

Form **990**

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE LAND TRUST FOR SANTA BARBARA COUNTY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 91830 City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93190-1830 F Name and address of principal officer: RICHARD NAGLER SAME AS C ABOVE	D Employer identification number 95-3797404 E Telephone number (805) 966-4520 G Gross receipts \$ 8,318,241. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SBLANDTRUST.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: CA

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: TO PRESERVE, RESTORE AND ENHANCE OPEN SPACE, NATURAL RESOURCES AND AGRICULTURAL LANDS.</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 11</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10</p> <p>5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 10</p> <p>6 Total number of volunteers (estimate if necessary) 6 220</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.</p> <p>b Net unrelated business taxable income from Form 990-T, line 34 7b 0.</p>															
Revenue	<p>8 Contributions and grants (Part VIII, line 1h) 791,482.</p> <p>9 Program service revenue (Part VIII, line 2g) 0.</p> <p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 182,230.</p> <p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,506.</p> <p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 991,218.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>791,482.</td> <td>2,159,324.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>182,230.</td> <td>733,048.</td> </tr> <tr> <td>17,506.</td> <td>22,950.</td> </tr> <tr> <td>991,218.</td> <td>2,915,322.</td> </tr> </tbody> </table>	Prior Year	Current Year	791,482.	2,159,324.	0.	0.	182,230.	733,048.	17,506.	22,950.	991,218.	2,915,322.		
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0.	0.															
182,230.	733,048.															
17,506.	22,950.															
991,218.	2,915,322.															
Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.</p> <p>14 Benefits paid to or for members (Part IX, column (A), line 4) 0.</p> <p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 371,850.</p> <p>16a Professional fundraising fees (Part IX, column (A), line 11e) 0.</p> <p>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 202,653.</p> <p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 939,429.</p> <p>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,311,279.</p> <p>19 Revenue less expenses. Subtract line 18 from line 12 -320,061.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>371,850.</td> <td>314,893.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>939,429.</td> <td>1,827,477.</td> </tr> <tr> <td>1,311,279.</td> <td>2,142,370.</td> </tr> <tr> <td>-320,061.</td> <td>772,952.</td> </tr> </tbody> </table>	0.	0.	0.	0.	371,850.	314,893.	0.	0.	939,429.	1,827,477.	1,311,279.	2,142,370.	-320,061.	772,952.
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-320,061.	772,952.															
Net Assets or Fund Balances	<p>20 Total assets (Part X, line 16) 5,886,311.</p> <p>21 Total liabilities (Part X, line 26) 241,864.</p> <p>22 Net assets or fund balances. Subtract line 21 from line 20 5,644,447.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>5,886,311.</td> <td>6,333,778.</td> </tr> <tr> <td>241,864.</td> <td>112,186.</td> </tr> <tr> <td>5,644,447.</td> <td>6,221,592.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	5,886,311.	6,333,778.	241,864.	112,186.	5,644,447.	6,221,592.						
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5,886,311.	6,333,778.															
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Part II Signature Block

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

Sign Here	Signature of officer RICHARD NAGLER, BOARD PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00025230
	Firm's name ▶ MCGOWAN GUNTERMANN	Firm's EIN ▶ 95-3680171	Firm's address ▶ 111 E. VICTORIA ST., 2ND FLOOR SANTA BARBARA, CA 93101-2018	Phone no. (805) 962-9175	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE LAND TRUST FOR SANTA BARBARA COUNTY PROTECTS NATURAL RESOURCES, AGRICULTURAL LAND AND OPEN SPACES FOR THE BENEFIT OF PRESENT AND FUTURE GENERATIONS.

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

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

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 \$ 1,131,058. including grants of \$) (Revenue \$) ACQUISITION OF CONSERVATION LAND AND EASEMENT INTERESTS. NEW CONSERVATION BANK DESIGNED TO PROTECT ENDANGERED SPECIES IN THE PURISIMA HILLS NEAR LOMPOC. GENERAL OUTREACH AND RESPONSE TO SEVERAL LANDOWNER INQUIRIES.

