118,824.	74,513.	22,646.	21,665.
11	Fees for services (nonemployees):				
	Management				
	Legal	45 540			
	Accounting	45,748.		45,748.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	11,113.			11,113.
	Investment management fees	152,603.		152,603.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	33,336.	22,224.	11,112.	
12	Advertising and promotion	37,725.	9,431.		28,294.
13	Office expenses	108,430.	62,194.	22,111.	24,125.
14	Information technology	136,906.	85,852.	26,092.	24,962.
15	Royalties				
16	Occupancy	98,564.	61,808.	18,785.	17,971.
17	Travel	8,476.	8,476.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	62,960.	4,824.	58,136.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,284.	4,568.	1,388.	1,328.
23	Insurance	25,920.	16,254.	4,940.	4,726.
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 O.)				
а	MISCELLANEOUS	23,732.	14,882.	4,523.	4,327.
b		-	-	-	
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,300,394.	8,019,530.	703,205.	577,659.
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)				
22201) 12-21-23		I		Form 990 (2023)

11

332010 12-21-23

Form 990 (2023) Part X Balance

12

Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net

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

	SCHOLARSHIP	FOUNDATION	OF	SANTA	BARBARA	23
Sheet						

(A) Beginning of year **(B)** End of year 100. 101. 1 6,948,009. 6,584,553. 2 1,707,276. 1,445,718. 3

HOLARSHIP	FOUNDATION	OF	SANTA	BARBARA	

	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualif	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			38,859.	9	74,580.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	718,895. 712,127.			
	b	Less: accumulated depreciation	10b	712,127.	124,053.	10c	6,768. 66,715,672.
	11	Investments - publicly traded securities			59,710,656.	11	66,715,672.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11	·····		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			807,102.	15	770,901.
	16	Total assets. Add lines 1 through 15 (must equa			68,972,600.	16	75,961,748.
	17	Accounts payable and accrued expenses			236,982.	17	288,998.
	18	Grants payable			6,402,000.	18	6,416,046.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes	-			22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-		618,024.	05	555,059.
	26	of Schedule D			7,257,006.	25 26	7,260,103.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			7,257,000.	20	7,200,105.
se		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			4,147,575.	27	4,667,551.
3ale	28	N			57,568,019.	28	64,034,094.
und Balances		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.	,				
ç	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or F	32				61,715,594.	32	68,701,645.
2	33	Total liabilities and net assets/fund balances			68,972,600.	33	75,961,748.
					· ·		Form 990 (2023)
							()

14001114 146892 651624

Form	990 (2023) SCHOLARSHIP FOUNDATION OF SANTA BARBARA	23-708	7774	Pag	_{ge} 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	9,78	6,3	65.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,30	0,3	94.
3	Revenue less expenses. Subtract line 2 from line 1	3	48	5,9'	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 6	1,71	5,5	94.
5	Net unrealized gains (losses) on investments	5	6,49	7,0	53.
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		3,02	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 6	8,70	1,64	<u>45.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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	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 Sche	dule 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?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2023)

