| | | | | IC DISCLOSURE (| | | | | | | |
|--|---|---------------------|---|-------------------------------|--------------|---|-----------------------------------|--|--|--|--|
| Form | 9 | 90 | Under section 501(c), 527, or 494 | | ue Code (ex | cept private foundatio | ns) OMB No. 1545-0047 | | | | |
| | | of the Treasury | | ecurity numbers on this for | | | Open to Public | | | | |
| | | nue Service | Information about Formation | orm 990 and its instructions | is at www.ii | s.gov/form990. | Inspection | | | | |
| BC | or th | C Name o | dar year, or tax year beginning J | | d ending | D Employer identified | cation number | | | | |
| | Addre | SANT | A BARBARA SYMPHONY | ORCHESTRA | | ~ | | | | | |
| | chang | e ENDO | WMENT TRUST | | | 05.6 | 542234 | | | | |
| - | Name chang | | pusiness as r and street (or P.O. box if mail is not de | l'usual ta atuant address) | Room/suite | | | | | | |
| | Final Final return termin | | ,)563-0821 798,968. | | | | | | | | |
| _ | ated Amer | City or t | town, state or province, country, and | | | G Gross receipts \$ | | | | | |
| - | Ireturr | DANT | TA BARBARA, CA 931 | | | H(a) Is this a group re | | | | | |
| L | Appli tion pend | ing F Name a | and address of principal officer:DOU AS C ABOVE | GLAS MCCARINEI | | for subordinates H(b) Are all subordinates in | | | | | |
| | | | |) (insert no.) 4947(a)(1 |) or 527 | | list. (see instructions) | | | | |
| | | tempt status: L | X 501(c)(3) 501(c) (| (IIISelt 110.) 4947(a)(1 | | H(c) Group exemption | | | | | |
| - | _ | f organization: | Corporation X Trust A | ssociation Other | I Vear | | State of legal domicile: CA | | | | |
| Contraction of the local division of the loc | irt I | Summary | | | LICA | | Vi otate el logal definicile. Ozz | | | | |
| Га | | Driefly describ | be the organization's mission or mos | t significant activities. THE | SANTA | BARBARA SYM | PHONY | | | | |
| Activities & Governance | 1 | ENDOWME | ENT TRUST MANAGES I | THE INVESTMENTS | FOR TI | HE SANTA BAR | BARA | | | | |
| /err | 2 | | ox if the organization disco | | | | 5 | | | | |
| Go | 3 | | oting members of the governing body | | | | 5 | | | | |
| ø | 4 | | Number of independent voting members of the governing body (Part VI, line 1b) | | | | | | | | |
| ties | 5 | | I number of individuals employed in calendar year 2016 (Part V, line 2a) 5 I number of volunteers (estimate if necessary) 6 | | | | | | | | |
| tivi | 6 | | ed business revenue from Part VIII, c | | | | 7 | | | | |
| Ac | | | d business taxable income from Form | | | | 0. | | | | |
| | | Net unrelated | a business taxable income from Form | 1990-1, III e 34 | | Prior Year | Current Year | | | | |
| | 8 | Contributions | s and grants (Part VIII, line 1h) | | - | 72,000. | 20,199. | | | | |
| Revenue | 9 | | | | | 0. | 0. | | | | |
| svel | 10 Investment income (Part VIII, column (A), lines 3, | | | | | 70,659. | 206,092. | | | | |
| Å | 11 | | ue (Part VIII, column (A), lines 5, 6d, 8 | | 0. | 0. | | | | | |
| | 12 | | e - add lines 8 through 11 (must equa | | | 142,659. | 226,291. | | | | |
| | 13 | | similar amounts paid (Part IX, column | | | 261,461. | | | | | |
| | 14 | | d to or for members (Part IX, column | | | 0. | | | | | |
| ŝ | 15 | | er compensation, employee benefits | | | 0. | 0. | | | | |
| Expenses | | | fundraising fees (Part IX, column (A) | | | 0. | 0. | | | | |
| per | 1 | | ising expenses (Part IX, column (D), li | | 0. | | | | | | |
| ñ | 17 | | ses (Part IX, column (A), lines 11a-11 | | | 36,579. | 34,441. | | | | |
| | 18 | | ses. Add lines 13-17 (must equal Part | | | 298,040. | | | | | |
| | 19 | | s expenses. Subtract line 18 from lin | | | -155,381. | -74,863. | | | | |
| Net Assets or Fund Balances | | | | | | Beginning of Current Year | | | | | |
| sets | 20 | Total assets | (Part X, line 16) | | | 5,576,597 | 5,438,698. | | | | |
| AS | 21 | Total liabilitie | es (Part X, line 26) | | | 0. | | | | | |
| Fun | 22 | Net assets o | or fund balances. Subtract line 21 fro | m line 20 | | 5,576,597 | 5,438,698. | | | | |
| | | Signatu | | | | | | | | | |
| | | | y, I declare that I have examined this retur te. Declaration of preparer (other than offi | | | | ny knowledge and belief, it is | | | | |
| | | | | | | 10/ | 26/17 | | | | |
| Sig | In | | ure of officer | | | Date | ŀ | | | | |
| He | re | | GLAS MCCARTNEY, LE | AD TRUSTEE | | | | | | | |
| | | 1 | r print name and title | | | Data | | | | | |
| | | | reparer's name | Preparer's signature | | Date Check | X PTIN | | | | |
| Pai | | | . ANIKOUCHINE | | | self-emple | | | | | |
| | parer | | | | 10 | Firm's EIN 🕨 | 81-4869549 | | | | |
| Use | e Only | Firm's addres | | | .18 | | | | | | |
| | | | GOLETA, CA 9311 | 7 | | Phone no.8 | 05-451-5430 | | | | |

| May the IRS di | scuss this re | turn with the prep | arer shown a | bove? (see in | nstructions) | |
|-----------------|---------------|--------------------|--------------|---------------|--------------|-------------|
| 632001 11-11-16 | LHA For | Paperwork Redu | ction Act No | tice, see the | senarate in | structions. |

X Yes No Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | SANTA BARBARA SYMPHONY ORCHESTRA | | |
|-------|---|-----------------------------|-------------------|
| | 1 990 (2016) ENDOWMENT TRUST | 95-6542234 | Page 2 |
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: PROVIDE GENERAL SUPPORT FOR THE SANTA BARBARA SYMPHON | | |
| | ASSOCIATION THROUGH CONTRIBUTIONS FROM THE GENERAL PU | | ч. |
| | INVESTMENTS. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | e | |
| | prior Form 990 or 990-EZ? | | s X 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 servic | es?Yes | s X 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 | | |
| | 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 \$ 266,713. including grants of \$ 266,713.) (R THE SANTA BARBARA SYMPHONY ENDOWMENT TRUST MANAGES CON | |) |
| | THE GENERAL PUBLIC IN ORDER TO PROVIDE GENERAL SUPPORT | | |
| | BARBARA SYMPHONY ORCHESTRA. | | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (R | evenue \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (R | levenue \$ |) |
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| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ► 266,713. | | |
| | | Form | 990 (2016) |
| 63200 | ¹² 11-11-16 | | |
| | 2 | | |

15141025 150929 80592 2016.03050 SANTA BARBARA SYMPHONY ORCH 80592_1

ENDOWMENT TRUST

Form 990 (2016)

| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 X 2 Is the organization request on complete Schedule B, Schedule C, Part I 2 X 3 Did the organization request in direct political campaign activities on behalf of or in opposition to candidates for public office? If "res," complete Schedule C, Part I 3 2 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the say and II "res," complete Schedule C, Part I 3 2 5 Is the organization section 501(b)(4), 501(c)(5), or 601(c)(8) organization that receives membership dues, assessments, or similar mounts as defined in Revenue. Proceedinge 89:101 ("res," complete Schedule C, Part II 6 2 6 Did the organization maintian any donor advised funds or any similar funding easements to preave one pace, the environment, histonic land areas, or historic structures? II "res," complete Schedule D, Part II 7 2 10 Did the organization meanitin on levels of a sinilar amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian in anount to intestment of an account res inilar amount is part to integration report an amount for levels Schedule D, Part V 10 10 Did the organization report an amount for levels Schedule D, Part V 11 10 X <t< th=""><th>Pa</th><th>t IV Checklist of Required Schedules</th><th></th><th></th><th></th></t<> | Pa | t IV Checklist of Required Schedules | | | |
|--|-----|--|-------|-----|----------|
| If "Yes," complete Schedule A 1 X 2 Is the organization regulate to complete Schedule B, Schedule of Contributored 1 X 3 Did the organization regulate to complete Schedule C, Part I 1 X 4 Section 501(c)(3) organizations. Did the organization regulates in botbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 2 5 Is the organization a section 501(c)(4) 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 8H 21/1 "Yes," complete Schedule C, Part II 6 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 7 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II 7 9 Did the organization report an amount for investments, or asset in temporarity restricted endowmersts, permanent endownerst, or asset organization, report an amount for investmesting, or omplete Schedule D, Part V 10 10 Did the organization report an amount for investmesting - other securities in Part X, line 17 H "Yes," complete Schedule D, Part V <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<> | | | | Yes | No |
| If "Yes," complete Schedule A 1 X 2 Is the organization regulate to complete Schedule B, Schedule of Contributored 1 X 3 Did the organization regulate to complete Schedule C, Part I 1 X 4 Section 501(c)(3) organizations. Did the organization regulates in botbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 2 5 Is the organization a section 501(c)(4) 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 8H 21/1 "Yes," complete Schedule C, Part II 6 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 7 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II 7 9 Did the organization report an amount for investments, drug assenduced D, Part IV 8 10 Uth eorganization report an amount for investmesting, or omplete Schedule D, Part V 10 10 Uth eorganization report an amount for investmesting, or omplete Schedule D, Part V 10 <t< th=""><th>1</th><th>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</th><th></th><th></th><th></th></t<> | 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| 2 Is the organization required to complete Schedule of Contributors? 2 X 3 Did the organization engage in ideot or indicet oplitical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 2 4 Section 501(c(k) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the taxyear II "Yes," complete Schedule C, Part II 4 2 5 Is the organization asction 501(c(k), 501(c)(k), or 010(c)(k) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedue C, Part II 5 2 6 Dud the organization maintain any donor advised funds or any similar funds or accounts? II "Yes," complete Schedule D, Part I 6 2 7 Did the organization maintain any donor advised of anot similar amounts in such funds or accounts? II "Yes," complete Schedule D, Part I 6 2 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets II "Yes," complete Schedule D, Part II 7 2 9 Did the organization diverse of an amount for sant, historical treasures, or other similar assets II "Yes," complete Schedule D, Part V 10 X 9 Did the organization diverse of an amount for index buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 1 | | If "Yes," complete Schedule A | 1 | | |
| public office? If "res," complete Schedule C, Part I 3 2 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i)(i) election in effect during the tax year' II "res," complete Schedule C, Part II 4 2 5 Is the organization as action 501(c)(3), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revene Proceedure 84:191" Wes," complete Schedule C, Part II 5 2 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Prices," complete Schedule D, Part II 6 2 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 2 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 2 10 Did the organization, discusse any of the following questions is "Yes," then complete Schedule D, Part V, UI, VII, V, or X as applicable. 11a 2 a Did the organization report an amount for investments - robram re | 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 2 5 Is the organization and control 501(c)(6), 501(c)(6), or 501(c)(6) or ganization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment, including assements to preserve open space, the environment, historical markers of the site Schedule D, Part II 7 2 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 2 10 Did the organization serve to any of the following questions is "Yes," then complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - orbers escurities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 2 12 Did the organization report an amount for inves | 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 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 "xes," complete Schedule C, Part II 4 2 5 Is the organization and and activate of the section 501(h) election in effect during the tax year? If "xes," complete Schedule C, Part II 6 2 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds exements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 6 2 7 Did the organization report an amount in Part X, line 21, for server or custodial account liability, serve as custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negatization services? 9 2 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 The organization report an amount for investments - present relate in Part X, line 10? If "Yes," complete Schedule D, Part X line 10? If "Yes," complete Schedule D, Part VI 11a 2 11 Ithe organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Sc | | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 94.197 II "Yes," complete Schedule C, Part II 5 2 6 Did the organization maintain any donar advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice or hold a conservation assements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II 6 2 7 2 3 Did the organization receive or hold a conservation assements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II 8 2 9 Did the organization report an amount in Part X, line 21, for secrem or custodial account liability, serve as a custodian for amounts no tilsted in Part X, or provide codit counseling, debt management, credit repair, or debt negotiation services? 9 2 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - program related in Part X, line 10? II "Yes," complete Schedule D, Part V 11 11 X 12 Did the organization report an amount for investments - program related in Part X, line 10? II "Yes," | 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II 5 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 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 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 10 Did the organization (incetry or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 2 Did the organization report an amount for investments - orber securities in Part X, line 12? If "Yes," complete Schedule D, Part VI 11 2 Did the organization report an amount for investments - orber securities in Part X, line 13? If "Yes," complete Schedule D, Part VI 11 2 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Sc | | | 4 | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (<i>II</i> "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easements to provide assements to provide asset II "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on taisted in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? 9 2 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-mownems? 10 X 11 If the organization report an amount for lawst memts - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - other assets in Part X, line 10? If "Yes," complete Schedule D, Part XII 11 X 13 Did the organization report an amount for investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Y | 5 | | | | |
| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 2 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 2 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 2 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 2 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 2 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 2 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 2 14 Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part X< | | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV. 9 Did the organization manument 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 V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11 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 XI 11 Did the organization report an amount for other liabilities in Part X, line 25 If 'Yes,' complete Schedule D, Part X 12 Did the organization report an amount for other liabilities in Part X, line 25 If 'Yes,' complete Schedule D, Part X 14 Did the organization separate or consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X 14 Did the organization aschool described in section 170(b)(1)(V)(V)(V) I' Yes,' complete Schedule D, Part X 15 Did the organization aschool described in section 170(b)(1)(V)(V)(V) I' Yes,' comple | 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 2 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 2 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on quasi-endowments? If "Yes," complete Schedule D, Part V 9 2 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a 2 12 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11b X 13 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11t | | | 6 | | 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 2 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 2 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 X 13 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 11 X 14 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 XI 111 X 15 Did the organization ascheration tor other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If | 7 | | | | |
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| 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
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| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | b | | | | |
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| or more? If "Yes," complete Schedule F, Parts I and IV | b | | | | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> | | | 4.41- | | x |
| foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 2 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 2 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 17 2 | 45 | | 140 | | |
| 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 2 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 17 2 | 15 | | 45 | | x |
| or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 2 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 2 | 16 | | | | <u> </u> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 2 | 10 | | 16 | | x |
| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | | | <u> </u> |
| | ., | · · · · · · · · · · · · · · · · · · · | 17 | | x |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | 1 | _ |
| | | | 18 | | x |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes." | | | |
| | | | 19 | | х |

Form **990** (2016)

632003 11-11-16

| 95-6542234 | Page 4 |
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| Form | 990 (2016) ENDOWMENT TRUST 95-6542 | 2234 | Р | age 4 |
|----------|--|-----------|-----|--------------|
| | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 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 | Х | |
| 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 | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? 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 Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | 37 |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | <u>⊢</u> ^ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | x |
| . | contributions? If "Yes," complete Schedule M | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | x |
| 20 | If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 20 | | x |
| 22 | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</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 | 33 | | |
| 34 | | 34 | x | |
| 350 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | x |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35a | | |
| u | 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? | 330 | | |
| 00 | 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 | 30 | | <u> </u> |
| 57 | 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 in Schedule O for Part VI, lines 11b and 19? | - 57 | | <u> </u> |
| 00 | Note. All Form 990 filers are required to complete Schedule O | 38 | x | |
| | | | | (2016) |
| | | | | () |

632004 11-11-16

ENDOWMENT TRUST

Form 990 (2016)