4b (Code:) (Expenses \$ 387,376. including grants of \$) (Revenue \$) PROPERTY MANAGEMENT, NATURAL RESOURCE PROTECTION, PUBLIC EDUCATIONAL AND RECREATIONAL ACCESS PROGRAMS ON FOUR NATURE PRESERVES OWNED AND ON OTHER LAND UNDER EASEMENT. ANNUAL MONITORING AND COMPLIANCE ACTIVITIES ON ALL FEE AND CONSERVATION EASEMENT PROPERTIES.

4c (Code:) (Expenses \$ 363,482. including grants of \$) (Revenue \$) PROPERTY IMPROVEMENTS, INCLUDING ON-GOING WETLAND RESTORATION AT THE GOLETA SLOUGH; AND THE PLANNING, PERMITTING AND CONSTRUCTION OF THE FRANKLIN TRAIL IN CARPINTERIA.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,881,916.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		11
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JUDY JENNINGS - (805) 966-4520**
P.O. BOX 91830, SANTA BARBARA, CA 93190-1830

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICH NAGLER PRESIDENT	3.00	X		X				0.	0.	0.
(2) SHERI OVERALL VICE PRESIDENT	3.00	X		X				0.	0.	0.
(3) KENNETH MARSHALL VICE PRESIDENT	3.00	X		X				0.	0.	0.
(4) ERIK GREGERSEN TREASURER	3.00	X		X				0.	0.	0.
(5) WARREN MILLER SECRETARY	8.00	X		X				0.	0.	0.
(6) MAURIE MCGUIRE TRUSTEE	2.00	X						0.	0.	0.
(7) JAMES PHILLIPPI TRUSTEE	3.00	X						0.	0.	0.
(8) BRAD LUNDGREN TRUSTEE	2.00	X						0.	0.	0.
(9) GREG PARKER TRUSTEE	3.00	X						0.	0.	0.
(10) SUSAN M. BASHAM TRUSTEE	2.00	X						0.	0.	0.
(11) CARLA M D'ANTONIO TRUSTEE	2.00	X						0.	0.	0.
(12) CAROLYN CHANDLER ACTING EXECUTIVE DIRECTOR	20.00			X				0.	0.	0.
(13) MICHAEL FEENEY EXECUTIVE DIRECTOR (TO 02/08/14)	40.00			X				93,823.	0.	8,718.
(14) JUDY JENNINGS ACCOUNTING MANAGER	14.00			X				23,413.	0.	602.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							117,236.	0.	9,320.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							117,236.	0.	9,320.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PETER LAPIDUS CONSTRUCTION, INC. 1975 CRAVENS LANE, CARPINTERIA, CA 93013	GENERAL CONTRACTOR	308,006.

