EXTENDED TO NOVEMBER 15, 2024

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **and ending**

B Check if applicable: Address change; Name change; Initial return; Final return/ terminated; Amended return; Application pending

C Name of organization
SANTA BARBARA BOWL FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1122 N. NORTH MILPAS STREET

City or town, state or province, country, and ZIP or foreign postal code
SANTA BARBARA, CA 93103

F Name and address of principal officer: KAREN KERNS
SAME AS C ABOVE

D Employer identification number
95-3618955

E Telephone number
805-962-7411

G Gross receipts $ 10,299,499.

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.SBBOWL.COM

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1981

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO MANAGE, MAINTAIN, AND RENOVATE THE SANTA BARBARA BOWL, A HISTORIC OUTDOOR CONCERT VENUE.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	106,193.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,649,160.	2,642,732.
9	Program service revenue (Part VIII, line 2g)	3,038,318.	4,328,084.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	374,307.	629,202.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	889,253.	754,381.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,951,038.	8,354,399.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	446,228.	535,353.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,520,975.	1,849,304.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 355,429.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,495,861.	4,526,075.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,463,064.	6,910,732.
19	Revenue less expenses. Subtract line 18 from line 12	487,974.	1,443,667.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	49,384,542.	51,545,148.
21	Total liabilities (Part X, line 26)	1,581,928.	1,391,101.
22	Net assets or fund balances. Subtract line 21 from line 20	47,802,614.	50,154,047.

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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 Date
NICOLA PARR, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KATY BROWN	KATY BROWN	11/01/24		P00650274

Firm's name ARMANINO ADVISORY LLC Firm's EIN 94-6214841
Firm's address 11766 WILSHIRE BLVD 9TH FLOOR
LOS ANGELES, CA 90025 Phone no. 310-478-4148

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO MANAGE, MAINTAIN, AND RENOVATE THE SANTA BARBARA BOWL, TO PROVIDE MUSIC AND PERFORMING ARTS EVENTS IN THE SANTA BARBARA COMMUNITY, TO PROMOTE CULTURAL AND ARTISTIC AWARENESS IN SANTA BARBARA COUNTY, TO PRESENT MUSIC AND PERFORMING ARTS TO LOCAL STUDENTS.

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

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

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

4a (Code:) (Expenses $ 5,461,902. including grants of $) (Revenue $ 4,951,053.)
PERFORMING ARTS: THE SANTA BARBARA BOWL FOUNDATION IS LED BY DEDICATED VOLUNTEERS AND STAFF TO OPERATE THE SANTA BARBARA BOWL, A PREEMINENT OUTDOOR PERFORMING ARTS VENUE, TYPICALLY HOSTING APPROXIMATELY 35 SHOWS AND OVER 120,000 PATRONS ANNUALLY. FOLLOWING A $40 MILLION RENOVATION AND RESTORATION EFFORT, THE FOUNDATION CONTINUES TO RAISE FUNDS TO PROTECT THE COMMUNITY'S INVESTMENT AND STAY AT THE FOREFRONT OF TECHNOLOGY, AUDIENCE SAFETY AND AMENITIES. THE FOUNDATION ALSO RAISES FUNDS FOR OUTREACH PROGRAMMING AND ENDOWMENT TO PROVIDE NEED-BASED SUPPORT, RESOURCES, AND ADVOCACY TO MUSIC AND PERFORMING ARTS EDUCATION PROGRAMS BENEFITING LOCAL SCHOOL CHILDREN. FOLLOWING A SHORTENED SEASON AND LIMITED OPERATIONS IN 2021 (CONTINUE ON SCHEDULE O)

4b (Code:) (Expenses $ 625,496. including grants of $ 535,353.) (Revenue $)
OUTREACH PROGRAM: THE SANTA BARBARA BOWL FOUNDATION IS A RESPECTED PARTNER IN THE PERFORMING ARTS EDUCATION COMMUNITY IN THE GREATER SANTA BARBARA AREA, TYPICALLY REACHING APPROXIMATELY 20,000 SCHOOL CHILDREN ANNUALLY. ITS PROGRAMS INCLUDE SUPPORTING THE ARTS COMMUNITY BY PROVIDING NEED-BASED SUPPORT TO THE ARTS EDUCATION PROGRAMS, SUPPORTING COMMUNITY ACCESS TO THE PERFORMING ARTS, AND SERVING AS AN ARTS ADVOCATE IN THE COMMUNITY. THE FOUNDATION ITSELF COMMITS $1.00 PER PAID TICKET TO THE OUTREACH PROGRAM.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e Total program service expenses 6,087,398.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	43		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

NICOLA PARR - 805-962-7411

1122 N. NORTH MILPAS STREET, SANTA BARBARA, CA 93103

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) RICHARD BOLLER	40.00									
EXECUTIVE DIRECTOR & CEO				X				234,258.	0.	29,340.
(2) ERIC SHIFLETT	40.00									
PROGRAM DIRECTOR						X		150,001.	0.	22,485.
(3) ANDREW GARDNER	40.00									
BUSINESS MANAGER						X		117,944.	0.	22,169.
(4) TUCKER PAPAC	40.00									
OPERATIONS MANAGER						X		112,011.	0.	17,453.
(5) KORI SOLTZ	40.00									
FOOD & BEVERAGE MANAGER						X		105,143.	0.	17,014.
(6) KAREN KERNS	10.00									
CHAIR		X		X				0.	0.	0.
(7) CAROLA NICHOLSON	4.00									
VICE CHAIR		X		X				0.	0.	0.
(8) LAURIE BENTSON KAUTH	4.00									
SECRETARY		X		X				0.	0.	0.
(9) NICOLA PARR	4.00									
TREASURER		X		X				0.	0.	0.
(10) MICHAEL ALLEN	1.00									
DIRECTOR		X						0.	0.	0.
(11) TYLER DUNCAN	1.00									
DIRECTOR		X						0.	0.	0.
(12) ANDREW FIRESTONE	1.00									
DIRECTOR		X						0.	0.	0.
(13) TOM GARCIA	1.00									
DIRECTOR		X						0.	0.	0.
(14) LORI KARI	1.00									
DIRECTOR		X						0.	0.	0.
(15) GRAHAM LYONS	1.00									
DIRECTOR		X						0.	0.	0.
(16) ANGEL MARTINEZ	1.00									
DIRECTOR		X						0.	0.	0.
(17) MIKE MENDOZA	1.00									
DIRECTOR		X						0.	0.	0.

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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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAWN MITCHAM	1.00									
DIRECTOR		X						0.	0.	0.
(19) CHRIS PARKER	1.00									
DIRECTOR		X						0.	0.	0.
(20) MARIANNE PARTRIDGE	1.00									
DIRECTOR		X						0.	0.	0.
(21) CHARLES T. PLOUGH III	1.00									
DIRECTOR (THRU 12/23)		X						0.	0.	0.
(22) BEN SCOTT	1.00									
DIRECTOR		X						0.	0.	0.
(23) DEREK SHUE	1.00									
DIRECTOR		X						0.	0.	0.
(24) PATRICIA STATHIS	1.00									
DIRECTOR		X						0.	0.	0.
1b Subtotal								719,357.	0.	108,461.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								719,357.	0.	108,461.

