

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **MAY 1, 2023** and ending **APR 30, 2024**

| | | | |
|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC Doing business as | | D Employer identification number ** - ***3674 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1528 CHAPALA STREET 203 | E Telephone number 805-963-0023 | |
| | City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101 | | G Gross receipts \$ 8,264,373. |
| | F Name and address of principal officer: LINDA ARMSTRONG 1528 CHAPALA STREET, SANTA BARBARA, CA 9310 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: WWW.SBFILMFESTIVAL.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 1985 |
| | | | M State of legal domicile: CA |

Part I Summary

| | | | |
|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SBIFF'S MISSION IS TO ENGAGE, ENRICH, AND INSPIRE PEOPLE THROUGH THE POWER OF FILM. SBIFF | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 44 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 110 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 377,660. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 1,216. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,860,720. | 2,467,489. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,888,674. | 4,496,601. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 8,873. | 147,783. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 361,437. | 339,575. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,119,704. | 7,451,448. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 1,616,356. | 1,893,783. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 388,046. | 4,264,342. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,264,342. | 4,952,569. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 5,880,698. | 6,846,352. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 239,006. | 605,096. |
| | 21 Total liabilities (Part X, line 26) | Beginning of Current Year | End of Year |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 9,913,641. | 10,427,575. |
| | | 2,395,158. | 2,303,996. |
| | | 7,518,483. | 8,123,579. |

Part II Signature Block

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

| | | | |
|-------------------------------|--|--------------------------|--|
| Sign Here | Signature of officer | | Date |
| | LINDA ARMSTRONG, TREASURER Type or print name and title | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | MITCHELL P. THOMAS | | |
| | Firm's name | Firm's EIN | Check if self-employed <input type="checkbox"/> PTIN |
| | NASIF, HICKS, HARRIS & CO., LLP | ** - ***1453 | P01743228 |
| | Firm's address | Phone no. (805) 966-1521 | |
| | 104 WEST ANAPAMU ST STE B SANTA BARBARA, CA 93101 | | |

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

SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC

Part 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: SBIFF'S MISSION IS TO ENGAGE, ENRICH, AND INSPIRE PEOPLE THROUGH THE POWER OF FILM. SBIFF CELEBRATES THE ART OF CINEMA AND PROVIDES IMPACTFUL EDUCATIONAL EXPERIENCES FOR THEIR LOCAL, NATIONAL, AND GLOBAL COMMUNITIES.

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

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

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

4a (Code:) (Expenses \$ 3,949,929. including grants of \$) (Revenue \$ 3,484,437.) THE ORGANIZATION PROMOTES AND PRODUCES THE SANTA BARBARA INTERNATIONAL FILM FESTIVAL, WITH EVENTS OCCURRING PRIMARILY IN JANUARY, FEBRUARY OR MARCH FOR 95,000+ PARTICIPANTS.

4b (Code:) (Expenses \$ 1,196,109. including grants of \$) (Revenue \$ 1,194,203.) THE ORGANIZATION OPERATES A YEAR ROUND ARTHOUSE THEATRE. ITS PROGRAMMING INCLUDES DAILY SHOWINGS OF CURRENT AND CRITICALLY ACCLAIMED INDEPENDENT AND INTERNATIONAL FILMS, WEEK LONG FESTIVALS, INCLUDING FRENCH FILMS AND SOCIAL JUSTICE FILMS, RETROSPECTIVES AND A MEMBERSHIP BASED CINEMA SOCIETY.

4c (Code:) (Expenses \$ 759,856. including grants of \$) (Revenue \$ 0.) THE ORGANIZATION OPERATES THE BARBAKOW FAMILY CENTER FOR FILM STUDIES THAT SERVES AS A CLASSROOM, SCREENING ROOM, COMMUNITY MEETING SPACE, MOVIE LIBRARY AND EDITING SUITE. ITS PROGRAMMING INCLUDES EDUCATION PROGRAMS THAT REACH OVER 14,000 PEOPLE EACH YEAR INCLUDING AT-RISK AND UNDER-SERVED YOUTH, LOW-INCOME FAMILIES AND THEIR CHILDREN, AND TRANSIT-DEPENDENT SENIOR CITIZENS. ALL CURRENT PROGRAMS ARE AT NO CHARGE TO ITS PARTICIPANTS.

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

4e Total program service expenses 5,905,894.

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

Part IV Checklist of Required Schedules

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

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

Form 990 (2023)

** - *** 3674 Page 4

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | 8 |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

Form 990 (2023)

** - *** 3674 Page 5

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

| | | Yes | No |
|------------|--|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 44 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

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

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

Section A. Governing Body and Management

| | | | Yes | No |
|-----------|--|-----------|----------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 1a | | 20 |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 20 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
SEAN PRATT - 805-963-0023
1528 CHAPALA STREET, SANTA BARBARA, CA 93101

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ROGER DURLING EXECUTIVE DIRECTOR | 40.00 | | | | | X | 464,831. | 0. | 30,445. | |
| (2) SEAN PRATT MANAGING DIRECTOR | 40.00 | | | | | X | 184,167. | 0. | 21,025. | |
| (3) BENJAMIN GOEDERT DEVELOPMENT DIRECTOR | 40.00 | | | | | X | 164,583. | 0. | 16,937. | |
| (4) ERNESTO PAREDES PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (5) JEFFREY BARBAKOW CO-CHAIRMAN | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (6) LYNDY WEINMAN CO-CHAIRMAN | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (7) LINDA ARMSTRONG TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (8) SUSAN ENG-DENBAARS SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (9) LISA SOLANA DEVELOPMENT DIRECTOR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (10) VINCE CABALLERO NOMINATIONS AND GOVERNANCE | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (11) GORDON SEABURY AUDIT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (12) MIMI DEGRUY EDUCATION | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (13) ROBIN HIMOVITZ DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) NORA MCNEELY HURLEY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) CHRIS LANCASHIRE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) TAMMY HUGHES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) L. LEE PHILLIPS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ROB SKINNER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) SANDY REYNOLDS-WASCO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) DAVID WASCO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 813,581. | 0. | 68,407. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 813,581. | 0. | 68,407. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