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

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 88,617.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,070,707.				
	g Noncash contributions included in lines 1a-1f: \$	1,134,422.				
	h Total. Add lines 1a-1f	2,159,324.				
	Program Service Revenue	2 a _____	Business Code			
		b _____				
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		124,801.		124,801.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		608,247.		608,247.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 24,788.				
		b Less: direct expenses	b 10,714.			
c Net income or (loss) from fundraising events			14,074.		14,074.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a 20,642.					
	b Less: cost of goods sold	b 11,766.				
	c Net income or (loss) from sales of inventory		8,876.	8,876.		
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		2,915,322.	8,876.	0.	747,122.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,249.	68,647.	16,591.	38,011.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	154,354.	84,757.	8,618.	60,979.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	16,695.	6,353.	1,151.	9,191.
10 Payroll taxes	20,595.	10,650.	1,948.	7,997.
11 Fees for services (non-employees):				
a Management				
b Legal	45,282.	44,780.	502.	
c Accounting	16,002.	6,319.	4,019.	5,664.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	41,944.	33,419.	3,268.	5,257.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	82,076.	59,195.	1,308.	21,573.
12 Advertising and promotion				
13 Office expenses	8,195.	3,921.	1,639.	2,635.
14 Information technology	6,846.	3,328.	1,460.	2,058.
15 Royalties				
16 Occupancy	27,239.	10,861.	6,910.	9,468.
17 Travel	7,079.	3,931.	1,260.	1,888.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,418.	1,697.	714.	1,007.
23 Insurance	16,341.	7,743.	3,569.	5,029.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN-KIND CONSERVATION EA	1,109,025.	1,109,025.		
b IMPROVEMENTS & MAINTENA	383,111.	383,056.	55.	
c DIRECT PROGRAM EXPENSE	32,909.	26,306.	16.	6,587.
d PRINTING & MAILING	24,647.	7,984.	251.	16,412.
e All other expenses	23,363.	9,944.	4,522.	8,897.
25 Total functional expenses. Add lines 1 through 24e	2,142,370.	1,881,916.	57,801.	202,653.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	850.	1	900.	
	2 Savings and temporary cash investments	1,285,527.	2	1,230,890.	
	3 Pledges and grants receivable, net	398,828.	3	426,011.	
	4 Accounts receivable, net	967.	4	744.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	9,828.	9	10,167.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,163.			
	b Less: accumulated depreciation	10b 42,023.	6,096.	10c 7,140.	
	11 Investments - publicly traded securities	1,649,605.	11	1,101,550.	
	12 Investments - other securities. See Part IV, line 11	2,534,610.	12	3,556,376.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,886,311.	16	6,333,778.		
Liabilities	17 Accounts payable and accrued expenses	172,480.	17	78,322.	
	18 Grants payable		18		
	19 Deferred revenue	69,384.	19	33,864.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	241,864.	26	112,186.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,239,798.	27	1,254,966.	
	28 Temporarily restricted net assets	3,203,634.	28	3,393,467.	
	29 Permanently restricted net assets	1,201,015.	29	1,573,159.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	5,644,447.	33	6,221,592.		
34 Total liabilities and net assets/fund balances	5,886,311.	34	6,333,778.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,915,322.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,142,370.
3	Revenue less expenses. Subtract line 2 from line 1	3	772,952.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,644,447.
5	Net unrealized gains (losses) on investments	5	-195,807.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,221,592.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **THE LAND TRUST FOR SANTA BARBARA COUNTY** Employer identification number **95-3797404**

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2683678.	9990143.	3887707.	800,845.	2159324.	19521697.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	19,200.	20,830.	21,742.	23,854.	45,430.	131,056.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2702878.	10010973.	3909449.	824,699.	2204754.	19652753.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						19652753.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	2702878.	10010973.	3909449.	824,699.	2204754.	19652753.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	133,429.	108,442.	124,407.	127,528.	124,801.	618,607.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	133,429.	108,442.	124,407.	127,528.	124,801.	618,607.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2836307.	10119415.	4033856.	952,227.	2329555.	20271360.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	96.95 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	97.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	3.05 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	2.69 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

THE LAND TRUST FOR SANTA BARBARA COUNTY

Employer identification number

95-3797404

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a 35
b Total acreage restricted by conservation easements	2b 16,433.00
c Number of conservation easements on a certified historic structure included in (a)	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 678

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 91,394.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,586,145.	2,398,511.	2,521,808.	2,173,481.	2,023,456.
b Contributions	372,144.	148,750.	42,475.	125,915.	71,528.
c Net investment earnings, gains, and losses	310,859.	375,013.	19,945.	282,612.	169,704.
d Grants or scholarships					
e Other expenditures for facilities and programs	161,406.	336,129.	185,717.	60,200.	91,207.
f Administrative expenses					
g End of year balance	3,107,742.	2,586,145.	2,398,511.	2,521,808.	2,173,481.