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| Is Enter the number opported in Box 3 of Form 1006. Enter 0: if not applicable 1a 0 b Enter the number of Form W 2G included in line 1a. Enter 0: if not applicable 1a 0 c Did the organization comply with backs on withrough and the set of incl applicable 1a 0 c Did the organization comply with acks on third water of incl applicable 1a 0 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 0 2 Enter the number of employees reported on in E3, add the organization file al required to 6/k (ter embraction) 3a X 3 Did the organization have unrelated basiness gross income of 10,000 or more during the year? 3a X 3 Did the organization file al generge Than (5, to line 3b, provide an explanation in Schedule O 3b X 4 A stary time during the calendar year, did the organization file aport of foreign Bark and Francial Accounts (FBAP). 5a X 5 Was the organization file aport oportize that are anomaly grease than \$100,000, and did the organization file Aport oportize that aport to aportize that are anomaly grease than \$100,000, and did the organization file Aport Apor | Par | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | | | | | |
|--|-----|--|------------------|-----|-----|----------|--|--|--|
| b Enter the number of forms W-3G included in line 1a. Enter 0- if nd applicable payments to vendors and reportable gaming (gambing) uniques to prevent withholding rules for reportable payments to vendors and reportable gaming (gambing) uniques operative within SC. 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 0 3a DX the organization is reported on line 2a, did the organization file al required tedenal employment tax returns? 2b 3b DV the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b DV the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b DV the organization have an interest in, or a signature or other financial account; (EARR). 5a X 3c DV the organization in a foreign country. 5a X 3c DV the organization in the organization have an interest in, or a signature or other financial account; (EARR). 5a X 3c T Yas the organization include with were y solicition an express statement that such contributions or gifts were not tax deductibles or calnitable contributions? 5a X 3c T ''res, ' of the organization include with were y solicitation an expresostatement that such contributions o | | | | | Yes | No | | | |
| b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winners? 1c c Did the organization comply with ackup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winners? 0 if at least one is reported on in the year covered by this return 2a 0 if at least one is reported on in the year covered by this return 2a 0 if at least one is reported on in the year covered by this return 3a X b of the organization have unstrated business gons income of 51 nodo or more during the year? 3a X b if the organization have unstrated business gons income of 51 nodo or more during the year? 3a X b if the organization have unstrated business gons income of 51 nodo or more during the year? 3a X b if the organization at a park to a prohibited tax shear transaction , or ther financial account? 4a X b if the organization have an unstrate account is a start wave or is a park to a prohibited tax shear transaction? 5b 5c c Did any taxation inform of the organization have an intereat in, or a signature or other authority on a signature and the organization science and ta secount is wave and tax sea | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | | | | | |
| (gambling) winnings to pize winners? 1c 2a Enter the number of employees reported on from W3, Transmittal of Wage and Tax Statements, ited for the calendar year ending with or within the year covered by this return 2a 3b Did the calendar year ending with or within the year covered by this return 2a 0 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c Did the organization have an interest in, or a signature or other authority over, a financial account? 4a X 3c Was the organization have an bank account, securities account, or other financial accounts (FBAFI). 5a X 3c Was the organization have annual gross raceipts that are normally greater than \$100,000, and did the organization here sharthalic contributions? 5a X 3c Organization state may controls the was or the solat of the organization here well as charthalic accituation and partly for goods and services provided to the pary? 5a X 3c Vi Y''s, 'i did the organization include with every solicitation an express statement that such contri | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | | | | |
| 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a</i> -file (see instructions) 3a X b If the organization have unmetated business groups income of 51,000 or more during the year? 3a X b If the organization have unmetated business groups income of 51,000 or more during the year? 3a X b If the organization have unmetated business groups income of 51,000 or more during the year? 3a X d At any time during the calendary year, did the organization have an interset in, or a signature or other authority over, a financial account; per othiobit dux shear transaction? 4a X See instructions for ling requirements for FinCEN Form 114, Report of Foroign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gross receives that are normally greater than \$100,000, and did the organization sells. 5a X b If **es, 'to line fa or ob, did the organization the size ontributions? 6a X b If **es, 'to line fa organization need and sis and financis a perovalibit et as instret in an size organization | с | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportable gaming | | | | | | |
| filed for the calendar year ending with or within the year covered by this return 2a 0 b if at least one is reported on line 2a, did the organization file all required federal emplyment tax returns? 2b Abole. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -file (see instructions) 3a X 3D Id the organization have unnelated business gross income of \$1,000 or more during the year? 3a X 3D If the sym off the size off Tow is year? 3a X 4A ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account); 4a X 5S eventor tha toreign approximation to the foreign country. > X X 5W was the organization approximation to the organization that 4 was or is a party to a prohibited tax shelter transaction? 5a X 6D Dest he organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible form 88667? 5c 5c 7D Organization subta that may create scales of \$75 made party as contributions and party for goods and services provided to the pare) 7a X 8b 11 "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under secton 170(c). 7a X | | (gambling) winnings to prize winners? | | 1c | | | | | |
| b If at least one is reported on line 2a, did the organization file all required to 4-file (see instructions) 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 4-file (see instructions) 3a X b If "Yes," hast if field a form 990-Ti for this year? If "No," to file 3b, provide an explanation in Schedule O 3b X b If "Yes," hast if field a form 990-Ti for this year? If "No," to file 3b, provide an explanation in Schedule O 3a X b If "Yes," hast if field a form 990-Ti for this year? If "No," to file 3b, provide an explanation in Schedule O 3a X b If "Yes," hast if field a form 990-Ti for this year? If "No," to file a shafter transaction at any time during the tax year? 5a X b If "Yes," to line 5a or 5b, did the organization the an entry to a prohibited tax shafter transaction at any time during the tax year? 5a X b Did any taxation analy gross receipts that are normally greater than \$100,000, and did the organization set any contributions that were not atx deductible contributions under section 170(c). 5a X c Did the organization neice any matter in a south on onthe part for groods and services provided to the part? 7a X d Tras," did the organization neice any aconthubus and parts (or grooth and parts) for gods and services provided to the partor, the any tras, did the or | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a Xa 3a Did the organization have unrelated business gress income of \$1,000 or more during the year? 3a Xa 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) a foreign country. 4a X 3b Was the organization country such as a bank account, securities account, or other financial account)? 4a X 5b Was the organization output yeb that as bank account, any time during the tax year? 5a X 5c If 'ves,' enter the name of the foreign country. 5a X 5c If 'ves,' enter the name of the organization that t was or is a party to a prohibited tax sheart transaction? 5a X 5d May taxable party notify the organization that was or is a party to a prohibited tax sheart transaction? 5a X 5d Dot the organization nacule with very solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 7 Organization nacule with very solicitation and early for goods and services provided to the payor? 7a X 7 Organization nacule appression that wasequered tore tax beductible? 7a X </th <td></td> <td>filed for the calendar year ending with or within the year covered by this return</td> <td>2a 0</td> <td></td> <td></td> <td></td> | | filed for the calendar year ending with or within the year covered by this return | 2a 0 | | | | | | |
| 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b if "Yes," has it field a Form 990-flor this year? if "No," to line 3b, provide an explanation in Schedule O 3b X d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a X b if "Yes," return the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b if "Yes," return the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b X 5a Did any taxable party notify the organization file Form 8080-1? 5a X 5b Does the organization have unneal gross recipits that are normally greater than \$100,000, and did the organization foreign Bank and Financial Accounts (FEAP). 5a X 5a Does the organization have annual gross recipits that are normally greater than \$100,000, and did the organization foreign Bank and Financial Accounts (FEAP). 5a X 5a Did hor organization sells a parmisation an express statement that such contributions or gifts 5b X 6a X Y Yes, " old the organization neide with every solicitation an express statement that such contributions or gifts 6b 7a X <t< th=""><td>b</td><td>If at least one is reported on line 2a, did the organization file all required federal employment tax return</td><td>ms?</td><td>2b</td><td></td><td></td></t<> | b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ms? | 2b | | | | | |
| b If "Yes," that it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b 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 is a foreign country. 4a X b If "Yes," enter the name of the foreign country. 5a X See instructions for filing requirements for Finic Pace T14, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a If "Yes," the ise Sa or 5b, oil the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5a If "Yes," the ise Sa or 5b, oil the organization infle Form 88867? 5a X 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions? 7a X 7 Organization stating receive deductible contributions under section 170(c). 10 the organization notify the doror of the subace of tangible personal property for which it was required? 7a X 7 To If "Yes," did the organization notify the doror or advised truth any divide of the party? 7a X <td< th=""><td></td><td>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions</td><td>5)</td><td></td><td></td><td></td></td<> | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | 5) | | | | | | |
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| fnancial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b f"Yes," enter the name of the foreign country. 5a X c Was the organizations for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X c Was the organization a party to a prohibited tax shelter transaction? 5a X c H"Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 5c d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as chartable contributions? 6a X d If "Yes," toline 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts 6a X d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 7a X d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X d If the organization receive a pany that in eduring the year? <td>b</td> <td>If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule</td> <td>0</td> <td>3b</td> <td></td> <td></td> | b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | 3b | | | | | |
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| a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a a Gross income from members or shareholders 11a 10b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a 13a 14a X 13a 13a 13a 13a 13a 13a | ~ | | | ð | | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 11a 10b a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X | | | | 0- | | | | | |
| 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 14 X 13b 13c 13a | | | | | | <u> </u> | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13a c 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 13b 13c c Enter the amount of reserves on hand 13b 13c 14a X | | | | 90 | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 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 13c c Enter the amount of reserves on hand 13c 13c 14a X | | | 10a | | | | | | |
| 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 11b 11b 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X | | | | | | | | | |
| a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 11b 11b 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c 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 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | 105 | | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X | | | 11a | | | | | | |
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| 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 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 13b c Enter the amount of reserves on hand 13c 14a X | ~ | | 11b | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 14a 13b c Enter the amount of reserves on hand 13b 13c 14a X | 12a | | | 12a | | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 X | | | | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. Image: Construction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | 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 13b c Enter the amount of reserves on hand 13c 14a X 14a X | - | | | | | | | | |
| organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | b | | | | | | | | |
| c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | 13b | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | с | | | | | | | | |
| | | | | 14a | | X | | | |
| | | | | 14b | | | | | |

632005 11-11-16

ENDOWMENT TRUST

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

Form 990 (2016)

Х

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

| | | | 5 | Yes | |
|-----|---|-------------------------------|--------------|--------------|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | 5 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | I |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | 5 | | 1 |
| | Enter the number of voting members included in line 1a, above, who are independent | 1b | - | | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee? | | 2 | x | |
| 3 | Did the organization delegate control over management duties customarily performed by or under th | | | | t |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | 3 | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | | t |
| | Did the organization become aware during the year of a significant diversion of the organization's as | | | | t |
| | Did the organization have members or stockholders? | | | | t |
| | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | t |
| | more members of the governing body? | • • | . 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | | | | Ι |
| | persons other than the governing body? | | . 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | t |
| | The governing body? | | . 8a | X | 1 |
| | Each committee with authority to act on behalf of the governing body? | | | X | t |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | | t |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | . 9 | | I |
| ect | tion B. Policies (This Section B requests information about policies not required by the Internal R | | | | |
| | | | | Yes | J |
| 0a | Did the organization have local chapters, branches, or affiliates? | | . 10a | | Ţ |
| | If "Yes," did the organization have written policies and procedures governing the activities of such c | | | | T |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | . 10b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing boc | | | X | t |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | - | | | t |
| | | | . 12a | X | I |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | X | t |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es," describe | | x | Ť |
| 3 | in Schedule O how this was done | | 13 | X | + |
| | Did the organization have a written document retention and destruction policy? | | | X | ╉ |
| | Did the process for determining compensation of the following persons include a review and approv | | . 14 | | + |
| 5 | | | | | 1 |
| ~ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 15a | | l |
| | The organization's CEO, Executive Director, or top management official | | | | + |
| α | Other officers or key employees of the organization | | . 15b | | + |
| 6- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | mont with - | | | 1 |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | 40 | | |
| | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua | | . 16a | | + |
| α | | • • | | | I |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | | 401 | | |
| 001 | exempt status with respect to such arrangements? | | . 16b | 1 | 1 |
| | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA Section 6104 requires an organization to make its Forms 1022 (or 1024 if applicable) 000, and 0007 | [(Postion E01/c)/0) | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply | | /) avaiiai | JIE | |
| | for public inspection. Indicate how you made these available. Check all that apply. | in Schodule () | | | |
| • | | in Schedule O) | nd finer | naial | |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | multice of interest policy, a | una tinar | icial | |
| • | statements available to the public during the tax year. | alea and or a cost 🔺 | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's bo JIM FRANZEN - (805)563-0821 | | | | |
| | | A 1 | | | |
| | 1330 STATE STREET, NO. 102, SANTA BARBARA, CA 931 | .01 | | n 990 | _ |