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 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MILLER EVENT MANAGEMENT, 3563 SUELDO STREET, SUITE L, SAN LUIS OBISPO, CA 93401	SECURITY CONTRACTOR	735,773.
BIG GREEN CLEANING CO. 4860 CALLE REAL, SANTA BARBARA, CA 93111	CUSTODIAL SERVICES	160,293.
BLUESTAR PARKING P.O. BOX 1024, SUMMERLAND, CA 93067	PARKING SERVICES	122,325.
SANTA BARBARA TROLLEY 24 E. MASON ST., SANTA BARBARA, CA 93101	EVENT TROLLEY SERVICE	115,820.
CITY OF SANTA BARBARA POLICE DEPT, 215 E. FIGUEROA ST., SANTA BARBARA, CA 93101	TRAFFIC ENFORCEMENT	103,835.

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 5

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	1,159,350.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,483,382.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			2,642,732.			
Program Service Revenue		**Business Code**					
	2a GROSS SHOW PROCEEDS	711190		3,111,463.	3,111,463.		
	b CONTRACT REVENUE	711190		1,110,428.	1,110,428.		
	c ADVERTISING REVENUE	541800		106,193.		106,193.	
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			4,328,084.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			636,661.			636,661.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales expenses 7b		7,459.				
	c Gain or (loss) 7c		-7,459.				
	d Net gain or (loss)			-7,459.			-7,459.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a		2,666,803.				
	b Less: cost of goods sold 10b		1,937,641.				
	c Net income or (loss) from sales of inventory			729,162.	729,162.		
Miscellaneous Revenue		**Business Code**					
	11a OTHER REVENUE	900099		25,219.			25,219.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			25,219.			
	12 **Total revenue.** See instructions			8,354,399.	4,951,053.	106,193.	654,421.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	535,353.	535,353.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	263,597.	105,439.	79,079.	79,079.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,245,783.	1,030,732.	108,448.	106,603.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	73,274.	61,933.	5,727.	5,614.
9 Other employee benefits	160,593.	126,298.	17,255.	17,040.
10 Payroll taxes	106,057.	80,575.	12,807.	12,675.
11 Fees for services (nonemployees):				
a Management				
b Legal	22,500.		22,500.	
c Accounting	66,935.		66,935.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,406.		32,406.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,340,714.	1,294,951.	45,099.	664.
12 Advertising and promotion	90,332.	90,332.		
13 Office expenses	159,355.	121,067.	19,244.	19,044.
14 Information technology				
15 Royalties				
16 Occupancy	613,442.	565,919.	23,763.	23,760.
17 Travel	17,100.	17,100.		
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	1,203,663.	1,203,663.		
23 Insurance	251,721.	191,241.	30,397.	30,083.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER SHOW EXPENSES	421,933.	421,933.		
b EVENT RENTALS	124,009.	124,009.		
c MISCELLANEOUS	91,822.	26,710.	4,245.	60,867.
d COUNTY ARTS SUBSIDY	56,750.	56,750.		
e All other expenses	33,393.	33,393.		
25 **Total functional expenses.** Add lines 1 through 24e	6,910,732.	6,087,398.	467,905.	355,429.
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)				

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Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,137,065.	1	1,336,685.
	2	Savings and temporary cash investments		7,670,773.	2	8,746,777.
	3	Pledges and grants receivable, net		2,266,215.	3	1,886,678.
	4	Accounts receivable, net			4	189,000.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		28,000.	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 46,789,026.			
	b	Less: accumulated depreciation	10b 17,080,700.	30,571,447.	10c	29,708,326.
	11	Investments - publicly traded securities		7,628,239.	11	9,666,773.
	12	Investments - other securities. See Part IV, line 11		76,551.	12	4,657.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		6,252.	15	6,252.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		49,384,542.	16	51,545,148.
Liabilities	17	Accounts payable and accrued expenses		340,198.	17	479,724.
	18	Grants payable			18	
	19	Deferred revenue		1,241,730.	19	911,377.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		1,581,928.	26	1,391,101.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		45,076,508.	27	47,772,167.
	28	Net assets with donor restrictions		2,726,106.	28	2,381,880.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		47,802,614.	32	50,154,047.
	33	Total liabilities and net assets/fund balances		49,384,542.	33	51,545,148.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,354,399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,910,732.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,443,667.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,802,614.
5	Net unrealized gains (losses) on investments	5	907,766.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,154,047.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A
(Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
SANTA BARBARA BOWL FOUNDATION	95-3618955

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 12, 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 (Form 990).)
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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ 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.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2023.** 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 ☐

b **33 1/3% support test - 2022.** 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 ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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 ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,481,106.	2,057,841.	7,245,189.	2,649,160.	2,642,732.	18,076,028.
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	4,867,557.	572,078.	2,828,066.	5,912,727.	6,994,888.	21,175,316.
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	8,348,663.	2,629,919.	10,073,255.	8,561,887.	9,637,620.	39,251,344.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	250,000.	83,200.	44,000.	136,500.	15,000.	528,700.
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	484,697.	540,751.	147,294.	161,525.	1,007,433.	2,341,700.
c Add lines 7a and 7b	734,697.	623,951.	191,294.	298,025.	1,022,433.	2,870,400.
8 **Public support.** (Subtract line 7c from line 6.)						36,380,944.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	8,348,663.	2,629,919.	10,073,255.	8,561,887.	9,637,620.	39,251,344.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	310,068.	343,267.	185,323.	276,359.	636,661.	1,751,678.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	310,068.	343,267.	185,323.	276,359.	636,661.	1,751,678.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,470.	94,592.	12,000.	9,238.	25,218.	155,518.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	8,673,201.	3,067,778.	10,270,578.	8,847,484.	10,299,499.	41,158,540.

14 **First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	88.39 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	86.79 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	4.26 %
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	3.86 %

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 ☐

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6	Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9	Distributable amount for 2023 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

SANTA BARBARA BOWL FOUNDATION

Employer identification number

95-3618955

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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Name of organization: SANTA BARBARA BOWL FOUNDATION

Employer identification number: 95-3618955

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAREN MASON P.O. BOX 5037 SANTA BARBARA, CA 93150	$ 175,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	STACY AND SCOTT SEMEL P.O BOX 50439 SANTA BARBARA, CA 93150	$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	JUSTIN ANDERSON AND MAX PHILLIPS 3700 STATE ST., SUITE 240 SANTA BARBARA, CA 93105	$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	JUDY AND JEFF HENLEY 700 ADMIRALTY PARADE NAPLES, FL 34102	$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	BLAINE AND VALERIE LANDO 580 PARA GRANDE LANE SANTA BARBARA, CA 93108	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	PACIFIC BEVERAGE COMPANY 5305 EKWILL ST SANTA BARBARA, CA 93111	$ 89,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

DRAFT

Name of organization: SANTA BARBARA BOWL FOUNDATION

Employer identification number: 95-3618955

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TIM TRAGER 1421 STATE ST., SUITE B SANTA BARBARA, CA 93101	$ 62,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	FERNANDO AND LUISA VELEZ 3786 PESCADERO DR. SANTA BARBARA, CA 93105	$ 62,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	MANITOU FUND 2501 ROSEGATE ROSEVILLE, MN 55113	$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	RYAN AND SARAH MUZZY 819 ROBERTO AVENUE SANTA BARBARA, CA 93109	$ 55,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	THE MALOU FOUNDATION 625 FAIR OAKS AVENUE, SUITE 360 SOUTH PASADENA, CA 91030	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	ROBERT AND MELINDA GOODMAN KEMP 356 WOODLEY ROAD SANTA BARBARA, CA 93108	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