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

- a Board designated or quasi-endowment 40.40 %
- b Permanent endowment 50.60 %
- c Temporarily restricted endowment 9.00 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		35.		35.
b Buildings				
c Leasehold improvements				
d Equipment		49,128.	42,023.	7,105.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,140.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) TIFF MULTI-ASSET FUND	3,556,376.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,556,376.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,760,535.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-195,807.	
b	Donated services and use of facilities	2b	41,020.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-154,787.	
3	Subtract line 2e from line 1	3	2,915,322.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,915,322.	

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

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

1	Total expenses and losses per audited financial statements		1	2,183,390.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	41,020.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	41,020.	
3	Subtract line 2e from line 1	3	2,142,370.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,142,370.	

Part XIII Supplemental Information.

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

PART II, LINE 9:

EXPLANATION: PURCHASED LAND IS RECORDED AT COST. DONATED LAND IS RECORDED AT APPRAISED FAIR MARKET VALUE. DURING THE ACQUISITION PROCESS, FUNDS RECEIVED FOR PURCHASE ARE RECORDED AS REVENUE AND ACQUISITION EXPENDITURES ARE RECORDED AS EXPENSES. PRESERVATION LAND AND CONSERVATION EASEMENTS ARE TREATED AS OBLIGATIONS AND ARE RECORDED AT \$1 EACH IN PERMANENTLY RESTRICTED NET ASSETS.

PART X, LINE 2:

EXPLANATION: THE LAND TRUST EVALUATES UNCERTAIN TAX PROVISIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF JUNE 30, 2014, THE

Part XIII Supplemental Information *(continued)*

LAND TRUST HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. THE LAND TRUST FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL JURISDICTIONS. THE LAND TRUST IS NO LONGER SUJECT TO U.S. FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS ENDING BEFORE JUNE 30, 2011 AND 2010 RESPECTIVELY.

COPY

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open To Public
Inspection

Name of the organization
THE LAND TRUST FOR SANTA BARBARA COUNTY

Employer identification number
95-3797404

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PLEIN AIR EVENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	24,788.			24,788.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	24,788.			24,788.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	4,595.			4,595.
	8 Entertainment				
	9 Other direct expenses	6,119.			6,119.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				10,714.
	11 Net income summary. Subtract line 10 from line 3, column (d)				14,074.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUSAN BASHAM	TRUSTEE	42,357.	THE TRUSTEE		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: SUSAN BASHAM

(D) DESCRIPTION OF TRANSACTION: THE TRUSTEE IS AN ATTORNEY AND "OF COUNSEL" AT PRICE, POSTEL & PARMA, A LEGAL FIRM WHO WAS PAID BY THE ORGANIZATION FOR LEGAL SERVICES ABOVE AN AGREED AMOUNT OF PRO BONO SERVICES (UNPAID) CONTRIBUTED BY THAT FIRM. THESE PAYMENTS WERE APPROVED BY THE BOARD OF TRUSTEES AND IN COMPLIANCE WITH THE ORGANIZATION'S POLICY ON CONFLICT OF INTERESTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **THE LAND TRUST FOR SANTA BARBARA COUNTY** Employer identification number **95-3797404**

Part 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 determining noncash contribution amounts	
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	1	10,117.	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other	X	1	1,109,025. INDEPENDENT APPRAISA	
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE LAND TRUST FOR SANTA BARBARA COUNTY

Employer identification number

95-3797404

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PLANNING, FUNDING AND IMPLEMENTATION OF PROJECTS TO RESTORE WETLAND AND
RIPARIAN WILDLIFE HABITAT AND SCIENTIFIC MONITORING OF SUCCESS, PROVIDE
PUBLIC INTERPRETIVE ACCESS, EDUCATIONAL PROGRAMS AND DOCENT LED PUBLIC
HIKES.