332012 12-21-23

SCHED (Form 99			Public Cha	OMB No. 1545-0047						
Department of	the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Pub	lic
Internal Reven				Form990 for instruction			ormation.		Inspection	
Name of t	he organizati		-					Employer	identification nu	mber
				UNDATION OF S					3-7087774	E
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The organi	zation is not a	private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)				
1	A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
	-	-		anization described in se			-			
4		-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's nan	ne,
-	city, and stat		with a banafit of a cal	llaga ar university ouroad	or operat		versmentel	nit describe		
5			Complete Part II.)	llege or university owned	or operate	eu by a go	vernmentaru	nit describe		
6				nental unit described in	section 17	70(b)(1)(A)	(v)			
			•	ntial part of its support fr			.,	ne deneral r	ublic described in	n
• []	-		omplete Part II.)		onna gove			le general p		
8	-			(1)(A)(vi). (Complete Par	t II.)					
	-			in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college	
	-	-		ulture (see instructions).		-		-	-	
	university:									
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	nip fees, and	d gross receipts fr	om
	activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fi	rom gross investm	nent
	income and ι	inrelated busii	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	ganization a	fter June 30, 197	5.
	See section	509(a)(2). (Co	mplete Part III.)							
	-	-	-	vely to test for public sat	•					
12	-	-	-	vely for the benefit of, to				•		or
			-	d in section 509(a)(1) o					Check the box on	
	1	-	• •	f supporting organizatior	-			-		
a 🔄				upervised, or controlled	• • • •	-				
		-	complete Part IV, Se	gularly appoint or elect a	majonty o	or the direc	tors or truste	es or the st	ipporting	
b	-		-	or controlled in connect	ion with its	s sunnorte	d organizatio	n(s) by hav	ina	
			•	anization vested in the sa			0		0	
		•	t complete Part IV,					90 m 0 0 0 0		
с 🗌	1			g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
		-). You must complete I				, ,		
d 🗌] Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	/ith its suppo	rted organiz	zation(s)	
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	d an attentiv	veness	
	requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
e	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
	functionally	integrated, or	Type III non-functior	nally integrated supporting	ng organiza	ation.				
		of supported of	•							
-	ide the follow Name of supp	-	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetan	(vi) Amount of o	thor
U,	organizatior			(described on lines 1-10	in your governi	ng document?	support (see i	-	support (see instrue	
				above (see instructions))	Yes	No		,		
									<u> </u>	

Total

Schedule A (Form 990) 2023 SCHOLARSHIP FOUNDATION OF SANTA BARBARA 23-7087774 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8229399.	7908009.	7444548.	8378049.	7863501.	39823506.
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	8229399.	7908009.	7444548.	8378049.	7863501.	39823506.
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)						4475013.
6	Public support. Subtract line 5 from line 4.						35348493.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	8229399.	7908009.	7444548.	8378049.	7863501.	39823506.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1145397.	1361960.	1598198.	1557727.	1587413.	7250695.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	3,003.					3,003.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						47077204.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	426,960.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	75.09 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	75.44 %
16 a	33 1/3% support test - 2023. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023 SCHOLARSHIP FOUNDATION OF SANTA BARBARA 23-7087774 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) Schedule for Orga

(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.)

See	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
	ction B. Total Support		•	•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	acquired after June 30, 1975						
11	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 th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgai	nization,
	check this box and stop here	-					
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2023. If the						line 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. 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	his box and see ins		
3320	23 12-21-23					Schee	dule A (Form 990) 2023

16

Schedule A (Form 990) 2023

Part IV Supporting Organizations

(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.)

332024 12-21-23

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

Yes No

1

2

3a

17

Schedule A (Form 990) 2023 SCHOLARSHIP FOUNDATION OF SANTA BARBARA 23-7087774 Page 5 Part 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	id the organization operate for the benefit of any supported organization other than the supported rganization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in art VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization.		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		

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)	l i

Sec	ction D. All Type III Supporting Organizations	
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	

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **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 VI how you support	ed a governmental entity (see instructions).
---	--	---	-------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.*

Yes No 2a ... 2a ... 2b ... 3a ... 3b ...

Schedule A (Form 990) 2023

З

Yes No

Yes No

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_	edule A (Form 990) 2023 SCHOLARSHIP FOUNDATION			3-7087774 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
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):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 have if the surrent user is the examination's first as a neg function			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