DRAFT

Name of organization: SANTA BARBARA BOWL FOUNDATION

Employer identification number: 95-3618955

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WHITE AND GRUBE 2950 STATE STREET SANTA BARBARA, CA 93105	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	LEMON TREE INN 2819 STATE ST. SANTA BARBARA, CA 93105	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	MAURICE DUCA PO BOX 5609 SANTA BARBARA, CA 93150	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	MONTECITO BANK & TRUST 1000 STATE STREET SANTA BARBARA, CA 93101	$ 32,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	STEVE ZAHM 6309 CARPINTERIA AVE. CARPINTERIA, CA 93013	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	CRAIG COURTEMANCHE JR. 6309 CARPINTERIA AVE. CARPINTERIA, CA 93013	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

DRAFT

Name of organization: SANTA BARBARA BOWL FOUNDATION

Employer identification number: 95-3618955

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SAM CRIGMAN 6309 CARPINTERIA AVE. CARPINTERIA, CA 93013	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	BANK OF AMERICA 100 N. TYRON ST CHARLOTTE, NC 28255	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	WELLS FARGO PRIVATE BANK 225 LAKE AVE. STE 700 PASADENA, CA 91101	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	DIANI BUILDING CORP PO BOX 636 SANTA MARIA, CA 93456	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	COX COMMUNICATIONS 22 S. FAIRVIEW AVE GOLETA, CA 93117	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	KRISTIN KIRBY 2174 MISSION RIDGE ROAD SANTA BARBARA, CA 93103	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

DRAFT

Name of organization: SANTA BARBARA BOWL FOUNDATION

Employer identification number: 95-3618955

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MILDRED E. AND HARVEY MUDD FOUNDATION 11726 SAN VICENTE BLVD, #625 LOS ANGELES, CA 90049-5078	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	BRANDER VINEYARD PO BOX 92 LOS OLIVOS, CA 93441	$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	NEIL DIPAOLA 3911 VIA LAGUNA SANTA BARBARA, CA 93110	$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	JOHN C. MITHUN FOUNDATION 1135 HARBOR HILLS DRIVE SANTA BARBARA, CA 93109	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	DEREK SHUE 39349 HIGHWAY DR. OAKHURST, CA 93644	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	THOMAS AND SHEILA CULLEN 429 CANON DR. SANTA BARBARA, CA 93105	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: SANTA BARBARA BOWL FOUNDATION

Employer identification number: 95-3618955

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THE DANCING TIDES FOUNDATION 2549 SYCAMORE CANYON RD. SANTA BARBARA, CA 93108	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	SUE AND DAVID VINIAR 165 CHARLES STREET, APT 27 NEW YORK, NY 10014	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	WWW FOUNDATION 625 FAIR OAKS AVENUE, SUITE 360 SOUTH PASADENA, CA 91030	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	MORTON FAMILY FOUNDATION 5626 NEWINGTON COURT BETHESDA, MD 20816	$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	DODD AND BETH GEIGER PO BOX 50432 SANTA BARBARA, CA 93150	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	ANGEL MARTINEZ 4480 VIA ESPERANZA SANTA BARBARA, CA 93110	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

DRAFT

Name of organization

SANTA BARBARA BOWL FOUNDATION

Employer identification number

95-3618955

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	JIM AND MARY ELLEN BANGS 1841 LOMA ST. SANTA BARBARA, CA 93103	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

DRAFT

Name of organization

SANTA BARBARA BOWL FOUNDATION

Employer identification number

95-3618955

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

DRAFT

Name of organization

SANTA BARBARA BOWL FOUNDATION

Employer identification number

95-3618955

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
SANTA BARBARA BOWL FOUNDATION

Employer identification number
95-3618955

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 (for example, recreation or education)
☐ Preservation of a 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	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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 _____

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, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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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 make 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 program
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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds

Complete if the organization answered "Yes" on 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	9,338,313.	9,425,537.	8,709,703.	7,489,883.	5,962,635.
b Contributions	562,974.	548,791.	250,000.	843,820.	711,731.
c Net investment earnings, gains, and losses	716,443.	-636,015.	465,834.	376,000.	815,517.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,617,730.	9,338,313.	9,425,537.	8,709,703.	7,489,883.

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

a Board designated or quasi-endowment 95.3400 %
b Permanent endowment 4.6600 %
c Term endowment _____ %

The percentages on 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:

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)		X

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

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" on 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		2,288,102.		2,288,102.
b Buildings		37,498,114.	14,739,555.	22,758,559.
c Leasehold improvements		4,959,498.	1,920,708.	3,038,790.
d Equipment		2,043,312.	420,437.	1,622,875.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				29,708,326.

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Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	11,167,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	907,766.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,937,641.		
e	Add lines **2a** through **2d**			2e	2,845,407.
3	Subtract line **2e** from line **1**			3	8,321,993.
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	32,406.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	32,406.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	8,354,399.

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

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

1	Total expenses and losses per audited financial statements			1	8,815,967.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,937,641.		
e	Add lines **2a** through **2d**			2e	1,937,641.
3	Subtract line **2e** from line **1**			3	6,878,326.
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	32,406.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	32,406.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	6,910,732.

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 V, LINE 4:

APPROXIMATELY 45% OF THE BOARD DESIGNATED ENDOWMENT IS FOR MAINTENANCE AND IMPROVEMENT OF THE FACILITY; THE BALANCE IS TO SUPPORT THE FOUNDATION'S OUTREACH PROGRAM. THE PERMANENT ENDOWMENT IS TO SUPPORT THE FOUNDATION'S OUTREACH PROGRAM.

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED UNDER THE LAWS OF CALIFORNIA AND, AS SUCH, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE INTERNAL REVENUE CODE ("IRC") AND THE FRANCHISE TAX BOARD UNDER CODE SECTIONS 501(C)(3) AND 23701(D), RESPECTIVELY. THE FOUNDATION IS NOT CONSIDERED A PRIVATE FOUNDATION. THE FOUNDATION IS

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Part XIII Supplemental Information *(continued)*

SUBJECT TO UNRELATED BUSINESS INCOME TAX ON REVENUES DERIVED FROM ADVERTISING. THE FOUNDATION IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2023, OR FOR ANY YEAR WHICH THE STATUTE REMAINS OPEN.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS	1,937,641.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS	1,937,641.

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
SANTA BARBARA BOWL FOUNDATION

Employer identification number
95-3618955

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NOTES FOR NOTES P.O. BOX 90632 SANTA BARBARA, CA 93190	20-4875556	501(C)(3)	8,500.	0.			OUTREACH GRANT
SAN MARCOS HS ROYAL BAND BOOSTERS 4750 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0086774	501(C)(3)	10,000.	0.			OUTREACH GRANT
CHILDREN'S CREATIVE PROJECT 3970 LA COLINA RD. STE 9 SANTA BARBARA, CA 93110	23-7439807	501(C)(3)	33,500.	0.			OUTREACH GRANT
DOS PUEBLOS BAND BOOSTERS P.O. BOX 8931 GOLETA, CA 93118	26-3368456	501(C)(3)	10,000.	0.			OUTREACH GRANT
DOS PUEBLOS HIGH SCHOOL THEATRE CO. - 7266 ALAMEDA AVE. - GOLETA, CA 93117	47-5229640	501(C)(3)	8,000.	0.			OUTREACH GRANT
FRIENDS OF THE CARPINTERIA LIBRARY 5141 CARPINTERIA AVE CARPINTERIA, CA 93013	23-7075498	501(C)(3)	5,178.	0.			OUTREACH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 36.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