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

EXPLANATION: MANAGEMENT PERFORMS A DETAILED REVIEW OF THE FORM 990 PRIOR TO
FORWARDING IT TO THE AUDIT COMMITTEE FOR THEIR REVIEW. THE BOARD OF
TRUSTEES RECEIVES THE FORM 990 PRIOR TO FILING THE RETURN WITH THE IRS.

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

EXPLANATION: THE ADOPTED CONFLICT OF INTEREST POLICY REQUIRES ANNUAL
WRITTEN DISCLOSURE BY EVERY TRUSTEE AND EMPLOYEE, AND BY THOSE ADVISORY
COUNCIL MEMEBERS WHO SERVE ON A DECISION-MAKING COMMITTEE. A DISCLOSURE
FORM IS SENT TO EACH PERSON, AND RETURNED BY MAIL TO THE PRESIDENT OF THE
BOARD OF TRUSTEES. THE PRESIDENT REVIEWS EACH DISCLOSURE FORM, COMPILES A
SUMMARY OF THE REPSONSES AND IS RESPONSIBLE FOR INFORMING EACH COMMITTEE
CHAIR, AND THE FULL BOARD WHEN APPROPRIATE, OF ANY POTENTIAL CONFLICTS OF
INTEREST. RESOLUTION OF ANY IDENTIFIED CONFLICT IS DOCUMENTED IN THE
BOARD/COMMITTEE MINUTES, A FORMAL RESOLUTION OR OTHER CORRESPONDENCE AS
APPROPRIATE TO THE NATURE OF THE CONFLICT. DURING THE COURSE OF THE YEAR
WHEN A NEW PROJECT OR FINANCIAL MATTER IS PRESENTED TO THE BOARD OR A
COMMITTEE, MEMBERS ARE ASKED AT THAT TIME WHETHER THEY HAVE ANY CONFLICT OF
INTEREST AND APPROPRIATE ACTION IS TAKEN TO MITIGATE OR AVOID PARTICIPATION
IN COMPLIANCE WITH THE POLICY.

Name of the organization THE LAND TRUST FOR SANTA BARBARA COUNTY	Employer identification number 95-3797404
--	---

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

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND ESTABLISHES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR RECOMMENDS THE COMPENSATION OF OTHER STAFF MEMBERS, AND SUBMITS A SALARY, WAGE AND BENEFIT PROPOSAL TO THE EXECUTIVE COMMITTEE FOR APPROVAL. THE SALARY SCHEDULE IS AVAILABLE TO EACH MEMBER OF THE BOARD OF TRUSTEES UPON REQUEST. IN ESTABLISHING COMPENSATION, COMPARATIVE DATA FROM THE NATIONAL LAND TRUST ALLIANCE COMPENSATION SURVEY AND THE SOUTHERN CALIFORNIA COMPENSATION AND BENEFITS SURVEY COMPILED BY THE CENTER FOR NONPROFIT MANAGEMENT WAS CONSIDERED BY THE EXECUTIVE COMMITTEE.

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

EXPLANATION: THE FOLLOWING DOCUMENTS ARE AVAILABLE BY DOWNLOAD FROM THE ORGANIZATION'S WEB SITE: FORM 990, ANNUAL FINANCIAL STATEMENTS, AND STEWARDSHIP FUND POLICY. THE ORGANIZATION HAS ADOPTED THE NATIONAL STANDARDS AND PRACTICES OF THE LAND TRUST ALLIANCE (LTA), AND A LINK IS PROVIDED TO THE LTA WEBSITE WHERE THE STANDARDS AND PRACTICES CAN BE FOUND. OTHER GOVERNING DOCUMENTS AND ADOPTED POLICIES OF THE ORGANIZATION ARE PROVIDED TO ANY MEMBER OF THE PUBLIC UPON REQUEST.