(E)

| Form 990 (2 | 2016) | ENDOWMENT | TRUST | | | | 95-6 |
|-------------|---------------|-----------------|-----------|-----------|----------------|---------|------------|
| Part VII | Compensation | of Officers, Di | irectors, | Trustees, | Key Employees, | Highest | Compensate |
| | Employees, an | d Independent | Contrac | tors | | | |

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

(B)

(A)

ENDOWMENT TRUST

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 (\mathbf{C})

(D)

(E)

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

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|--------------------------|---------------|--------------------------------|---|---------|--------------|---------------------------------|--------------|-----------------|-----------------|-----------------|
| Name and Title | Average | (do | (do not check more than one | | Reportable | Reportable Reportable | | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | h an | compensation | compensation | amount of | | |
| | week | offi | cer an | id a d | irecto | or/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | r dir | | | | ted | | organization | (W-2/1099-MISC) | from the |
| | related | stee c | ustee | | | en sa | | (W-2/1099-MISC) | | organization |
| | organizations | al trus | nal tr | | loyee | e omp | | | | and related |
| | below | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| | line) | Indi | Inst | Offi | Key | Hig | For | | | |
| (1) GREGG HACKETHAL | 1.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (2) A. C. MOORE | 1.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (3) SANDRA CHAN | 1.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (4) RICHARD ABERLE | 1.00 | | | | | | | | | |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (5) BRETT MOORE | 1.00 | | | | | | | | | |
| LEAD TRUSTEE | 1.00 | x | | x | | | | 0. | 0. | 0. |
| (6) DOUGLAS MCCARTNEY | 1.00 | | | | | | | | | |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (7) JIM FRANZEN | 1.00 | | | | | | | | | |
| TRUSTEE | | x | | | | | | 0. | Ο. | 0. |
| (8) KEVIN MARTIN | 2.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 38.00 | 1 | | X | | | | 0. | 9,615. | 429. |
| (9) DAVID PRATT | 2.00 | | | | | | | | | |
| PRIOR EXECUTIVE DIRECTOR | 38.00 | 1 | | X | | | | 0. | 104,081. | 1,084. |
| (10) KATHRYN MARTIN | 2.00 | | | | | | | | | |
| PRIOR EXECUTIVE DIRECTOR | 38.00 | | | Х | | | | 0. | 56,098. | 0. |
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632007 11-11-16

Form 990 (2016)

| | SANTA BAI | | ZMI | PHO | ZNC | Z (| ORC | СН | ESTRA | | | | |
|-----|--|--|--|------|-------|------|-------------|--------------------------------|---|---|-----------------------|------------------------------|-----------------|
| | 990 (2016) ENDOWMEN' | | | | | | | | | 95-65 | 5422 | 34 | Page 8 |
| Par | t VII Section A. Officers, Directors, Trus | | ploy | ees | | | ghe | st (| | | <u> </u> | | |
| | (A) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensatio from related | n | (F Estima amour oth | ated nt of |
| | | | | | | | | organization: (W-2/1099-MIS | SC) | compen from organiz and re organiz | the ation lated | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| -16 | | | | | | | | | 0. | 169,79 | 94 | 1 | 513. |
| с | Sub-total Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | 169,79 | 0. | | 0. |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization | | | | | | | no r | _ | - | | ±, | 0 |
| | | | | | | | | | | | | Ye | |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | | | | - | • | | | • | | | 3 | x |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$15 | 0,000? If "Yes, | " со | mple | ete S | Sche | edule | e J | for such individual | | | 4 | x |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | | | | | | | | | | | 5 | x |
| 1 | ion B. Independent Contractors Complete this table for your five highest co | mpensated in | depe | ende | ent c | onti | racto | ors [.] | that received more than | \$100,000 of corr | Ipensat | ion from | <u> </u> |
| | the organization. Report compensation for | | | | | | | | | | | | |
| | (A) Name and business | address | N | ONI | Ξ | | | | (B) Description of s | ervices | Cor | (C) mpensa | tion |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organi | U U | ot li | mite | d to | | se lis 0 | steo | d above) who received n | nore than | | | |
| | • | | | | | | | | | | Fc | orm 990 |) (2016) |

632008 11-11-16

SANTA BARBARA SYMPHONY ORCHESTRA Form 990 (2016) ENDOWMENT TRUST

| га | | | | or note to any lin | e in this Part VIII | | | |
|---|--------|---|-----------------|--------------------|----------------------|--|--|--|
| | | Check if Schedule O cont | | | (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 | | Federated campaigns | | | | | | |
| Gra | | Membership dues | | | | | | |
| ts, | | Fundraising events | | | | | | |
| ilar İlar | | Related organizations | | | | | | |
| Sim's | | e Government grants (contribut | | | | | | |
| utio | f | All other contributions, gifts, gran | | 20 100 | | | | |
| Q | | similar amounts not included abo | | 20,199. | | | | |
| but | - | Noncash contributions included in lines | | | 20,199. | | | |
| 9.6 | r | Total. Add lines 1a-1f | | Business Code | 20,199. | | | |
| e | 2 a | | | Busiliess Coue | | | | |
| vic | 2 C | | | | | | | |
| Ser | ~ C | | | | | | | |
| eve eve | c | | | | | | | |
| Program Service Revenue | e |) | | | | | | |
| Å | f | All other program service reve | enue | | | | | |
| | | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | ► | 29,696. | | | 29,696. |
| | 4 | Income from investment of ta | x-exempt bond p | oroceeds 🕨 🕨 | | | | |
| | 5 | Royalties | · <u></u> | ► | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | | a Gross rents | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 749,073. | | | | | |
| | b | Less: cost or other basis | 572 677 | | | | | |
| | | and sales expenses Gain or (loss) | 176 396 | | | | | |
| | c | l Net gain or (loss) | 110,350. | ▶ | 176,396. | | | 176,396. |
| | | Gross income from fundraisin | | | 170,350. | | | 170,3501 |
| nue | 0.0 | including \$ | | | | | | |
| evel | | contributions reported on line | | | | | | |
| Ŗ | | Part IV, line 18 | | | | | | |
| Other Revenu | b | Less: direct expenses | | | | | | |
| 0 | | Net income or (loss) from fund | | | | | | |
| | | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | | | | | | |
| | c | Net income or (loss) from gam | ning activities | ► | | | | |
| | 10 a | a Gross sales of inventory, less | returns | | | | | |
| | | and allowances | а | | | | | |
| | b | Less: cost of goods sold | b | | | | | |
| | c | Net income or (loss) from sale | es of inventory | 🕨 | | | | |
| | | Miscellaneous Revenu | le | Business Code | | | | |
| | 11 a | | | | | | | ļ |
| | b | | | | | | | |
| | c | | | | | | | <u> </u> |
| | | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 226,291. | 0. | 0. | 206,092. |
| 62000 | 12 | Total revenue. See instructions. | | | | • • | 0. | Form 990 (2016) |
| 03200 | 9 11-1 | i i - iu | | | 9 | | | |

SANTA BARBARA SYMPHONY ORCHESTRA ENDOWMENT TRUST

| ection 501(c)(3 |) and 501(c)(4) organizations must comp | lete all columns. All oth | er organizations must co | mplete column (A). | |
|---|--|------------------------------|---|--|---------------------------------------|
| | Check if Schedule O contains a respons | | | | |
| | amounts reported on lines 6b, 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| and domes | other assistance to domestic organizations tic governments. See Part IV, line 21 | 266,713. | 266,713. | | |
| | d other assistance to domestic s. See Part IV, line 22 | | | | |
| organizati individuals | d other assistance to foreign ons, foreign governments, and foreign s. See Part IV, lines 15 and 16 | | | | |
| | aid to or for members ation of current officers, directors, | | | | |
| 6 Compensat | and key employees ion not included above, to disqualified s defined under section 4958(f)(1)) and | | | | |
| persons de | scribed in section 4958(c)(3)(B) | | | | |
| 8 Pension pla | ries and wages In accruals and contributions (include (k) and 403(b) employer contributions) | | | | |
| 9 Other emp | oloyee benefits | | | | |
| Fees for s | ervices (non-employees): | | | | |
| b Legal | ent | | | | |
| | g | | | | |
| | al fundraising services. See Part IV, line 17 | 34,441. | | 34,441. | |
| column (A) | ine 11g amount exceeds 10% of line 25, amount, list line 11g expenses on Sch 0.) | | | | |
| | g and promotion enses | | | | |
| | n technology | | | | |
| 6 Occupano | | | | | |
| 8 Payments | of travel or entertainment expenses deral, state, or local public officials | | | | |
| | ces, conventions, and meetings | | | | |
| | to affiliates | | | | |
| 4 Other expension above. (Lis 24e amoun | nses. Itemize expenses not covered t miscellaneous expenses in line 24e. If line t exceeds 10% of line 25, column (A) t line 24e expenses on Schedule 0.) | | | | |
| a b | | | | | |
| d | | | | | |
| 5 Total funct | xpenses | 301,154. | 266,713. | 34,441. | (|
| reported in | Complete this line only if the organization column (B) joint costs from a combined campaign and fundraising solicitation. | | | | |
| Check here | if following SOP 98-2 (ASC 958-720) | | | | Form 990 (20 |