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Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA MARIA PHILHARMONIC SOCIETY P.O. BOX 375 SANTA MARIA, CA 93456	77-0288378	501(C)(3)	15,000.	0.			OUTREACH GRANT
INFINITE MUSIC FOUNDATION P.O. BOX 1133 MORRO BAY, CA 93443	46-2959266	501(C)(3)	10,000.	0.			OUTREACH GRANT
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE ST. SUITE 201 SANTA BARBARA, CA 93101	77-0071544	501(C)(3)	18,500.	0.			OUTREACH GRANT
GIRLS ROCK SANTA BARBARA 1522 EUCALYPTUS HILL RD. SANTA BARBARA, CA 93103	46-0687975	501(C)(3)	9,454.	0.			OUTREACH GRANT
SCHOLARSHIP FOUNDATION OF SANTA BARBARA - PO BOX 3620 - SANTA BARBARA, CA 93130	23-7087774	501(C)(3)	28,000.	0.			OUTREACH GRANT
LIGHT'S UP THEATER COMPANY 542 ALAN ROAD SANTA BARBARA, CA 93109	83-2116275	501(C)(3)	9,000.	0.			OUTREACH GRANT
EVERYBODY DANCE NOW! P.O. BOX 22960 SANTA BARBARA, CA 93121	45-2107249	501(C)(3)	7,500.	0.			OUTREACH GRANT
A COMPAS, INC. FLAMENCO SANTA BARBARA - P.O. BOX 30594 - SANTA BARBARA, CA 93120	20-2176039	501(C)(3)	7,000.	0.			OUTREACH GRANT
ARTS MENTORSHIP PROGRAM, INC. 531 E. COTA STREET SANTA BARBARA, CA 93103	45-1567553	501(C)(3)	6,500.	0.			OUTREACH GRANT

DRAFT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA FESTIVAL BALLET 127 W. CANON PERDIDO ST. SANTA BARBARA, CA 93101	23-7429689	501(C)(3)	5,500.	0.			OUTREACH GRANT
FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DR. - SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	7,500.	0.			OUTREACH GRANT
LOBERO THEATRE FOUNDATION 33 E. CANON PERDIDO ST. SANTA BARBARA, CA 93190	95-1831068	501(C)(3)	10,500.	0.			OUTREACH GRANT
ROYALS THEATRE PRODUCTION FUND P.O. BOX 30785 SANTA BARBARA, CA 93130	84-2538418	501(C)(3)	8,000.	0.			OUTREACH GRANT
SANTA BARBARA HIGH SCHOOL THEATRE 700 E. ANAPAMU ST. SANTA BARBARA, CA 93103	30-0690985	GOV	8,500.	0.			OUTREACH GRANT
THE TURNER FOUNDATION - SINCE 1958 P.O. BOX 186 SANTA BARBARA, CA 93102	95-6111806	501(C)(3)	13,000.	0.			OUTREACH GRANT
ADAMS ELEMENTARY SCHOOL PTA 2701 LAS POSITAS RD. SANTA BARBARA, CA 93105	95-6204041	501(C)(3)	12,200.	0.			OUTREACH GRANT
LOMPOC HIGH SCHOOL 515 WEST COLLEGE AVE. LOMPOC, CA 93436	77-0070786	GOV	10,000.	0.			OUTREACH GRANT
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD. SANTA BARBARA, CA 93108	95-1525814	501(C)(3)	7,000.	0.			OUTREACH GRANT

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Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA SYMPHONY ORCHESTRA ASSN. - 1330 STATE ST., STE 102 - SANTA BARBARA, CA 93101	95-2104089	501(C)(3)	10,000.	0.			OUTREACH GRANT
CERTAIN SPARKS MUSIC FOUNDATION 107 SOUTH H STREET LOMPOC, CA 93436	82-0786741	501(C)(3)	9,879.	0.			OUTREACH GRANT
WASHINGTON SCHOOL PARENT TEACHER ORG. - 290 LIGHTHOUSE RD. - SANTA BARBARA, CA 93109	75-3119264	501(C)(3)	16,667.	0.			OUTREACH GRANT
PICKLEBERRY PIE, INC. 7426 BARCLAY RD. CHELTENHAM, PA 19012	77-0236666	501(C)(3)	7,600.	0.			OUTREACH GRANT
PIONEER VALLEY HIGH SCHOOL 675 PANTHER DR. SANTA MARIA, CA 93454	52-1703494	GOV	6,500.	0.			OUTREACH GRANT

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE FOUNDATION MAINTAINS ONGOING COMMUNICATIONS WITH THE RECIPIENTS AND THE SANTA BARBARA COMMUNITY REGARDING THE EFFECTIVENESS OF THE PROGRAM. UPON COMPLETION, THE RECIPIENT IS ASKED TO SUBMIT A REPORT TO THE OUTREACH COMMITTEE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SANTA BARBARA BOWL FOUNDATION

Employer identification number

95-3618955

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☐ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) RICHARD BOLLER	(i)	194,258.	40,000.	0.	17,413.	11,927.	263,598.	0.
EXECUTIVE DIRECTOR & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIC SHIFLETT	(i)	130,001.	20,000.	0.	10,567.	11,918.	172,486.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III Supplemental Information

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

PART I, LINE 7:

EMPLOYEE BONUSES ARE NON-FIXED , BASED ON PERFORMANCE, AND APPROVED BY THE BOARD.

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SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
SANTA BARBARA BOWL FOUNDATION

Employer identification number
95-3618955

FORM 990, PAGE 1, LINE 1 - CONTINUATION OF FOUNDATION'S MISSION

THE FOUNDATION IS CHARGED WITH MANAGING, MAINTAINING AND RENOVATING THE HISTORIC SANTA BARBARA BOWL. THE FOUNDATION IS LED BY DEDICATED COMMUNITY VOLUNTEERS TO ACHIEVE THE FOLLOWING MAJOR INITIATIVES WITH THE GOAL OF BECOMING A LEADING OUTDOOR PERFORMING ARTS CENTER IN THE COUNTRY:

- TO ENHANCE THE FACILITIES OF THE SANTA BARBARA BOWL FOR THE COMFORT AND ENJOYMENT OF BOTH PATRONS AND ARTISTS AND TO PROVIDE A LONG TERM FUNDING SOURCE FOR FACILITY MAINTENANCE AND REPAIRS.

- TO CONTINUALLY BROADEN THE MUSICAL SPECTRUM OF BOWL PERFORMANCES TO REFLECT THE DIVERSITY OF OUR COMMUNITY AND THE INTERESTS OF OUR PATRONS, AND TO PROVIDE SUPPORT AND FUNDING FOR PERFORMING ARTS EDUCATION IN THE SANTA BARBARA COMMUNITY.

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

DUE TO COVID-19, THE FOUNDATION RESUMED FULL OPERATIONS IN 2022 AND SAW INCREASED PROGRAM REVENUE AND EXPENSES IN 2023.

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

THE ORGANIZATION GIVES ALL BOARD MEMBERS A COPY OF THE 990 FOR REVIEW PRIOR TO FILING. QUESTIONS ARE DIRECTED TO THE TREASURER AND/OR STAFF. THE TREASURER RECOMMENDS TO THE BOARD THE FILING OF THE 990.

Name of the organization: SANTA BARBARA BOWL FOUNDATION

Employer identification number: 95-3618955

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

TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED:

1. THE CONFLICTING INTEREST IS FULLY DISCLOSED;

2 . THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION ;

3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS; AND THE BOARD OR EXECUTIVE COMMITTEE HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

DISCLOSURE INVOLVING EMPLOYEES AND VOLUNTEERS IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD OR EXECUTIVE COMMITTEE. DISCLOSURE INVOLVING DIRECTORS AND COMMITTEE MEMBERS SHOULD BE MADE TO THE BOARD CHAIR, (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE- CHAIR) WHO SHALL BRING THESE MATTERS TO THE BOARD OR EXECUTIVE COMMITTEE. THE BOARD OR EXECUTIVE COMMITTEE DETERMINES WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO SBBF. THE DECISION OF THE BOARD OR EXECUTIVE COMMITTEE ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF SBBF AND THE ADVANCEMENT OF ITS PURPOSE.