SCHOLARSHIP FOUNDATION OF SANTA BARBARA 23-7087774 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	6	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	a From 2018				
b	From 2019				
C	c From 2020				
d	d From 2021				
e	e From 2022				
f	f Total of lines 3a through 3e				
g	g Applied to underdistributions of prior years				
h	h Applied to 2023 distributable amount				
i	i Carryover from 2018 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	SCHOLARSHI	P FOUNDA	TION OF	SANTA BA	ARBARA	23-7087774 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide the 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV,	e explanations re 6, 9a, 9b, 9c, 1 Section E, lines	equired by Part Ia, 11b, and 11 1c, 2a, 2b, 3a,	II, line 10; Part I c; Part IV, Sect and 3b; Part V,	II, line 17a or 1 ion B, lines 1 a line 1; Part V,	7b; Part III, line 12; Ind 2; Part IV, Section C, Section B, line 1e; Part V,
332028 12-21-2	3		~ ~	1			Schedule A (Form 990) 202

Schedule of Contributors

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

2023

Employer identification number

23-7087774

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 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 for an *exclusively* set in the set of the set of the parts unless to the set of the

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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>590,000.</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
2		\$ <u>850,000.</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
3		\$ <u>1,060,000.</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
4		\$ <u>1,035,258.</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
5		\$ <u>189,832.</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.)

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Employer identification number

23-7087774

Page **2**

323453 12-26-23

Employer identification number

23 - 7087774

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

Name of organization

24

Schedule I	B (Form 990) (2023)				Page 4
Name of o	rganization				Employer identification number
SCHOL	ARSHIP FOUNDATION OF SA	NTA BARBARA			23-7087774
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations described) through (e) and the following li charitable, etc., contributions of \$1,0	ne entry. For ora	anizations	nat total more than \$1,000 for the year
(a) No. from					winting of how with in hold
Part I	(b) Purpose of gift	(c) Use of gift			cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	and ZIP + 4	Rel	lationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer		lationship of tra	Insferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc 	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	and ZIP + 4	Rel	lationship of tra	Insferor to transferee
(a) No.		- ,		()) =	
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer		lationchin of the	noforor to transforma
	Transferee's name, address, a		Kel	ationship of tra	Insferor to transferee
323454 12-26	3-23				Schedule B (Form 990) (2023)

SCHEDU	ILE D
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(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.



Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification numbe
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Nam	e of the organization SCHOLARSHIP FOUNDA!	TION OF SANTA BARBA		23 - 7087774
Pa				
	organization answered "Yes" on Form 990, Part IV, lin			eenipieto ii uio
	-	(a) Donor advised funds	(b) Fun	ids and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		advised funds	
•	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
-	for charitable purposes and not for the benefit of the donor o			
				Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	tion or education) Preservat	on of a historically	important land area
	Protection of natural habitat	Preservat	on of a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the	form of a con <u>serva</u>	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c	
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated b	y the organization	during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		g of	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	conservation ease	ements during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	servation easement	ts during the year
0	Does each conservation easement reported on line 2d above	actisfy the requirements of acction :		
8		, ,		Yes No
9	In Part XIII, describe how the organization reports conservation	on accoments in its revenue and exp		
3	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95		ent and balance sh	neet works
	of art, historical treasures, or other similar assets held for put	· ·		
	service, provide in Part XIII the text of the footnote to its finar		-	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement	and balance sheet	works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.		·	
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treater			
	the following amounts required to be reported under FASB A		- · ·	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990. Part X			\$

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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-	-	-	-	-	-	