Form 990 (2016)

15141025 150929 80592

10 2016.03050 SANTA BARBARA SYMPHONY ORCH 80592_1

Form 990 (2016)

SANTA BARBARA SYMPHONY ORCHESTRA ENDOWMENT TRUST

| | 990 (| | | 90- | 6542234 Page 11 |
|---------------|----------|---|---------------------------------|----------|---------------------------|
| Pai | τΧ | Balance Sheet | | | |
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1 | 1.00.000 |
| | 2 | Savings and temporary cash investments | 26,208. | 2 | 168,686. |
| | 3 | Pledges and grants receivable, net | 50,000. | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ets | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | 10 | |
| | | Less: accumulated depreciation 10b | 4,015,707. | 10c | 4,392,954. |
| | 11 | Investments - publicly traded securities | 876,539. | | 877,058. |
| | 12 | Investments - other securities. See Part IV, line 11 | 070,009. | 12 | 077,030. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 608,143. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 5,576,597. | 15 16 | 5,438,698. |
| | 16 17 | Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses | 5,510,551. | 17 | 5,450,050 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| s | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| itie | | key employees, highest compensated employees, and disgualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| Ë | 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 | 0. | 26 | 0. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ► X and | | | |
| es | | complete lines 27 through 29, and lines 33 and 34. | | | |
| anc | 27 | Unrestricted net assets | 541,168. | 27 | 619,238. |
| Bal | 28 | Temporarily restricted net assets | 341,069. | 28 | 713,044. |
| Fund Balances | 29 | Permanently restricted net assets | 4,694,360. | 29 | 4,106,416. |
| | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| õ | | and complete lines 30 through 34. | | | |
| Net Assets or | 30 | Capital stock or trust principal, or current funds | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated income, or other funds | 5,576,597. | 32 | 5,438,698. |
| - | 33 | Total net assets or fund balances | 5,576,597. | 33 | 5,438,698. |
| | 34 | Total liabilities and net assets/fund balances | 5,570,597. | 34 | Form 990 (2016) |

632011 11-11-16

| SANTA | BARBA | ARA | SYMPHON | Y | ORCHESTRA |
|--------|--------|-----|---------|---|-----------|
| ENDOWN | MENT 7 | RUS | ST | | |

| Form | 990 (2016) ENDOWMENT TRUST | 95- | 6542234 | Pa | ge 12 |
|------|--|----------|---------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 91. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 54. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 63. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,57 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 54 | 5,1 | 07. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | -60 | 8,1 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 5,43 | В,б | 98. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis | , | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule C |). | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Au | dit | | |
| | Act and OMB Circular A-133? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired au | dit | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2016)

632012 11-11-16

| SCHEDULE A (Form 990 or 990-EZ) | | rity Status an | | | | | OMB No. 1545-0047 |
|---|--------------------------------|---|------------------|------------------|-----------------|-----------------------|--------------------------------|
| | 494 | 47(a)(1) nonexempt cha | ritable tru | ust. | or a section | | |
| Department of the Treasury Internal Revenue Service | | Attach to Form 990 or F (Form 990 or 990-EZ) and | | | ww.irs.gov/fc | orm990. | Open to Public Inspection |
| Name of the organization SA | NTA BARBARA | SYMPHONY ORC | | | | Employer | identification number |
| | DOWMENT TRUS | T All organizations must co | | ia mart \ C | | | 5-6542234 |
| | | | | | | S. | |
| The organization is not a private fo | | on of churches describe | - | | | | |
| | | Attach Schedule E (Forn | | | ·//~/(י)· | | |
| | | anization described in se | | | ii). | | |
| | | njunction with a hospita | | | - | .)(iii). Enter | the hospital's name, |
| city, and state: | | | | | | | |
| 5 An organization operate | ed for the benefit of a co | llege or university owne | d or opera | ted by a g | overnmental | unit descrik | bed in |
| section 170(b)(1)(A)(iv | | | | | | | |
| | | nental unit described in | | | | | |
| | | Intial part of its support f | rom a gov | ernmental | unit or from | the general | public described in |
| section 170(b)(1)(A)(vi) 8 A community trust desc | | (1)(A)(vi). (Complete Par | + 11) | | | | |
| | | in section 170(b)(1)(A)(| - | ed in coniu | unction with a | land-grant | college |
| | | culture (see instructions). | | | | | |
| university: | | , , , , , , , , , , , , , , , , , , , | | | | | |
| 10 An organization that no | rmally receives: (1) more | e than 33 1/3% of its sup | port from | contributi | ons, member | ship fees, a | nd gross receipts from |
| | | ct to certain exceptions, | | | | | |
| | | (less section 511 tax) fr | om busine | esses acqu | ired by the o | rganization | after June 30, 1975. |
| See section 509(a)(2). | | i velu te test feu sublis es | fati Caa | | O(-)(A) | | |
| 11 An organization organiz 12 X An organization organiz | - | ively to test for public sa | • | | | arry out the | purposes of one or |
| 0 0 | | ed in section 509(a)(1) o | | | | | |
| | | of supporting organizatio | | | | | |
| | | supervised, or controlled | | | | - | giving |
| the supported organiz | zation(s) the power to re | gularly appoint or elect a | a majority | of the dire | ctors or trust | ees of the s | upporting |
| r | st complete Part IV, Se | | | | | | |
| | • | d or controlled in connec | | | • | | - |
| - | | anization vested in the s | ame perso | ons that co | ontrol or mana | age the sup | ported |
| | nust complete Part IV, | g organization operated | in connec | tion with | and functions | ally integrat | ed with |
| | | b). You must complete l | | | | iny integration | |
| ·· • | | porting organization oper | | | - | orted organi | zation(s) |
| | | zation generally must sa | | | | | |
| requirement (see instr | ructions). You must cor | nplete Part IV, Sections | s A and D | , and Part | V . | | |
| | | written determination fro | | | а Туре I, Туре | e II, Type III | |
| | | nally integrated support | | | | | 1 |
| f Enter the number of supportg Provide the following information | | | | | | | ⊥ |
| (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount o | f monetary | (vi) Amount of other |
| organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ii | nstructions) | support (see instructions) |
| SANTA BARBARA | | | | | | | |
| SYMPHONY ORCHESTR | A 95-2104089 | 10 | X | | 266 | 5,713. | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | <u> </u> |
| | | | | | | | |
| | | | | | | | |
| <u> </u> | | | | | 264 | 5 710 | 0. |
| Total LHA For Paperwork Reduction A | ct Notice see the last | uctions for Form 990 a | r 900_E7 | 632021 00 | | 5,713. dule A (Eor | • 0 • m 990 or 990-EZ) 2016 |
| | or notice, see the inst | | | JJ2021 U9- | Scile | | |

SANTA BARBARA SYMPHONY ORCHESTRA Schedule A (Form 990 or 990-EZ) 2016 ENDOWMENT TRUST

| 95-6542234 _F | 'age 2 |
|-------------------------|---------------|
|-------------------------|---------------|

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

| See | ction A. Public Support | | | | | | |
|-------------|--|-----------------------|----------------------|---------------------------|----------------------------|--------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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. | | | | | | |
| _ | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is fo | r the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | on 501(c)(3) | |
| | organization, check this box and stop | bhere | | | | | |
| See | ction C. Computation of Publ | ic Support Pe | rcentage | | | <u> </u> | |
| 14 | Public support percentage for 2016 (| line 6, column (f) d | ivided by line 11, | column (f)) | | 14 | % |
| | Public support percentage from 2015 | | | | | 15 | % |
| 16 a | 33 1/3% support test - 2016. If the o | - | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2015. If the o | organization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | 6 or more, check | this box |
| | and stop here. The organization qua | | | | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2016. If the org | anization did not | check a box on lin | e 13, 16a, or 16b, | and line 14 is 10% | % or more, |
| | and if the organization meets the "fac | cts-and-circumstar | ces" test, check t | his box and stop I | here. Explain in Pa | rt VI how the orga | anization |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances tes | t - 2015. If the org | anization did not | check a box on lin | e 13, 16a, 16b, or | 17a, and line 15 i | s 10% or |
| | more, and if the organization meets the | | | | • | | |
| | organization meets the "facts-and-cire | cumstances" test. | The organization | qualifies as a publ | icly supported org | anization | ▶∐ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | | | |
| | | | | | Soh | dulo A (Earm 00 | 0 or 990-F7) 2016 |

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

Schedule A (Form 990 or 990 EZ) 2016 ENDOWMENT TRUST 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.)