THE CONFLICT OF INTEREST DISCLOSURE STATEMENT WILL BE COMPLETED ANNUALLY.

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Name of the organization: SANTA BARBARA BOWL FOUNDATION

Employer identification number: 95-3618955

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

THE EXECUTIVE COMMITTEE PERFORMS AN INDEPENDENT REVIEW TO DETERMINE COMPENSATION. COMPENSATION IS THEN APPROVED BY THE BOARD OF DIRECTORS, BUDGETED, AND MEMORIALIZED IN THE MINUTES.

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

THE GOVERNING DOCUMENTS ARE AVAILABLE DURING BUSINESS HOURS OR WITH ADVANCE APPOINTMENT.

FORM 990, PART VII - GOVERNANCE

THE BOWL HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF THE CORPORATION AND TWO MEMBERS OF THE BOARD ELECTED AT THE ANNUAL MEETING. THE EXECUTIVE COMMITTEE SHALL HAVE THE GENERAL SUPERVISION OF THE AFFAIRS OF THE CORPORATION BETWEEN REGULAR BUSINESS MEETINGS OF THE BOARD, MAKE RECOMMENDATIONS TO THE BOARD, AND PERFORM SUCH OTHER DUTIES AS ARE SPECIFIED IN THE BYLAWS. THE EXECUTIVE COMMITTEE SHALL BE SUBJECT TO THE ORDERS OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL FIX THE HOUR AND PLACE OF ITS MEETINGS. SPECIAL MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED BY THE CHAIR AND SHALL BE CALLED UPON WRITTEN REQUEST OF THE THREE (3) MEMBERS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MET 10 TIMES DURING THE YEAR.

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

CONTRACTUAL LABOR FOR SHOWS:

PROGRAM SERVICE EXPENSES	1,290,732.
MANAGEMENT AND GENERAL EXPENSES	0.

DRAFT

Name of the organization: SANTA BARBARA BOWL FOUNDATION

Employer identification number: 95-3618955

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,290,732.
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	4,219.
MANAGEMENT AND GENERAL EXPENSES	671.
FUNDRAISING EXPENSES	664.
TOTAL EXPENSES	5,554.
OTHER EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	44,428.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	44,428.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,340,714.

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CARRYOVER DATA TO 2024

Name	Employer Identification Number
SANTA BARBARA BOWL FOUNDATION	95-3618955

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - K-1 PASSTHROUGH	93,988.
FEDERAL PRE-2018 NET OPERATING LOSS	42,440.
CA NET OPERATING LOSS	122,412.

DRAFT

Name: SANTA BARBARA BOWL FOUNDATION FEIN: 95-3618955

Type and Entity: K-1 PASSTHROUGH POST-2017 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2020	30,475.										
B	2021	40,060.										
C	2022	19,530.										
D	2023	3,923.										
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
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M													
N													
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R													
S													
T													
U													
V													
W													

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Name: SANTA BARBARA BOWL FOUNDATION FEIN: 95-3618955

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/17	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2003	17,811.	2,280.	2,280.								
B	2004	606.										
C	2005	965.										
D	2006	11,139.										
E	2007	3,877.										
F	2008	4,738.										
G	2009	6,474.										
H	2010	3,752.										
I	2011	2,566.										
J	2012	1,925.										
K	2013	793.										
L	2014	3,106.										
M	2015	1,532.										
N	2016	967.										
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
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V													
W													

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Name: SANTA BARBARA BOWL FOUNDATION FEIN: 95-3618955

Type and Entity: NOL CA

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2019	28,424.										
B	2020	30,475.										
C	2021	40,060.										
D	2022	19,530.										
E	2023	3,923.										
F												
G												
H												
I												
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W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
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EXTENDED TO NOVEMBER 15, 2024

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2023 or other tax year beginning _____, and ending _____.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

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

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
SANTA BARBARA BOWL FOUNDATION

D Employer identification number
95-3618955

Number, street, and room or suite no. If a P.O. box, see instructions.
1122 N. NORTH MILPAS STREET

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
SANTA BARBARA, CA 93103

F ☐ Check box if an amended return.

C Book value of all assets at end of year ..... 51,545,148.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐

J Enter the number of attached Schedules A (Form 990-T) 1

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

L The books are in care of NICOLA PARR Telephone number 805-962-7411

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.

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Part III Tax and Payments *(continued)*

6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	**Total payments.** Add lines 6a through 6j		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: **Credited to 2024 estimated tax** **Refunded**		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ 57,971. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
901101	$ 90,065.
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

DRAFT

Sign Here

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

Signature of officer | Date | TREASURER Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KATY BROWN	KATY BROWN	11/01/24		P00650274

Firm's name ARMANINO ADVISORY LLC — Firm's EIN 94-6214841

Firm's address 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025 — Phone no. 310-478-4148

Form **990-T** (2023)

323711 11-20-23

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/03	17,811.	2,280.	15,531.	15,531.
12/31/04	606.	0.	606.	606.
12/31/05	965.	0.	965.	965.
12/31/06	11,139.	0.	11,139.	11,139.
12/31/07	3,877.	0.	3,877.	3,877.
12/31/08	4,738.	0.	4,738.	4,738.
12/31/09	6,474.	0.	6,474.	6,474.
12/31/10	3,752.	0.	3,752.	3,752.
12/31/11	2,566.	0.	2,566.	2,566.
12/31/12	1,925.	0.	1,925.	1,925.
12/31/13	793.	0.	793.	793.
12/31/14	3,106.	0.	3,106.	3,106.
12/31/15	1,532.	0.	1,532.	1,532.
12/31/16	967.	0.	967.	967.
NOL CARRYOVER AVAILABLE THIS YEAR			57,971.	57,971.

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SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

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

A Name of the organization
SANTA BARBARA BOWL FOUNDATION

B Employer identification number
95-3618955

C Unrelated business activity code (see instructions) 901101

D Sequence: 1 of 1

E Describe the unrelated trade or business K-1 PASSTHROUGH

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____ b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2	5	-3,216.		-3,216.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11	106,194.	106,901.	-707.
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	102,978.	106,901.	-3,923.

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

1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement). See instructions			5	
6 Taxes and licenses			6	
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement)			14	
15 **Total deductions.** Add lines 1 through 14			15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-3,923.
17 Deduction for net operating loss. See instructions			17	0.
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	-3,923.

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For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2023**

LHA 323741 01-19-24

13511101 701245 CUS000041785 2023.05000 SANTA BARBARA BOWL FOUNDA CUS00001

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

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Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

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Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ ADVERTISING INCOME

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income	106,194.			
	Add columns A through D. Enter here and on Part I, line 11, column (A)				106,194.
a					
3	Direct advertising costs by periodical	106,901.			
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				106,901.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	-707.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	**2.** Title	**3.** Percentage of time devoted to business	**4.** Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

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FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 2

DESCRIPTION	NET INCOME OR (LOSS)
KIMPACT EVERGREEN REAL ESTATE INVESTMENT FUND LP - NET RENTAL REAL ESTATE IN	-3,194.
KIMPACT EVERGREEN REAL ESTATE INVESTMENT FUND LP - OTHER NET RENTAL INCOME (	-22.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-3,216.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	30,475.	0.	30,475.	30,475.
12/31/21	40,060.	0.	40,060.	40,060.
12/31/22	19,530.	0.	19,530.	19,530.
NOL CARRYOVER AVAILABLE THIS YEAR			90,065.	90,065.