	dule D (Form 990) 2023 SCHOLAR t III Organizations Maintaining C	SHIP FOUNDA						87774 (contin		_{ge} 2
3	Using the organization's acquisition, accessi							leonan		
5	collection items (check all that apply).		s, check any of the	ionowing that h	lake sign	incant us	01113			
а	Public exhibition	d		hango program						
b	Scholarly research	e								
C A	Preservation for future generations	lastions and synlair	bour thou further t			+	in Dort	VIII		
4	Provide a description of the organization's co						in Part	XIII.		
5	During the year, did the organization solicit o									
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran							Yes		No
rai	reported an amount on Form 990, Pa		te if the organizatio	n answered "Ye	es" on Fo	orm 990, F	art IV, II	ne 9, or		
1 a	Is the organization an agent, trustee, custodi on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII							Amount		
	De sincia a la dese e							Amount		
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance					1f		7		
	Did the organization include an amount on F				-	?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Par	rt XIII .					
Fai	t V Endowment Funds Complete if					N Three yes	are beeld	(a) [aur	voorok	
_		(a) Current year	(b) Prior year	(c) Two years		I) Three yea		(e) Four		
	Beginning of year balance	55,155,583.	49,691,285.			45,323			806,0	
	Contributions	2,192,677.					0,839.		233,4	
	Net investment earnings, gains, and losses	7,390,872.	4,646,547.				5,919.		086,3	
d	Grants or scholarships	2,490,496.	2,267,100.	2,288,	796.	2,24	3,422.		802,2	:11.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	62,248,636.	55,155,583.	49,691,	285.	57,670	5,947.	45,	323,6	11.
2	Provide the estimated percentage of the curr	-	e (line 1g, column (a	l)) held as:						
	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment 75.0000	%								
с	Term endowment 25.0000	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered	d for the			-		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		Х
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b		
4 Par	Describe in Part XIII the intended uses of the	organization's endo								
I UI	Complete if the organization answere		Dart IV line 11a	See Form 990	Dart X lin	no 10				
	Description of property	(a) Cost or o basis (investn	• •	t or other (other)		cumulated eciation		(d) Bool	value	
1a	Land									
	Buildings				-					
с	Leasehold improvements			2,106.		52,10				0.
d	Equipment		35	6,789.	35	50,02	1.	6	5,76	8.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	<i>(</i> B))	<u></u> .			6	5,76	8.
								D (Form	990) 2	2023

	Investments - Other Securities	on Form 000 Port IV line	11h Cao Farm 000 Dart V line 10	
	Complete if the organization answered "Yes" on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
1) Financial				
	eld equity interests			
 Other 				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, line 12, col. (B))			
	Investments - Program Related.			
(Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, line 13, col. (B))			
	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) Fatal (2) (
Part X (<u>n (b) must equal Form 990, Part X, line 15, co</u> Other Liabilities	<u>I. (В))</u>		
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
	(a) Description of liability			(b) Book value
1. (1) Federa	al income taxes			
	LEASE LIABILITY			555,059
(3)				
(4)				
(5)				
(5) (6)				
(6)				
(6) (7)				
(6) (7) (8) (9)	n (b) must equal Form 990, Part X, line 25, co	/. (B))		555,059

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Schedule D (Form 990) 2023

23-7087774 Page 3

332053 09-28-23

Schedule D (Form 990) 2023

_	edule D (Form 990) 2023 SCHOLARSHIP FOUNDATION OF SA				7087774 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	s With	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	16,133,845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	6,497,057.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,027.		
е	Add lines 2a through 2d			2e	6,500,084.
3	Subtract line 2e from line 1			3	9,633,761.
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	152,603.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	152,603.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,786,364.
				-	
	rt XII Reconciliation of Expenses per Audited Financial Statement	s Wit	h Expenses per F	Retur	n <u>, , , , , , , , , , , , , , , , , , ,</u>
	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s Wit	h Expenses per F	Retur	n
	rt XII Reconciliation of Expenses per Audited Financial Statement	ts Wit	h Expenses per F	Retur	n 9,147,792.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ts Wit	h Expenses per F		n
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ts Wit	h Expenses per F		n
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	s Wit	h Expenses per F		n
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a	h Expenses per F		n
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	h Expenses per F		n
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F		n <u>9,147,792.</u> 0.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per F	1	n 9,147,792.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F	1 2e	n <u>9,147,792.</u> 0.
Pa 1 2 6 0 4 3	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per F	1 2e	n <u>9,147,792.</u> 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per F	1 2e	n 9,147,792. 0. 9,147,792.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	h Expenses per F	1 2e	n <u>9,147,792.</u> 0. <u>9,147,792.</u> 152,603.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	h Expenses per F	1 2e 3	n 9,147,792. 0. 9,147,792.