| See | ction A. Public Support | | | | | | |
|------|---|--------------------------|----------------------|------------------------|----------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | | | | | | | |
| 3 | · · · · · · · · · · · · | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disgualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | • | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| r | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | tax year as a sectio | on 501(c)(3) organi | zation, |
| _ | check this box and stop here | | | | | | |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2016 (I | | | column (f)) | | 15 | % |
| | Public support percentage from 2015 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2016. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than 3 | 33 1/3% , and line | 17 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | e organization qua | lifies as a publicly | supported organiz | ation | ▶□] |
| b | 33 1/3% support tests - 2015. If the | organization did r | not check a box o | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | ck this box and s | top here. The org | anization qualifies | as a publicly supp | orted organizatior | ▶∐ |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19 | a, or 19b, check t | this box and see in | structions | ▶□ |
| 6320 | 23 09-21-16 | | | | Sch | edule A (Form 99 | 0 or 990-EZ) 2016 |
| | | | | 15 | | | |
| 141 | L025 150929 80592 | 20: | 16.03050 | SANTA BAR | BARA SYMP | HONY ORCH | 805921 |

Schedule A (Form 990 or 990-EZ) 2016 ENDOWMENT TRUST

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2016

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Х 1 х 2 Х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c Х 6 Х 7 Х 8 Х 9a Х 9b х 9c х 10a 10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2016 ENDOWMENT TRUST

95-6542234 Page 5

| Pai | rt IV Supporting Organizations (continued) | | | |
|---------|--|----------|-------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | х |
| h | A family member of a person described in (a) above? | 11b | | x |
| | | 11c | | X |
| | A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI . | TIC | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's 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 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 | X | |
| 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 | | Х |
| Sec | tion C. Type II Supporting Organizations | | | <u> </u> |
| | | | Yes | No |
| | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 163 | |
| 1 | | | | |
| | 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 | | | |
| <u></u> | the supported organization(s). | 1 | | |
| Sec | tion 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 in (2), 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 | | |
| Sec | tion 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 yea(see instructions). | | | |
| а | 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 government entity (see inst | ructions | :) | |
| 2 | Activities Test. Answer (a) and (b) below. | laonono | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 163 | |
| а | 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 in (a) 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 (a) and (b) below. | | | |
| а | 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? 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 | | |
| 63202 | 5 09-21-16 Schedule A (Form 9 | 90 or 99 | 90-EZ | 2016 |
| | 17 | | , | |

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Schedule A (Form 990 or 990-EZ) 2016 ENDOWMENT TRUST

maintenance of property held for production of income (see instructions)

Other expenses (see instructions)

7 8

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

6

7

Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) 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 1-1/2% 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 .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| | | | 1 |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| | Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount | 8 | Current Year |
| | | 8 | Current Year |
| | tion C - Distributable Amount | 8 1 2 | Current Year |
| Sect | tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | Current Year |
| Sect 1 2 | tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 | 1 2 | Current Year |
| Sect 1 2 | tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) | 1 2 3 | Current Year |
| Sect 1 2 3 4 | tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 | 1 2 3 4 | Current Year |

 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).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

| Sche | dule A (Form 990 or 990-EZ) 2016 ENDOWMENT TRU | ST | | 5-6542234 Page 7 |
|-------|---|-------------------------------|--|---|
| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
| Secti | on D - Distributions | | . , , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | IS | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | e | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | - | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| c | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| с | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

| Schedule A (Form 990 or 990-EZ) 20 | SANTA BARI | | HONY OI | RCHESTRA | | 95-6542234 _{Pa} |
|--|---|---|--------------------------------|--|---|--|
| Part VI Supplemental Inf Part IV, Section A, line line 1; Part IV, Section | formation. Provide th s 1, 2, 3b, 3c, 4b, 4c, 5a D, lines 2 and 3; Part IV nd 8; and Part V, Sectio | ne explanations re a, 6, 9a, 9b, 9c, 11 /, Section E, lines | 1a, 11b, and 1c, 2a, 2b, 3a | 11c; Part IV, See a, and 3b; Part \ | t II, line 17a or 17 ction B, lines 1 ar /, line 1; Part V, S | b; Part III, line 12; d 2; Part IV, Section C, ection B, line 1e; Part V |
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| 32028 09-21-16 | | | 20 | | Schedule A | (Form 990 or 990-EZ) |
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service ** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

| Name of the | organization |
|-------------|-----------------|
| | <u>C Λ ΝΠ Λ</u> |

SANTA BARBARA SYMPHONY ORCHESTRA ENDOWMENT TRUST

95-6542234

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

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

General Rule

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 or 990-EZ), 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, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization SANTA BARBARA SYMPHONY ORCHESTRA ENDOWMENT TRUST Employer identification number

95-6542234

| (a) | (b) | (c) | (d) |
|--|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribu |
| <u> 1 </u> | | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributio |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribu |
| 2 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributio |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribu |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contribution |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribu |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contribution |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribu |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contribution |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribu |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contribution |

| Schedule B | (Form 990, | 990-EZ, | or 990-PF |) (2016) | |
|------------|------------|---------|-----------|----------|--|
|------------|------------|---------|-----------|----------|--|

Name of organization

SANTA BARBARA SYMPHONY ORCHESTRA ENDOWMENT TRUST

Employer identification number

95-6542234

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 |
| | | \$ | |
| 23453 10-18-16 | 23 | | 990, 990-EZ, or 990-PF |

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| SANTA BARBARA SYMPHONY ORCHESTRA 95-6542234 SPATI III Ecolories of print up or enditions to signatations described in section 401(5)/1(16, et (10) hat bit mark \$1,000 to the state of the section 401(5)/1(16, et (10) hat bit mark \$1,000 to the state of the section 401(5)/1(16, et (10) hat bit mark \$1,000 to the state of the section 401(5)/1(16, et (10) hat bit mark \$1,000 to the state of the section 401(5)/1(16, et (10) hat bit mark \$1,000 to the sect (10, et (10) hat \$1,000 to the sect (10, et (10) hat \$1,000 to | Name of organ | | | Employer identification number |
|---|-----------------|---|--------------------------------------|---|
| Part III Ecolosiely religious, chartable, econstructions to seganzation described in section 201(c)(1, 0), of (10) that total more than \$1,000 for the control of control of the local of the lo | | | TRA | 05 6540224 |
| the year from any one contributer. Complete columns (a) through (c) and the following line etter, we operations the set distributed in th | | Exclusively religious, charitable, etc., contri | butions to organizations described | in section 501(c)(7), (8), or (10) that total more than \$1,000 for |
| (a) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) Transfere's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferoe (c) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (c) Use of gift (d) Description of how gift is held (f) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Pert1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is | i ui t iii | the year from any one contributor. Complete co | lumns (a) through (e) and the follov | ving line entry. For organizations |
| Part | | Use duplicate copies of Part III if additional | space is needed. | less for the year. (Enter this into, once.) |
| Part | (a) No. | (h) Durness of sift | | (d) Deceription of how sift is hold |
| Image: Control of the second secon | Part I | (b) Purpose of gift | (c) Use of gin | (d) Description of now gift is neid |
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| Image: Control of the second secon | - | | | [|
| Image: Control of the second secon | | | (e) Transfer of gift | |
| (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (e) Transfer of gift (d) Description of how gift is held (e) Transfere's name, address, and ZIP + 4 Relationship of transferor to transferee (g) No. | | | | |
| Part 1 | | Transferee's name, address, and | 1 ZIP + 4 | Relationship of transferor to transferee |
| Part 1 | - | | | |
| Part 1 | - | | | |
| Part 1 | - | | | |
| Part 1 | (a) No. | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (f) Description of bit transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (f) Description of transferor to transferee (a) No. (b) Purpose of gift | from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (f) Description of bit transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (f) Description of transferor to transferee (a) No. (b) Purpose of gift | _ | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (f) Description of bit transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (f) Description of transferor to transferee (a) No. (b) Purpose of gift | _ | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (f) Description of bit transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (f) Description of transferor to transferee (a) No. (b) Purpose of gift | - | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Description of transferor to transferee (b) Purpose of gift (c) Use of gift (f) Description of bow gift is held (a) No. (b) Purpose of gift (c) Use of gift (f) Description of transferor to transferee <td>-</td> <td></td> <td>(a) Transfor of gift</td> <td></td> | - | | (a) Transfor of gift | |
| (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (a) No. Part1 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift Schedule B (form 980, 980-EZ, or 900-PE) (2010) | | | (e) Transfer of gin | |
| (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (a) No. Part1 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift Schedule B (form 980, 980-EZ, or 900-PE) (2010) | | Transferee's name, address, and | 1 ZIP + 4 | Relationship of transferor to transferee |
| Part I Control | | | | · · · · · · · · · · · · · · · · · · · |
| Part I Control | | | | |
| Part I Contraction | - | | | |
| Part I Contraction | (a) No. | | | |
| (a) No. (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Comparison of transferor to transferee (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift (f) Description of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 (f) Transfer of gift (f) Transfer of gift (g) Transfer of gift | `from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift 23454 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) (E) Schedule B (Form 990, 990-EZ, or 990-PF) | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift 23454 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) (E) Schedule B (Form 990, 990-EZ, or 990-PF) | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift 23454 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) (E) Schedule B (Form 990, 990-EZ, or 990-PF) | _ | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift 23454 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) (E) Schedule B (Form 990, 990-EZ, or 990-PF) | | | (a) Turneferreferref | |
| (a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) 23454 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) | | | (e) Transfer of gift | |
| (a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) 23454 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) | | Transferee's name, address, and | 1 ZI P + 4 | Relationship of transferor to transferee |
| Part I Pa | | | | · |
| Part I Pa | | | | |
| Part I Pa | - | | | |
| Part I Pa | (a) No. | | | |
| (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee 23454 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016 | from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | rarti | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | · · - · · | |
| 23454 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016 | | | (e) Transfer of gift | |
| 23454 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016 | | Transferee's name address and | 17IP + 4 | Relationship of transferor to transferee |
| | | | | |
| | - | | | |
| | | | | |
| | | | | |
| | 623454 10-18-16 | 3 | <u>Э</u> Л | Scneaule B (Form 990, 990-EZ, or 990-PF) (2016 |