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TAXABLE YEAR **2023**

California Exempt Organization Annual Information Return

328941 12-26-23
FORM **199**

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization name	California corporation number
SANTA BARBARA BOWL FOUNDATION	1021890
Additional information. See instructions.	FEIN 95-3618955
Street address (suite or room) 1122 N. NORTH MILPAS STREET	PMB no.
City SANTA BARBARA	State CA / ZIP code 93103
Foreign country name	Foreign province/state/county / Foreign postal code

A First return ..... ☐ Yes ☒ No
B Amended return ..... ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ●
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☒ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990) (4) ☒ Other 990 series
G Is this a group filing? See instructions ..... ● ☐ Yes ☒ No
H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ..... ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $
L Is the organization a limited liability company? ..... ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● ☒ Yes ☐ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? ..... ☐ Yes ☒ No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●			1	7,656,767 00
	2	Gross dues and assessments from members and affiliates ●			2	1,159,350 00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●			3	1,483,382 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●			4	10,299,499 00
	5	Cost of goods sold STMT 3 STMT 2 ●	5	1,937,641 00		
	6	Cost or other basis, and sales expenses of assets sold ●	6	7,459 00		
	7	Total costs. Add line 5 and line 6			7	1,945,100 00
	8	Total gross income. Subtract line 7 from line 4 ●			8	8,354,399 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●			9	6,910,732 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●			10	1,443,667 00
Payments	11	Total payments ●			11	00
	12	Use tax. See General Information K ●			12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●			13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●			14	00
	15	Penalties and interest. See General Information J			15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉			16	00

Sign Here

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

Signature of officer ▶	Title	Date	● Telephone
	TREASURER		

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	● PTIN
KATY BROWN	11/01/24		P00650274

Firm's name (or yours, if self-employed) and address ▶	● Firm's FEIN
ARMANINO ADVISORY LLC	94-6214841
11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025	● Telephone 310-478-4148

May the FTB discuss this return with the preparer shown above? See instructions ..... ● ☒ Yes ☐ No

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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 12-26-23

SEE PART II SUBSTITUTE ATTACHMENT

	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2		00
	3	Dividends	3		00
Receipts from Other Sources	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions)	6		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		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	0	00
	12	Other salaries and wages	12		00
Expenses and Disburse-ments	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16		00
	17	Other expenses and disbursements	17		00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18		00

Schedule L Balance Sheet

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash				
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets				
13 **Total assets**				
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 **Total liabilities and net worth**				

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		7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5			

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CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CAREN MASON	P.O. BOX 5037 SANTA BARBARA, CA 93150		175,000.
STACY AND SCOTT SEMEL	P.O BOX 50439 SANTA BARBARA, CA 93150		125,000.
JUSTIN ANDERSON AND MAX PHILLIPS	3700 STATE ST., SUITE 240 SANTA BARBARA, CA 93105		125,000.
JUDY AND JEFF HENLEY	700 ADMIRALTY PARADE NAPLES, FL 34102		125,000.
BLAINE AND VALERIE LANDO	580 PARA GRANDE LANE SANTA BARBARA, CA 93108		100,000.
PACIFIC BEVERAGE COMPANY	5305 EKWILL ST SANTA BARBARA, CA 93111		89,500.
TIM TRAGER	1421 STATE ST., SUITE B SANTA BARBARA, CA 93101		62,500.
FERNANDO AND LUISA VELEZ	3786 PESCADERO DR. SANTA BARBARA, CA 93105		62,500.
MANITOU FUND	2501 ROSEGATE ROSEVILLE, MN 55113		60,000.
RYAN AND SARAH MUZZY	819 ROBERTO AVENUE SANTA BARBARA, CA 93109		55,000.
THE MALOU FOUNDATION	625 FAIR OAKS AVENUE, SUITE 360 SOUTH PASADENA, CA 91030		50,000.
ROBERT AND MELINDA GOODMAN KEMP	356 WOODLEY ROAD SANTA BARBARA, CA 93108		35,000.
WHITE AND GRUBE	2950 STATE STREET SANTA BARBARA, CA 93105		35,000.
LEMON TREE INN	2819 STATE ST. SANTA BARBARA, CA 93105		35,000.

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MAURICE DUCA	PO BOX 5609 SANTA BARBARA, CA 93150	35,000.
MONTECITO BANK & TRUST	1000 STATE STREET SANTA BARBARA, CA 93101	32,000.
STEVE ZAHM	6309 CARPINTERIA AVE. CARPINTERIA, CA 93013	30,000.
CRAIG COURTEMANCHE JR.	6309 CARPINTERIA AVE. CARPINTERIA, CA 93013	30,000.
SAM CRIGMAN	6309 CARPINTERIA AVE. CARPINTERIA, CA 93013	30,000.
BANK OF AMERICA	100 N. TYRON ST CHARLOTTE, NC 28255	30,000.
WELLS FARGO PRIVATE BANK	225 LAKE AVE. STE 700 PASADENA, CA 91101	30,000.
DIANI BUILDING CORP	PO BOX 636 SANTA MARIA, CA 93456	30,000.
COX COMMUNICATIONS	22 S. FAIRVIEW AVE GOLETA, CA 93117	30,000.
KRISTIN KIRBY	2174 MISSION RIDGE ROAD SANTA BARBARA, CA 93103	20,000.
MILDRED E. AND HARVEY MUDD FOUNDATION	11726 SAN VICENTE BLVD, #625 LOS ANGELES, CA 90049-5078	15,000.
BRANDER VINEYARD	PO BOX 92 LOS OLIVOS, CA 93441	12,500.
NEIL DIPAOLA	3911 VIA LAGUNA SANTA BARBARA, CA 93110	11,000.
JOHN C. MITHUN FOUNDATION	1135 HARBOR HILLS DRIVE SANTA BARBARA, CA 93109	10,000.
DEREK SHUE	39349 HIGHWAY DR. OAKHURST, CA 93644	10,000.
THOMAS AND SHEILA CULLEN	429 CANON DR. SANTA BARBARA, CA 93105	10,000.
THE DANCING TIDES FOUNDATION	2549 SYCAMORE CANYON RD. SANTA BARBARA, CA 93108	10,000.
SUE AND DAVID VINIAR	165 CHARLES STREET, APT 27 NEW YORK, NY 10014	10,000.
WWW FOUNDATION	625 FAIR OAKS AVENUE, SUITE 360 SOUTH PASADENA, CA 91030	10,000.
MORTON FAMILY FOUNDATION	5626 NEWINGTON COURT BETHESDA, MD 20816	8,500.
DODD AND BETH GEIGER	PO BOX 50432 SANTA BARBARA, CA 93150	5,500.
ANGEL MARTINEZ	4480 VIA ESPERANZA SANTA BARBARA, CA 93110	5,000.
JIM AND MARY ELLEN BANGS	1841 LOMA ST. SANTA BARBARA, CA 93103	5,000.
TOTAL INCLUDED ON LINE 3		1,554,000.

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FORM 199 COST OF GOODS SOLD INCLUDED ON PART I, LINE 5 STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		
2.	MERCHANDISE PURCHASED.		
3.	COST OF LABOR.	608,109	
4.	MATERIALS AND SUPPLIES	1,058,388	
5.	OTHER COSTS.	271,144	
6.	ADD LINES 1 THROUGH 5		1,937,641
7.	INVENTORY AT END OF YEAR		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7)		1,937,641

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CA 199 COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

DESCRIPTION	AMOUNT
OTHER COSTS	271,144.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5	271,144.