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:

SCHOLARSHIPS AND OPERATING SUPPORT

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION

501(C)(3) OF THE IRC, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO

ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC.

CONTRIBUTIONS TO THE FOUNDATION ARE TAX DEDUCTIBLE TO DONORS UNDER SECTION

170 OF THE IRC. THE FOUNDATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30,

29

2024 AND 2023.

332054 09-28-23

Schedule D (Form 990) 2023 Part XIII Supplemental Info	SCHOLARSHIP	FOUNDATION OF	SANTA BARBARA	23-7087774 Page 5
	(continued)			
<u>PART XI, LINE 2D -</u>	OTHER ADJUSTM	ENTS:		
CHANGE IN VALUE OF	SPLIT INTERES	T AGREEMENTS		3,027.
				5,027
				Schedule D (Form 990) 2023

332055 09-28-23

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region 	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	GRANTMAKING		20,600.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	GRANTMAKING		20,625.
3 a Subtotal	0	0			41,225.
b Total from continuation					
sheets to Part I	0	0			٥.
c Totals (add lines 3a and 3b)	0	0			41,225.

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

Schedule F (Form 990) 2023



Employer identification number

23-7087774

Department of the Treasury

Internal Revenue Service

Schedule F (Form 990) 2023

23-7087774

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, 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 ...

Schedule F (Form 990) 2023

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.

(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 assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -						
SCHOLARSHIP - EDUCATION	ALBANIA, ANDORRA,	4	20,600.	CHECK	0.		
	NORTH AMERICA -						
	CANADA AND						
	MEXICO, BUT NOT						
SCHOLARSHIP - EDUCATION	THE UNITED STATES	5	20,625.	CHECK	0.		

Schedule F (Form 990) 2023

Page 3

		SCHOLARSHIP	FOUNDATION	OF	SANTA	BARBARA	23-7087774	Page 4
Part IV	Foreign Forms	5						

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	Yes	X 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 the 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? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X 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? If "Yes," 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 the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
6		Yes	X No

Schedule F (Form 990) 2023

332074 11-29-23

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: SCHOOL RECORDS OF EACH OF THE AWARDED APPLICANTS ARE REVIEWED TO ENSURE
PART I, LINE 2:
SCHOOL RECORDS OF EACH OF THE AWARDED AFFIICANTS ARE REVIEWED TO ENSURE
THAT ALL SCHOLARSHIP COMPLIANCE REQUIREMENTS ARE BEING MET. SCHOLARSHIP
RECIPIENTS MUST ATTEND SCHOOLS APPROVED FOR FEDERAL FINANCIAL AID BY THE
U.S. DEPARTMENT OF EDUCATION. ALL RECIPIENTS MUST SUBMIT THEIR
VERIFICATION OF ENROLLMENT BEFORE AWARD PAYMENT IS RELEASED. RECIPIENTS
MUST ALSO MAINTAIN A GOOD ACADEMIC STANDING AND MUST SUBMIT A GRADE
REPORT OR TRANSCRIPT OUTLINING ACADEMIC PERFORMANCE AND PROGRESS. AWARDS
ARE RESCINDED FOR THOSE RECIPIENTS WHO DO NOT MEET THE OUTLINED
REQUIREMENTS.
PART I, LINE 3:
ACCRUAL METHOD

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivitie	s	DMB No. 1545-0047				
(Form 990)		e organization answered "Yes" on				r 19, or i	f the	2023				
	Q	organization entered more than \$19 Attach to Form 990 o						Open to Public				
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instrue				า.		Inspection				
Name of the organization	ו					En		ntification number				
		SHIP FOUNDATION OF					3-7087					
Part I Fundrais	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. F	orm 990-EZ	filers are not				
 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 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 												
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (or re fund	ount paid Itained by) draiser in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No								
Total			1	I								
		n is registered or licensed to solicit o		utions	or has been notified	it is exer	npt from re	gistration				