15141025 150929 80592 2016.03050 SANTA BARBARA SYMPHONY ORCH 80592_1

| | | | al Financial Statements | | OMB No. 1545-0047 |
|--------|---|---|--|------------------|-----------------------------------|
| (⊦orr | n 990) | Part IV, line 6, 7, 8, 9, 10 | anization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | |
| | ment of the Treasury I Revenue Service | | Attach to Form 990. rm 990) and its instructions is at <i>www.irs.gov</i> | /form990. | Open to Public Inspection |
| | e of the organization | | | Employer | identification number $5-6542234$ |
| Pa | t I Organiza | ations Maintaining Donor Advise | ed Funds or Other Similar Funds or | Accounts. | Complete if the |
| | organization | n answered "Yes" on Form 990, Part IV, lir | | | |
| | | | (a) Donor advised funds | (b) Funds and | d other accounts |
| 1 | | nd of year | | | |
| 2 | | f contributions to (during year) | | | |
| 3 | | f grants from (during year) | | | |
| 4 5 | | t end of year | l writing that the assets held in donor advised fu | Inde | |
| 5 | - | | exclusive legal control? | | Yes No |
| 6 | | | advisors in writing that grant funds can be used | | |
| • | • | u | or donor advisor, or for any other purpose conf | | |
| | | | | 0 | Yes No |
| Pa | tll Conserva | ation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part I | IV, line 7. | |
| 1 | Purpose(s) of cons | servation easements held by the organizat | ion (check all th <u>at a</u> pply). | | |
| | Preservation | of land for public use (e.g., recreation or e | education) | lly important la | ind area |
| | | f natural habitat | Preservation of a certified | historic struct | ure |
| | Preservation | of open space | | | |
| 2 | Complete lines 2a | through 2d if the organization held a quali | fied conservation contribution in the form of a | | |
| | day of the tax year | | | | at the End of the Tax Year |
| - | | | | | |
| b | | | | | |
| c b | | | ructure included in (a) | 2c | |
| a | | | , | 2d | |
| 3 | | | leased, extinguished, or terminated by the org | | in the tax |
| Ŭ | vear ► | | icased, extinguished, or terminated by the eng | | |
| 4 | | where property subject to conservation ea | sement is located | | |
| 5 | | tion have a written policy regarding the pe | | | |
| | violations, and enfo | orcement of the conservation easements i | it holds? | | Yes No |
| 6 | Staff and voluntee | r hours devoted to monitoring, inspecting, | handling of violations, and enforcing conserva | | ts during the year |
| | ▶ | | | | |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | easements du | ring the year |
| | ▶\$ | | | | |
| 8 | | | ve satisfy the requirements of section 170(h)(4) | | |
| | | | | | Yes No |
| 9 | | • | ion easements in its revenue and expense stat | - | |
| | | | tion's financial statements that describes the o | organization's a | accounting for |
| Da | conservation ease | | f Art, Historical Treasures, or Othe | r Similar A | sate |
| 1 0 | | the organization answered "Yes" on Form | | | 55613. |
| 12 | | - | SC 958), not to report in its revenue statement | and balance s | heet works of art |
| 14 | - | | hibition, education, or research in furtherance | | |
| | | note to its financial statements that descr | | | , provido, irr drevin, |
| b | | | SC 958), to report in its revenue statement and | l balance shee | t works of art, historical |
| | | | ducation, or research in furtherance of public s | | |
| | relating to these ite | | | | C C |
| | - | | | ▶\$ | |
| | | | | | |
| 2 | | | easures, or other similar assets for financial gain | | |
| | | ints required to be reported under SFAS 1 | | | |
| | | | | | |
| | | | | | |
| | | eduction Act Notice, see the Instruction | s for Form 990. | Sche | dule D (Form 990) 2016 |
| 63205 | 1 08-29-16 | | 25 | | |
| | | | 4 J | | |

15141025 150929 80592 2016.03050 SANTA BARBARA SYMPHONY ORCH 80592_1

| | | ARBARA SYMI | PHONY ORCH | ESTRA | | | | | |
|------------|---|----------------------------------|-----------------------|------------------------|---|-------------|------------------|--------|--------------|
| | | NT TRUST | | | | 95-65 | | | |
| Par | t III Organizations Maintaining C | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check any of the | following that are a s | significant | use of its | collectio | n iter | ns |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | | hange programs | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | - | - | - | | ose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit o | | , | , | | | - | | - |
| | to be sold to raise funds rather than to be ma | | 0 | | | | Yes | | _ No |
| Par | t IV Escrow and Custodial Arran | | te if the organizatio | n answered "Yes" o | n Form 990 |), Part IV, | line 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | |
| 1 a | Is the organization an agent, trustee, custod | | | | | | 7 | | ٦ |
| | on Form 990, Part X? | | | | | L | Yes | | _ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | | |
| | | | | | | | Amount | | |
| | Beginning balance | | | | | | | | |
| | Additions during the year | | | | | | | | |
| e | Distributions during the year | | | | | | | | |
| t | Ending balance | | | | | | | | |
| | Did the organization include an amount on F | | | | • | L | Yes | | _ No |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| Fai | t V Endowment Funds. Complete i | | | | | aava baali | () F aur | | heal |
| | | (a) Current year | (b) Prior year | (c) Two years back | | | | | |
| | Beginning of year balance | 5,576,597. | 5,582,254. | | , | 40,729. | 4 | | ,443. |
| | Contributions | 20,199. | 680,143. | , | | 20,206. | | | ,393. |
| | Net investment earnings, gains, and losses | 780,547. | -387,760. | , | | 42,709. | | | ,170. |
| | Grants or scholarships | 266,713. | 261,461. | 235,373. | 2 | 15,966. | | 190 | ,894. |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | 24 441 | 26 570 | 24.240 | | 20 022 | | | 202 |
| | Administrative expenses | 34,441. | 36,579. | | | 28,933. | | | <u>,383.</u> |
| g | End of year balance | 6,076,189. | 5,576,597. | | 5,5 | 58,745. | 4 | ,640 | ,729. |
| 2 | Provide the estimated percentage of the cur | · · · · · | | a)) held as: | | | | | |
| a | Board designated or quasi-endowment | 9.70 | _% | | | | | | |
| b | Permanent endowment 84.00 | <u> </u> | | | | | | | |
| С | · · · · · · · · · · · · · · · · · · · | 6.30 % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | - | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ation that are held a | nd administered for | the organiz | zation | г | | T |
| | by: | | | | | | | Yes | No X |
| | (i) unrelated organizations | | | | | | | v | |
| | (ii) related organizations | | | | | | 3a(ii) | X | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | Х | |
| 4 | Describe in Part XIII the intended uses of the | <u> </u> | wment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answere | | | | | | | | |
| | Description of property | (a) Cost or ot basis (investm | | | Accumulate | a | (d) Bool | < valu | le |
| | Land | | | | produción | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | | | | | | | |
| | Other | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must e | | X, column (B). line 1 | 0c.) | | | | | 0. |
| | | | | , | | Schedule | D (Form | n 990 | |

| SANTA | BARE | BARA | SYMPHONY | ORCHESTRA |
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| Schedule D (Form 990) 2016 ENDOWMENT T | RUST | 9 | 5-6542234 _{Page} 3 |
|---|----------------------------|--|-----------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or Category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | nd-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) HEDGE FUNDS | 877,058. | END-OF-YEAR MARKE | T VALUE |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 877,058. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | nd-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | | |
| | on Form 000 Port IV line | 11d Soc Form 000 Part V line 15 | |
| Complete if the organization answered "Yes" | Description | The See Form 990, Fart A, line 13. | (b) Book value |
| | Description | | |
| <u>(1)</u> (2) | | | |
| | | | |
| (3) (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | o 15) | | • |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | 11e or 11f See Form 990 Part X line 2 | 25 |
| 1. (a) Description of liability | | (b) Book value | -0. |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| | | | |
| (8) (9) | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | <u>a 25)</u> | | |
| Liability for uncertain tax positions. In Part XIII, provide | | the organization's financial statement | s that reports the |
| organization's liability for uncertain tax positions. In Part Ain, provide | | | |
| organization s hability for uncertain tax positions under | 1 11 40 (AGC 7 40). CITECK | | |

| Calcadula D | | 000 | 0040 |
|-------------|------|------|------|
| Schedule D | FOUL | 390) | 2010 |

| SANTA | BARBARA | SYMPHONY | ORCHESTRA |
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| Sche | dule D (Form 990) 2016 ENDOWMENT TRUST | | 95-6542234 | Page 4 |
|------|---|---------------------|-------------------|---------------|
| | t XI Reconciliation of Revenue per Audited Financial St | atements With Reve | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| с | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | 2.) | 5 | |
| Pa | t XII Reconciliation of Expenses per Audited Financial S | tatements With Expe | enses per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| с | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | |
| Pa | t 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:

THE TRUSTEES USE THE EARNINGS OF THE ENDOWMENT TO ASSIST IN THE LONG-TERM

NEEDS OF THE SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION IN PROVIDING A

QUALITY, IMPACTFUL, MUSICAL PROGRAM IN THE COMMUNITY.