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022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
SANTA BARBARA BOWL FOUNDATION	95-3618955

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	10,299,499
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	8,354,399
3	Total expenses and disbursements (Form 199, line 9)	3	6,910,732
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 ☐ Direct Deposit of refund (Form 109 only.)

7 ☐ Electronic funds withdrawal **7a** Amount **7b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number _____

11 Account number **12** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ _____ Signature of officer | Date | ▶ TREASURER Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶	Date	Check if also paid preparer	Check if self-employed	ERO's PTIN
KATY BROWN	11/01/24	X	☐	P00650274

Firm's name (or yours if self-employed) and address ▶	Firm's FEIN
ARMANINO ADVISORY LLC 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA	94-6214841 ZIP code 90025

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶	Date	Check if self-employed	Paid preparer's PTIN
		☐	

Firm's name (or yours if self-employed) and address ▶	Firm's FEIN
	ZIP code

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TAXABLE YEAR **2023**

California Exempt Organization Business Income Tax Return

328961 12-26-23

FORM **109**

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization name	California corporation number
SANTA BARBARA BOWL FOUNDATION	1021890
Additional information. See instructions.	FEIN 95-3618955
Street address (suite/room no.) 1122 N. NORTH MILPAS STREET	PMB no.
City (If the corporation has a foreign address, see instructions.) SANTA BARBARA	State CA / ZIP code 93103
Foreign country name	Foreign province/state/county / Foreign postal code

A First return filed? ☐ Yes ☒ No

B Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

D Final return? ● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date (mm/dd/yyyy) ● _____

E Amended return? ● ☐ Yes ☒ No

F Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business ADVERTISING, PASSTHROUGH

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ● ☐ Yes ☒ No

I Is this organization claiming any former Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ● ☐ Yes ☒ No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ● ☐ Yes ☒ No

K Unrelated Business Activity (UBA) code ● 541800

L Is this a hospital? ● ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	●	1	-3,923	00
	2	Mult. In 1 by the avg. apport. pctg _____% from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	●	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	●	3	-3,923	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	●	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	●	5	-3,923	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	●	6		00
	7	Net Operating Loss deduction. See General Information N	●	7		00
	8	Add line 6 and line 7	●	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	●	9	-3,923	00
	10	Tax 8.84 % x line 9. See General Information J	●	10		00
	11	Tax credits from Schedule B. See instructions	●	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	●	12		00
	13	Alternative minimum tax. See General Information O	●	13		00
	14	Total tax. Add line 12 and line 13	●	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	●	15	00	
	16	2023 estimated tax payments. See instructions	●	16	00	
	17	Withholding (Form 592-B and/or 593). See instructions	●	17	00	
	18	Amount paid with extension (form FTB 3539)	●	18	00	
	19	Total payments and credits. Add line 15 through line 18	●	19		00
Use Tax/ Tax Due/ Overpayment	20	**Use tax.** See instructions	●	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	●	21		00
	22	**Use tax balance.** If line 20 is more than line 19, subtract line 19 from line 20	●	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	●	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	●	24		00
	25	Enter amount of line 24 to be applied to 2024 estimated tax	●	25		00

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Refund or Amount Due	**26** Refund. If line 25 is less than line 24, then subtract line 25 from line 24		**26**	00
	a Fill in the account information to have the refund directly deposited. Routing number	**26a**		
	b Type: Checking ☐ Savings ☐ **c** Account Number	**26c**		
	27 Penalties and interest. See General Information M		**27**	00
	28 ☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24		**29**	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	**a** Gross receipts or gross sales ____ **b** Less returns and allowances ____ **c** Balance	**1c**		00
2	Cost of goods sold and/or operations (Schedule A, line 7)	**2**		00
3	Gross profit. Subtract line 2 from line 1c	**3**		00
4	**a** Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)	**4a**		00
	b Net gain (loss) from Schedule D-1, Part II	**4b**		00
	c Capital loss deduction for trusts	**4c**		00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule SEE STATEMENT 4	**5**	-3,216	00
6	Rental income (Schedule C)	**6**		00
7	Unrelated debt-financed income (Schedule D)	**7**		00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	**8**		00
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	**9**		00
10	Exploited exempt activity income (Schedule G)	**10**		00
11	Advertising income (Schedule H, Part III, Column A)	**11**		00
12	Other income. Attach schedule	**12**		00
13	Total unrelated trade or business income. Add line 3 through line 12	**13**	-3,216	00

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

14	Compensation of officers, directors, and trustees from Schedule I			**14**		00
15	Salaries and wages			**15**		00
16	Repairs			**16**		00
17	Bad debts			**17**		00
18	Interest. Attach schedule			**18**		00
19	Taxes. Attach schedule			**19**		00
20	Contributions. See instructions and attach schedule			**20**		00
21	**a** Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	**21a**	00			
	b Less: depreciation claimed on Schedule A. See instructions	**21b**	00	**21**		00
22	Depletion. Attach schedule			**22**		00
23	**a** Contributions to deferred compensation plans			**23a**		00
	b Employee benefit programs. See instructions			**23b**		00
24	Other deductions. Attach schedule			**24**		00
25	Total deductions. Add line 14 through line 24			**25**		00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			**26**	-3,216	00
27	Excess advertising costs (Schedule H, Part III, Column B)			**27**	707	00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			**28**	-3,923	00
29	Specific deduction. See instructions			**29**		00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			**30**	-3,923	00

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Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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

Signature of officer ▶	Title	Date	Telephone
	TREASURER		

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	PTIN
KATY BROWN	11/01/24		P00650274

Firm's name (or yours, if self-employed) and address	Firm's FEIN / Telephone
▶ ARMANINO ADVISORY LLC 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025	94-6214841 310-478-4148

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

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) N/A

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4 a	Additional IRC Section 263A costs. Attach schedule	4a		00
b	Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5		00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7		00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

1	Enter credit name _____ code _____	1		00
2	Enter credit name _____ code _____	2		00
3	Enter credit name _____ code _____	3		00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11	4		00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a		00
	b Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3		00
4	Credit recapture. Credit name _____	4		00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5		00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 **Total sales**			
2 **Apportionment percentage.** Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 **Property factor:** See instructions			
2 **Payroll factor:** Wages and other compensation of employees			
3 **Sales factor:** Gross sales and/or receipts less returns and allowances			
4 **Total percentage:** Add the percentages in column (c)			
5 **Average apportionment percentage:** Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

(a) Description of property	(b) Rent received or accrued	(c) Percentage of rent attributable to personal property
		%
		%
		%

(d) Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income		(e) Complete if any item in column (c) is more than 10%, but not more than 50%		
(I) Deductions directly connected	(II) Income includible, column (b) less column (d)(i)	(I) Gross income reportable, column (b) x column (c)	(II) Deductions directly connected with personal property (attach schedule)	(III) Net income includible, column (e)(i) less column (e)(ii)

Add the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I, line 6 4

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Schedule D Unrelated Debt-Financed Income

	(a) Description of debt-financed property	(b) Gross income from or allocable to debt-financed property	(c) Deductions directly connected with or allocable to debt-financed property (I) Straight-line depreciation (attach schedule)	(c) (II) Other deductions (attach schedule)
1	●	●	●	●
2	●	●	●	●
3	●	●	●	●

	(d) Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	(e) Average adjusted basis of or allocable to debt-financed property (attach schedule)	(f) Debt basis percentage, column (d) ÷ column (e)	(g) Gross income reportable, column (b) x column (f)	(h) Allocable deductions, total of columns (c)(i) and (c)(ii) x column (f)	(i) Net income (or loss) includible, column (g) less column (h)
1	●	●	● %	●	●	●
2	●	●	● %	●	●	●
3	●	●	● %	●	●	●
4	Total. Enter here and on Side 2, Part I, line 7				4	●