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

SCHOLARSHIP FOUNDATION OF SANTA BARBARA 23-7087774 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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
				(b) Event #2 COMMUNITY	(c) Other events NONE	(d) Total events (add col. (a) through
			BUSINESS & T		(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	303,363.	38,950.		342,313.
	2	Less: Contributions	178,863.	32,200.		211,063.
	3	Gross income (line 1 minus line 2)	124,500.	6,750.		131,250.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses		57,030.		180,185.
		Direct expense summary. Add lines 4 through				180,185.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-48,935.
		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered res on Form		eponed 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				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses			N	
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		nter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	lf '	"No," explain:				
		ere any of the organization's gaming licenses re "Yes," explain:			ear?	Yes No
-		· ·				
	_					
	32 0	9-13-23			Sche	dule G (Form 990) 202

Sche	edule G (Form 990) 2023	SCHOLARSHIP	FOUNDATION OF SANT	A BARBARA 23-	7087774	Page 3
11	Does the organization conduct ga	aming activities with nonr	nembers?		Yes	No
			st, or a member of a partnership or of			
	to administer charitable gaming?				Yes	No
13	Indicate the percentage of gaming					
а	The organization's facility				13a	%
					13b	%
14	Enter the name and address of th	e person who prepares t	he organization's gaming/special ever	nts books and records:		
	Name					
	Address					
15a	Does the organization have a con	tract with a third party fro	om whom the organization receives g	aming revenue?	Yes	No
b	If "Yes," enter the amount of gam	ing revenue received by	the organization \$	and the amount		
	of gaming revenue retained by the	e third party \$				
с	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
		•				
	Gaming manager compensation	\$	—			
	5 ···· <i>c</i> · · · · · · ·					
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
		r state law to make charit	able distributions from the gaming pr	raceeds to		
u	retain the state gaming license?		0 01		Yes	No
h			to be distributed to other exempt org			
5	organization's own exempt activit	•	\$			
Pa			xplanations required by Part I, line 2b	, columns (iii) and (v); and P	art III, lines 9, 9b	, 10b,
			any additional information. See instru		, ,	
						00 0000
33208	3 09-13-23		38	Sche	dule G (Form 99	70) 2023

Schedule G (Form 900) SCHOLARSHIP FOUNDATION OF SANTA BARBARA 23-7087774 Page 4	Schedule G (Form 990)	SCHOLARSHIP	FOUNDATION	OF	SANTA	BARBARA	23-7087774	Page 4
	Part IV Supplemental I	nformation (continued)						
	_							
	_							
	332084 04-01-23						Schedule G (F	orm 990)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organizati		ΤΡ ΓΟΙΝΟΑ'	FION OF SAN	TA BARBARA	4			Employer identification number $23 - 7087774$					
Part I General In	formation on Grants a			<u> Dimbrind</u>	•			25 7007771					
criteria used to a	e organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection used to award the grants or assistance? Xes No												
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.													
.,	Idress of organization vernment	(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					

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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:

Part III

SCHOLARSHIP AND LOAN RECIPIENTS MUST ATTEND SCHOOLS APPROVED FOR FEDERAL

FINANCIAL AID BY THE U.S. DEPT OF EDUCATION. RECIPIENTS MUST SUBMIT

VERIFICATION OF ENROLLMENT BEFORE THE AWARD PAYMENT IS RELEASED. RECIPIENTS

MUST ALSO MAINTAIN A GOOD ACADEMIC STANDING AND MUST SUBMIT A GRADE REPORT

OR TRANSCRIPT AT THE END OF THE ACADEMIC YEAR. AWARDS ARE CANCELLED FOR

RECIPIENTS WHO DO NOT MEET THESE REQUIREMENTS.