California Exempt Organization
Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 07/01/2013, and ending (mm/dd/yyyy) 06/30/2014

Corporation/Organization Name THE LAND TRUST FOR SANTA BARBARA COUNTY		California corporation number 1118937
Address (suite, room, or PMB no.) P.O. BOX 91830		FEIN 95-3797404
City SANTA BARBARA	State CA	ZIP Code 93190-1830

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)	
G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	
I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	
K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____	
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/>	
M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	6,158,917.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,159,324.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 This line must be completed. If the result is less than \$50,000, see General Instruction B	4	8,318,241.00
	5	Cost of goods sold STMT 3	5	11,766.00
	6	Cost or other basis, and sales expenses of assets sold	6	5,380,439.00
	7	Total costs. Add line 5 and line 6	7	5,392,205.00
	8	Total gross income. Subtract line 7 from line 4	8	2,926,036.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,153,084.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	772,952.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Sign Here
 Signature of officer: _____ Title: **BOARD PRESIDENT** Date: _____
 Telephone: _____

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed:
 PTIN: **P00025230**
 Firm's name (or yours, if self-employed) and address: **MCGOWAN GUNTERMANN**
111 E. VICTORIA ST., 2ND FLOOR
SANTA BARBARA, CA 93101-2018
 FEIN: **95-3680171**
 Telephone: **(805) 962-9175**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 11-14-13

Receipts from Other Sources Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	•	1	45,430.00
	2	Interest	•	2	00
	3	Dividends	•	3	124,801.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	5,988,686.00
	7	Other income	•	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	6,158,917.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	123,249.00
	12	Other salaries and wages	•	12	154,354.00
	13	Interest	•	13	00
	14	Taxes	•	14	20,595.00
	15	Rents	•	15	27,239.00
	16	Depreciation and depletion (See instructions)	•	16	3,418.00
	17	Other Expenses and Disbursements	•	17	1,824,229.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,153,084.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,286,377.		1,231,790.
2 Net accounts receivable		967.		744.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 7		1,649,605.		1,101,550.
8 Mortgage loans				
9 Other investments STMT 8		2,534,610.		3,556,376.
10 a Depreciable assets	47,246.		49,128.	
b Less accumulated depreciation	(41,185.)	6,061.	(42,023.)	7,105.
11 Land		35.		35.
12 Other assets STMT 9		408,656.		436,178.
13 Total assets		5,886,311.		6,333,778.
Liabilities and net worth				
14 Accounts payable		172,480.		78,322.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 10		69,384.		33,864.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		5,644,447.		6,221,592.
22 Total liabilities and net worth		5,886,311.		6,333,778.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 772,952.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	772,952.
6	Total. Add line 1 through line 5	772,952.			

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 3

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		
2.	MERCHANDISE PURCHASED.		
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES	11,766	
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		11,766
7.	INVENTORY AT END OF YEAR		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		11,766

COPY

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
DETAIL AVAILABLE UPON REQUEST			PURCHASED	
	5,380,439.	0.	0.	5,988,686.
TOTAL TO FORM 199, PAGE 2, LN 6	5,380,439.	0.	0.	5,988,686.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RICH NAGLER P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	PRESIDENT 3.00	0.
SHERI OVERALL P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	VICE PRESIDENT 3.00	0.
KENNETH MARSHALL P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	VICE PRESIDENT 3.00	0.
ERIK GREGERSEN P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	TREASURER 3.00	0.
WARREN MILLER P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	SECRETARY 8.00	0.
MAURIE MCGUIRE P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	TRUSTEE 2.00	0.
JAMES PHILLIPPI P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	TRUSTEE 3.00	0.