PART X, LINE 2:

THE SYMPHONY IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS AT JUNE 30, 2017,

OR FOR ANY PERIOD FOR WHICH THE NORMAL STATUTE OF LIMITATIONS REMAINS

OPEN.

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| | NTA BARBARA SYMPHONY ORCHESTRA DOWMENT TRUST | 95-6542234 | Page |
|---|---|---------------------|-------|
| hedule D (Form 990) 2016 ENI art XIII Supplemental Information | on (continued) | | r age |
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| | | Schedule D (Form 99 | 90) 2 |

| SCHEDULE I Form 990) Department of the Treasury Internal Revenue Service | | | | | | | | | | | |
|---|-----------------------------------|------------------------------------|-----------------------------|---|---|---------------------------------------|---------------------------------------|--|--|--|--|
| ······································ | RBARA SYMP | HONY ORCHES | | | | | Employer identification number | | | | |
| ENDOWMEN Part I General Information on Grants | | | | | | | 95-6542234 | | | | |
| 1 Does the organization maintain record criteria used to award the grants or as | s to substantiate th sistance? | | | | , , | | | | | | |
| 2 Describe in Part IV the organization's p Part II Grants and Other Assistance t | o Domestic Organ | izations and Domest | i c Governments. C | omplete if the org | anization answered " | /es" on Form 990, Par | t IV, line 21, for any | | | | |
| recipient that received more that 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | | | |
| SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION - 1330 STATE STREET - SANTA BARBARA, CA 93101 | 95-2104089 | 501 (C) 3 | 266,713. | 0. | | | GENERAL SUPPORT | | | | |
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| | | | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) | and government o | rganizations listed in t | he line 1 table | | | ı | ▶ <u>1.</u> | | | | |
| 3 Enter total number of other organization | | | | | | | | | | | |

Schedule I (Form 990) (2016)

ENDOWMENT TRUST

95-6542234

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
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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 TRUSTEES OF THE SYMPHONY ENDOWMENT TRUST FOLLOW THE ACTIVITIES OF

THE SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION AND RECEIVE REPORTS

FROM ITS EXECUTIVE DIRECTOR.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

 SANTA BARBARA SYMPHONY ORCHESTRA
 Emplo

 ENDOWMENT TRUST
 95



95-6542234

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

SYMPHONY ENDOWMENT IN ORDER TO PROVIDE GENERAL SUPPORT FOR THE SANTA

BARBARA SYMPHONY ORCHESTRA ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 2:

A.C. MOORE IS BRETT MOORE'S FATHER, BOTH ARE TRUSTEES OF THE ORGANIZATION.

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

THE 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AND AUDIT COMMITTEE OF

THE SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION, A RELATED ORGANIZATION.

AFTER THE APPROVAL OF THE 990 BY THE FINANCE & AUDIT COMMITTEES, THEY WILL

PRESENT IT TO THE TRUSTEES OF THE ENDOWMENT FOR ANY COMMENTS AND QUESTIONS

PRIOR TO FILING THE RETURN.

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

THE SYMPHONY ENDOWMENT TRUST HAS BOTH A WRITTEN CONFLICT OF INTEREST POLICY AND AN ANNUAL DISCLOSURE OF CONFLICTS. THE GOVERNANCE COMMITTEE OF THE ENDOWMENT TRUST OVERSEES DISTRIBUTION OF THE POLICY TO NEW TRUSTEES AND THE COLLECTION OF ANNUAL DISCLOSURES OF CONFLICT OF INTEREST.

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

THE GOVERNING DOCUMENTS OF THE ENDOWMENT TRUST ARE AVAILABLE FOR INSPECTION AT THE OFFICES OF THE SYMPHONY DURING REGULAR BUSINESS HOURS, SUBJECT TO AN APPOINTMENT MADE THROUGH THE MANAGING DIRECTOR'S OFFICE.

 FORM 990, PART XI, LINE 2C

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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| Schedule O (Form 990 or 990-EZ) (2016) | Page 2 |
|--|---|
| Name of the organization SANTA BARBARA SYMPHONY ORCHESTRA ENDOWMENT TRUST | Employer identification number 95-6542234 |
| THE FINANCE AND AUDIT COMMITTEES OF THE SANTA BARBARA SYM | PHONY |
| ORCHESTRA ASSOCIATION REVIEW THE AUDITED FINANCIAL STATEM | ENTS AND 990 |
| THEN PRESENT THEM TO THE BOARD OF DIRECTORS OF THE SYMPHO | NY ENDOWMENT. |
| THE AUDIT COMMITTEE RECOMMENDS INDEPENDENT AUDITORS AND T | HE BOARD OF |
| DIRECTORS CHOOSES THE AUDITOR. THE PROCESS HAS NOT CHANGE | D SINCE THE |
| PRIOR YEAR. | |
| | |

FORM 990, PART XI, LINE 8

THE SYMPHONY ENDOWMENT RECORDED THE VALUE AS OF JUNE 30, 2016, OF A

CHARITABLE REMAINDER TRUST (CRT) AS A REDUCTION OF NET ASSESTS AS THE

CRT IS RECORDED ON THE RELATED ENTITY WHICH IS THE BENEFICIARY.

FORM 990, PART VI, LINE 15B

THE SANTA BARBARA SYMPHONY ORCHESTRA ENDOWMENT TRUST CURRENTLY DOES NOT

COMPENSATE OFFICERS OR KEY EMPLOYEES.

| SCHEDULE R | Related Organizations and Unrelated Partnerships | | | | | |
|--|---|------------------------------|-------------------|--|--|--|
| (Form 990) | Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. | | 2016 | | | |
| Department of the Treasury Internal Revenue Service | Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. | Open to Public Inspection | | | | |
| Name of the organizati | on SANTA BARBARA SYMPHONY ORCHESTRA | Employer iden | tification number | | | |
| | ENDOWMENT TRUST | 95-654 | 2234 | | | |
| Part I Identificati | on of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | cont | g) 512(b)(13) rolled ity? |
|---|--------------------------------|---|-------------------------------|---|--|------|---|
| | | | | 501(c)(3)) | | Yes | No |
| SANTA BARBARA SYMPHONY ORCHESTRA ASSOCIATION | PROVIDES PERFORMANCES OF | | | | | | |
| - 95-2104089, 1330 STATE STREET, SANTA | CLASSICAL MUSIC TO THE | | | | | | |
| BARBARA, CA 93101 | COMMUNITY. | CALIFORNIA | 501 (C) 3 | 9 | | | х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 ENDOWMENT TRUST

95-6542234 Page 2

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | | n) | (i) | (j) | (k) |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-------------------|---------------------|--|---------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disprop alloca | ortionate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera manag partne | ^{I or} Percentage ^{ing} ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | lo |
| | - | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(contr ent | (i) ction (b)(13) trolled tity? |
|---|--------------------------------|---|--|--|--|---|--------------------------------|-----------------------------|---|
| | | country) | | or trusty | | 235013 | | | No |
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SANTA BARBARA SYMPHONY ORCHESTRA ENDOWMENT TRUST

Schedule R (Form 990) 2016

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

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No | | | |
|-----|--|----|-----|----|--|--|--|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х | | | |
| | Gift, grant, or capital contribution to related organization(s) | 1b | Х | | | | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | Х | | | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | Х | | | |
| | Loans or loan guarantees by related organization(s) | 1e | | Х | | | |
| | | | | | | | |
| f | Dividends from related organization(s) | 1f | | X | | | |
| g | Sale of assets to related organization(s) | 1g | | X | | | |
| h | Purchase of assets from related organization(s) | 1h | | Х | | | |
| i | Exchange of assets with related organization(s) | 1i | | Х | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | Х | | | |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | Х | | | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | Х | | | |
| | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | Х | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | Х | | | |
| | Sharing of paid employees with related organization(s) | 10 | | Х | | | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | Х | | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | Х | | | |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | Х | | | |
| s | Other transfer of cash or property from related organization(s) | 1s | | Х | | | |
| 2 | 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|-------------------------------|---|
| SANTA BARBARA SYMPHONY ORCHESTRA (1) ASSOCIATION | В | 266,713. | FMV |
| <u>(2)</u> | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| _(6) | 26 | | |

Schedule R (Form 990) 2016 ENDOWMENT TRUST

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

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

| (-) | (h) | | (a) | | | (4) | (11) | | -) | (1) | (3) | (1.) |
|------------------------|------------------|-------------------|--|--------------------------------------|------------|----------|-------------|---------------|-------------------------|--|----------|------------|
| (a) | (b) | (c) | (d) | (€ Are partner 501(c org | all | (f) | (g) | | 1) | (i) | (j) | (k) |
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partner | rs sec. | Share of | Share of | Dispr tior | opor- nate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managin | Percentage |
| of entity | | (state or foreign | excluded from tax under | org | s.? | total | end-of-year | alloca | tions? | of Schedule K-1 | partner? | ownersnip |
| | | country) | sections 512-514) | Yes | No | income | assets | Yes | No | (Form 1065) | Yes No | |
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Schedule R (Form 990) 2016

| SANTA | BARE | BARA | SYMPHONY | ORCHESTRA |
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| ENDOWN | IENT | TRUS | ST | |

| Schedule R (Form 990 | J) 2016 |
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Part VII Supplemental Information.

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

632165 09-06-16