23-7087774

Page **2**

SCHEDULE J		Compensation Information	I	545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	00	2	<u> </u>
•	•	Compensated Employees		20	Ľ٦	j –
D		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	lic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1	Employer	identificatio	on nui	mber
		SCHOLARSHIP FOUNDATION OF SANTA BARBARA	23-7	708777	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
•				1b		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	la dia ata udaia la lifa.					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	· · ·	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	·		ommittoo			
		ther organizations X Approval by the board or compensation of	ommittee			
4	During the year did	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		eive payment from a supplemental nonqualified retirement plan?				x
c	-	eive payment from an equity-based compensation arrangement?				x
-		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?					X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			
	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				
		1 53.4958-6(c)?	<u></u>	9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

SCHOLARSHIP FOUNDATION OF SANTA BARBARA 23-7087774

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	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) JAMES HUTCHINSON	(i)	159,247.	0.	0.	19,123.	543.	178,913.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY DWYER	(i)	156,397.	10,000.	0.	8,320.	0.	174,717.	0.
INTERIM CEO & DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIM DOUGHERTY	(i)	143,474.	0.	0.	26,921.	1,253.	171,648.	0.
CHIEF COMMUNICATIONS OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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.

Schedule J (Form 990) 2023

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SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Employer identification number 23 - 7087774

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ΖU **Open to Public**

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribu		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	7	112,428.	FMV			
10	Securities - Closely held stock				'			
11	Securities - Partnership, LLC, or							
••								
12	· ··· ···							
13	Qualified conservation contribution -							
15								
14	Historic structures Qualified conservation contribution - Other							
1 4 15	Г							
16	Real estate - Residential Real estate - Commercial							
17								
	Real estate - Other							
18 10	Collectibles							
19 20	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		ntribution, and whi	ich isn't required to be used i	or			37
	exempt purposes for the entire holding period?					30a	_	X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	/ for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	SCHOLARSH	HIP	FOUNDATION	OF	SANTA	BARB	ARA	23-7087774	Page 2
Part II	Supplemental	Information.	Provio numb	de the information requ	uired I	ov Part I. lin	es 30b. 32	2b. and 33. a	and whether the organiza nation of both. Also com	ation
332142 09-11-2	3								Schedule M (Form	n 990) 2023

14001114 146892 651624

SCHEDULE O (Form 990) 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.



SCHOLARSHIP FOUNDATION OF SANTA BARBARA

Employer identification number 23 - 7087774

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

A PUBLIC DISCLOSURE COPY OF THE FORM 990 AND RELATED SCHEDULES WERE

REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE PRIOR TO THE FILING DATE.

THE FORM AND RELATED SCHEDULES WERE E-MAILED TO THE ENTIRE BOARD OF

DIRECTORS PRIOR TO THE FILING DATE.

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

BOARD MEMBERS, COMMITTEE MEMBERS, AND STAFF ARE COVERED BY THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY. ANNUALLY, ALL PERSONS COVERED

BY THE POLICY COMPLETE A CONFLICT OF INTEREST DECLARATION AND SUBMIT IT TO

THE PRESIDENT AND CEO. IN ADDITION, WHENEVER AN AFFILIATION OR FINANCIAL

INTEREST ON THE PART OF A BOARD, COMMITTEE, OR STAFF MEMBER BECOMES

RELEVANT TO ANY TRANSACTION REQUIRING BOARD ACTION, THE INTERESTED PARTY

MUST COMPLETE A WRITTEN DECLARATION. THE INTERESTED PARTY IS PROHIBITED

FROM ADVOCATING ON BEHALF OF HIS OR HER INTEREST, EITHER FORMALLY AT BOARD

OR COMMITTEE MEETINGS, OR INFORMALLY THROUGH PRIVATE COMMUNICATION, AND IS

NOT PERMITTED TO PARTICIPATE IN THE VOTE CONCERNING THE PROPOSED

TRANSACTION. BOARD MEMBERS, COMMITTEE MEMBERS, AND STAFF MUST ALSO DISCLOSE FAMILY MEMBERS OR FRIENDS WHO APPLY FOR STUDENT AID ASSISTANCE AND ARE NOT PERMITTED TO ADVOCATE ON BEHALF OF, OR PARTICIPATE IN THE SELECTION PROCESS

FOR A FAMILY MEMBER OR FRIEND.