BRAD LUNDGREN P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	TRUSTEE 2.00	0.
GREG PARKER P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	TRUSTEE 3.00	0.
SUSAN M. BASHAM P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	TRUSTEE 2.00	0.
CARLA M D'ANTONIO P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	TRUSTEE 2.00	0.
CAROLYN CHANDLER P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	ACTING EXECUTIVE DIRECTOR 20.00	15,675.
MICHAEL FEENEY P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	EXECUTIVE DIRECTOR (TO 02/ 40.00	70,197.
JUDY JENNINGS P.O. BOX 91830 SANTA BARBARA, CA 93190-1830	ACCOUNTING MANAGER 14.00	37,377.
TOTAL TO FORM 199, PART II, LINE 11		<u>123,249.</u>

FORM 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
IN-KIND CONSERVATION EA IMPROVEMENTS & MAINTENA	1,109,025.
DIRECT PROGRAM EXPENSE	383,111.
PRINTING & MAILING	32,909.
DIRECT EXPENSES OF FUNDRAISING EVENTS	24,647.
OTHER EMPLOYEE BENEFITS	10,714.
LEGAL FEES	16,695.
ACCOUNTING FEES	45,282.
INVESTMENT MANAGEMENT FEES	16,002.
OTHER PROFESSIONAL FEES	41,944.
OFFICE EXPENSES	82,076.
INFORMATION TECHNOLOGY	8,195.
TRAVEL	6,846.
INSURANCE	7,079.
ALL OTHER EXPENSES	16,341.
TOTAL TO FORM 199, PART II, LINE 17	<u>23,363.</u>
	<u>1,824,229.</u>

FORM 199	INVESTMENTS IN STOCK	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES		1,649,605.	1,101,550.
TOTAL TO FORM 199, SCHEDULE L, LINE 7		1,649,605.	1,101,550.

FORM 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
TIFF MULTI-ASSET FUND		2,534,610.	3,556,376.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		2,534,610.	3,556,376.

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		398,828.	426,011.
PREPAID EXPENSES AND DEFERRED CHARGES		9,828.	10,167.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		408,656.	436,178.

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		69,384.	33,864.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		69,384.	33,864.

FORM 199

FUND BALANCES

STATEMENT 11

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	1,239,798.	1,254,966.
TEMPORARILY RESTRICTED ASSETS	3,203,634.	3,393,467.
PERMANENTLY RESTRICTED ASSETS	1,201,015.	1,573,159.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	5,644,447.	6,221,592.

COPY

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>49491</u> THE LAND TRUST FOR SANTA BARBARA COUNTY <small>Name of Organization</small> <u>P.O. BOX 91830</u> <small>Address (Number and Street)</small> <u>SANTA BARBARA, CA 93190-1830</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1118937</u> Federal Employer I.D. No. <u>95-3797404</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2013 ending 06/30/2014) list:
 Gross annual revenue \$ 2,915,322. Total assets \$ 6,333,778.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 12	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 13	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (805) 966-4520

Organization's e-mail address INFO@SBLANDTRUST.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

RICHARD NAGLER **BOARD PRESIDENT**
Signature of authorized officer Printed Name Title Date

FORM RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS
PART B, LINE 1

STATEMENT 12

THE TRUSTEE IS AN ATTORNEY AND "OF COUNSEL" AT PRICE, POSTEL & PARMA, A LEGAL FIRM WHO WAS PAID \$42,357 BY THE ORGANIZATION FOR LEGAL SERVICES. THESE PAYMENTS WERE IN COMPLIANCE WITH THE ORGANIZATION'S POLICY ON CONFLICT OF INTERESTS.

COPY

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 13

COASTAL FUND
SCOTT BULL
RRU. 2521, ASSOC. STUDENTS
MULTICULTURAL CENTER BUILDING
UCSB, CA 931066081
(805) 893-5166

COUNTY OF SANTA BARBARA
CLAUDE GARCIACELAY
DIRECTOR OF COMMUNITY SERVICES DEPT.
COMMUNITY SERVICES DEPT. - PARKS ADMINISTRATION
610 MISSION CANYON ROAD
SANTA BARBARA, CA 93105
(805) 568-2469

DEPARTMENT OF TRANSPORTATION
DARLENE PANICO
DIVISION OF LOCAL ASSISTANCE
50 HIGUERA STREET
SAN LUIS OBISPO, CA 93401
(805) 542-4651

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