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

	(a) Description	(b) Amount	(c) Deductions directly connected	(d) Net investment income, column (b) less column (c)	(e) Set-aside	(f) Balance of investment income, column (d) less column (e)
1						
2						
3	Total. Enter here and on Side 2, Part I, line 8				3	
4	Enter gross income from members (dues, fees, charges, or similar amounts)				4	

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations

	(a) Name of controlled organizations	(b) Employer identification number	(c) Net unrelated income (loss)	(d) Total of specified payments made	(e) Part of column (d) that is included in the controlling organization's gross income	(f) Deductions directly connected with income in column (e)
1						
2						
3						

Nonexempt Controlled Organizations

	(g) Taxable income	(h) Net unrelated income (loss)	(i) Total of specified payments made	(j) Part of column (i) that is included in the controlling organization's gross income	(k) Deductions directly connected with income in column (j)
1					
2					
3					
4	Add the amounts in columns (e) and (j)			4	
5	Add the amounts in columns (f) and (k)				5
6	Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9				6

Schedule G Exploited Exempt Activity Income, other than Advertising Income

	(a) Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	(b) Gross unrelated business income from trade or business	(c) Expenses directly connected with production of unrelated business income	(d) Net income from unrelated trade or business, col. (b) less col. (c)	(e) Gross income from activity that is not unrelated business income	(f) Expenses attributable to column (e)	(g) Excess exempt expense, column (f) less column (e) but not more than column (d)	(h) Net income includible, column (d) less column (g) but not less than zero
1								
2								
3								
4								
5	Total. Enter here and on Side 2, line 10						5	

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Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

	(a) Name of periodical	(b) Gross advertising income	(c) Direct advertising costs	(d) Advertising income or excess advertising costs. If column (b) is greater than column (c), complete columns (e), (f), and (g). If column (c) is greater than column (b), enter the excess in Part III, column B(b). Do not complete columns (e), (f), and (g).	(e) Circulation income	(f) Readership costs	(g) If column (e) is greater than column (f), enter the income shown in column (d), in Part III, column A(b). If column (f) is greater than column (e), subtract the sum of column (f) and column (c) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
1							
2							
3							
4	Totals 4						

Part II Income from Periodicals Reported on a Separate Basis

1	ADVERTISING INCOME	106,194	106,901	-707			
2							
3							

Part III Column A - Net Advertising Income

	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns (d) or (g), and amount listed in Part II, columns (d) or (g)
1		
2		
3		
4	Enter total here and on Side 2, Part I, line 11	

Part III Column B - Excess Advertising Costs

	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)
1	ADVERTISING INCOME	707
2		
3		
5	Enter total here and on Side 2, Part II, line 27	707

Schedule I Compensation of Officers, Directors, and Trustees

	(a) Name	(b) Title	(c) Percent of time devoted to business	(d) Compensation attributable to unrelated business
1			%	
2			%	
3			%	
4			%	
5			%	
6	Total. Enter here and on Side 2, Part II, line 14		6	

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

	(a) Group and guideline class or description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1	Total additional first-year depreciation (do not include in items below)						
2	Depreciation:						
2a	Buildings 2a						
2b	Furniture and fixtures 2b						
2c	Transportation equipment 2c						
2d	Machinery and other equipment 2d						
2e	Other (specify) _____ 2e						
	_____						
3	Other depreciation 3						
4	Total 4						
5	Amount of depreciation claimed elsewhere on return 5						
6	Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a 6						

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CA 109 INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS STATEMENT 4

DESCRIPTION	AMOUNT
KIMPACT EVERGREEN REAL ESTATE INVESTMENT F - NET RENTAL REAL ESTATE INCOME	-3,194.
KIMPACT EVERGREEN REAL ESTATE INVESTMENT F - OTHER NET RENTAL INCOME (LOSS)	-22.
TOTAL TO FORM 109, PAGE 2, LINE 5	-3,216.

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TAXABLE YEAR **2023**

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

CALIFORNIA FORM **3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name: SANTA BARBARA BOWL FOUNDATION

California corporation number: 1021890

FEIN: 95-3618955

During the taxable year the corporation incurred the NOL, the corporation was a(n): ◉ ☐ C corporation ◉ ☐ S corporation ◉ [X] Exempt organization ◉ ☐ Limited liability company (electing to be taxed as a corporation)

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:
◉ 1021890

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	◉ 1	3,923 00
2	2023 disaster loss included in line 1. Enter as a positive number	◉ 2	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	◉ 3	3,923 00
4 a	Enter the amount of the loss incurred by a new business included in line 3	◉ 4a	00
b	Enter the amount of the loss incurred by an eligible small business included in line 3	◉ 4b	00
c	Add line 4a and line 4b	◉ 4c	00
5	General NOL. Subtract line 4c from line 3	◉ 5	3,923 00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	◉ 6	3,923 00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

	(g) Available balance
1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). ◉	0

Prior Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2022	(f) Amount used in 2023		(h) Carryover to 2024 col. (e) minus col. (f)
2	◉ 2019	◉	◉ GEN	◉ 28,424	◉ 28,424	◉ 0	0	◉ 28,424
	◉ 2020	◉	◉ GEN	◉ 30,475	◉ 30,475	◉ 0	0	◉ 30,475
	◉ 2021	◉	◉ GEN	◉ 40,060	◉ 40,060	◉ 0	0	◉ 40,060
	◉ 2022	◉	◉ GEN	◉ 19,530	◉ 19,530	◉ 0	0	◉ 19,530

Current Year NOLs

							col. (d) minus col. (f) See instructions.
3 2023		DIS					
4 2023		GEN	3,923				3,923
2023							
2023							
2023							

*** Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2023 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	◉ 1	00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	◉ 3	00

DRAFT

STATE OF CALIFORNIA
RRF-1
(Rev. 01/2024)

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
(For Registry Use Only)

SANTA BARBARA BOWL FOUNDATION
Name of Organization

List all DBAs and names the organization uses or has used

1122 N. NORTH MILPAS STREET
Address (Number and Street)

SANTA BARBARA, CA 93103
City or Town, State, and ZIP Code

805-962-7411
Telephone Number

E-mail Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 043230

Corporation or Organization No. 1021890

Federal Employer ID No. 95-3618955

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2023 **ending** 12/31/2023 **) list:**

Total Revenue (including noncash contributions) $ 8,354,399 **Noncash Contributions $** 0 **Total Assets $** 51,545,148

Program Expenses $ 6,087,398 **Total Expenses $** 6,910,732

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

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page 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 5	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, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding?		X
6.	During this reporting period, did the organization hold a raffle for charitable purposes?		X
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

Signature of Authorized Agent	Printed Name	Title	Date
	NICOLA PARR	TREASURER	

329291
05-01-24

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CA RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS STATEMENT 5
PART B, LINE 1

(A) NAME OF INTERESTED PERSON: GRAHAM LYONS
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DIRECTOR
(C) AMOUNT OF TRANSACTION: $11,881
(D) DESCRIPTION OF TRANSACTION: LEGAL FEES PAID TO THE LAW FIRM THAT EMPLOYS THIS DIRECTOR.
(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON: TYLER DUNCAN
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DIRECTOR
(C) AMOUNT OF TRANSACTION: $34,481
(D) DESCRIPTION OF TRANSACTION: PURCHASE OF CONCESSIONS FOR RESALE FROM A VENDOR OWNED BY THIS DIRECTOR.
(E) SHARING OF ORGANIZATION REVENUES? = NO

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