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

 THE COMPENSATION OF THE CFO IS REVIEWED BY THE PRESIDENT & CEO WHO

 UTILIZES COMPARABILITY DATA FROM OTHER LOCAL NONPROFITS AS WELL AS A

 SURVEY OF NONPROFIT COMPENSATION IN SOUTHERN CALIFORNIA. THE SALARIES OF

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

 LHA
 332211 11-14-23

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Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number 23-7087774
SCHOLARSHIP FOUNDATION OF SANTA BARBARA	23-7087774
THE FOUNDATION STAFF ARE REVIEWED IN AGGREGATE BY THE	
EXECUTIVE COMMITTEE AS PART OF THE ANNUAL BUDGETING PROCES	S. THE
COMMITTEE'S RECOMMENDATIONS ARE SUBSEQUENTLY ADOPTED BY TH	E BOARD OF
DIRECTORS WHILE MEETING IN EXECUTIVE SESSION; THE BOARD'S	ACTION IS
RECORDED IN THE MEETING MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS, FORM	990 AND AUDITED
FINANCIAL STATEMENTS FOR THE THREE PRIOR FISCAL YEARS ARE	AVAILABLE FOR
PUBLIC INSPECTION AT THE OFFICE LOCATION IN SANTA BARBARA.	THE BYLAWS, FORM
990 AND THE AUDITED FINANCIAL STATEMENTS FOR THE FIVE PRIO	R YEARS ARE
POSTED ON THE ORGANIZATION'S WEBSITE. PRINT COPIES OF THES	E DOCUMENTS ARE
PROVIDED ON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	3,027.

332212 11-14-23

(Form 990)

SCHEDULE R

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.

OMB No. 1545-0047

23 Open to Public Inspection

Employer identification number 23-7087774

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SCHOLARSHIP FOUNDATION OF SANTA BARBARA

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 SCHOLARSHIP FOUNDATION OF SANTA BARBARA

23-7087774 Page 2

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.

-	l	-					1			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule	Gene	ral or F	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box	OX managin		ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			1.00	1.10	,	1.00		
	1											
											-+	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr ent	
CHARITABLE REMAINDER TRUST (4)		country)						Yes	No
P.O. BOX 3620	-								
SANTA BARBARA, CA 93130	FUNDRAISING	CA	N/A					Х	
	-								
	-								
	-								

Schedule R (Form 990) 2023 SCHOLARSHIP FOUNDATION OF SANTA BARBARA

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х			
	Gift, grant, or capital contribution to related organization(s)	1b		Х			
	Gift, grant, or capital contribution from related organization(s)	1c		Х			
	Loans or loan guarantees to or for related organization(s)	1d		Х			
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		Х			
g	Sale of assets to related organization(s)	1g		X			
	Purchase of assets from related organization(s)	1h		X			
	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		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)	1n		X			
ο	Sharing of paid employees with related organization(s)	10		X			
р	Reimbursement paid to related organization(s) for expenses	1p		X			
q	Reimbursement paid by related organization(s) for expenses	1q		Х			
r	Other transfer of cash or property to related organization(s)	1r		_X_			
S	Other transfer of cash or property from related organization(s)	1s		X			

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

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

Schedule R (Form 990) 2023 SCHOLARSHIP FOUNDATION OF SANTA BARBARA

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c orgs Yes	all s sec. ()(3) 5.? No	Share of total income	Share of end-of-year assets	alloca	opor- nate tions?	of Schedule K-1	General managin partner	ownership
												ļ

Schedule R (Form 990) 2023