Form 990 (2023)

** - ***3674 Page 9

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 101,665. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 2,365,824. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 476,815. | | | | |
| | h Total. Add lines 1a-1f | | 2,467,489. | | | | |
| Program Service Revenue | 2 a ADMISSIONS | Business Code | | | | | |
| | | 711190 | 3,611,174. | 3,611,174. | | | |
| | b MEMBERSHIPS | 713990 | 481,776. | 481,776. | | | |
| | c ENTRY FEES | 711190 | 403,651. | 403,651. | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 4,496,601. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 147,783. | | | 147,783. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 55,980. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 55,980. | | | | |
| | d Net rental income or (loss) | | 55,980. | | | 55,980. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | 536,000. | | | | |
| | | | 758,737. | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | -222,737. | | | -222,737. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 115,203. | | | | |
| | | | 54,188. | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | 61,015. | 61,015. | | | | |
| Miscellaneous Revenue | 11 a ADVERTISING REVENUE | Business Code | | | | | |
| | | 711300 | 377,660. | | 377,660. | | |
| | b MISCELLANEOUS INCOME | 900099 | 67,657. | 67,657. | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 445,317. | | | | | |
| 12 Total revenue. See instructions | | 7,451,448. | 4,625,273. | 377,660. | -18,974. | | |

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

Form 990 (2023)

-*3674 Page 10

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,690,464. | 1,249,273. | 119,876. | 321,315. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 94,754. | 70,118. | 6,633. | 18,003. |
| 10 Payroll taxes | 108,565. | 79,253. | 5,428. | 23,884. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 70,554. | 70,554. | | |
| 13 Office expenses | 67,842. | 9,885. | 46,224. | 11,733. |
| 14 Information technology | 74,640. | 5,231. | 69,409. | |
| 15 Royalties | | | | |
| 16 Occupancy | 448,435. | 355,808. | 92,627. | |
| 17 Travel | 97,209. | 83,699. | 13,510. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 3,092. | | 3,092. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 242,503. | 218,253. | 12,125. | 12,125. |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a IN-KIND ADVERTISING | 2,056,817. | 2,056,817. | 0. | 0. |
| b EVENTS | 578,696. | 576,916. | 1,091. | 689. |
| c EQUIPMENT RENTAL | 299,689. | 260,634. | 39,055. | 0. |
| d PROFESSIONAL FEES | 256,484. | 115,506. | 140,681. | 297. |
| e All other expenses SEE SCH O | 756,608. | 753,947. | 2,661. | |
| 25 Total functional expenses. Add lines 1 through 24e | 6,846,352. | 5,905,894. | 552,412. | 388,046. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

Form 990 (2023)

** - ***3674 Page 11

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,673,581. | 1 | 1,527,368. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 300,000. | 3 | 401,500. |
| | 4 Accounts receivable, net | 154,608. | 4 | 97,997. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 232,183. | 9 | 102,475. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,264,235. | | |
| | b Less: accumulated depreciation | 10b 1,594,334. | | |
| | 11 Investments - publicly traded securities | 2,912,403. | 10c | 2,669,901. |
| | 12 Investments - other securities. See Part IV, line 11 | 3,007,153. | 11 | 4,200,457. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 1,633,713. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 9,913,641. | 15 | 1,427,877. | |
| | | 16 | 10,427,575. | |
| Liabilities | 17 Accounts payable and accrued expenses | 113,991. | 17 | 125,404. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 349,590. | 19 | 458,933. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 117,175. | 23 | 107,900. |
| | 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 | 1,814,402. | 25 | 1,611,759. |
| | 26 Total liabilities. Add lines 17 through 25 | 2,395,158. | 26 | 2,303,996. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 6,891,104. | 27 | 7,429,869. |
| | 28 Net assets with donor restrictions | 627,379. | 28 | 693,710. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 7,518,483. | 32 | 8,123,579. |
| 33 Total liabilities and net assets/fund balances | 9,913,641. | 33 | 10,427,575. | |

Form 990 (2023)

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,451,448. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,846,352. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 605,096. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7,518,483. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 8,123,579. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | X |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,831,282. | 1,679,904. | 2,399,112. | 1,860,720. | 2,467,489. | 10,238,507. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 3,571,220. | 1,294,423. | 3,002,874. | 3,988,784. | 4,611,804. | 16,469,105. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 5,402,502. | 2,974,327. | 5,401,986. | 5,849,504. | 7,079,293. | 26,707,612. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 360,245. | 369,574. | 409,935. | 385,000. | 337,750. | 1,862,504. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 698,448. | 527,950. | 353,790. | 238,614. | 245,972. | 2,064,774. |
| c Add lines 7a and 7b | 1,058,693. | 897,524. | 763,725. | 623,614. | 583,722. | 3,927,278. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 22,780,334. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 5,402,502. | 2,974,327. | 5,401,986. | 5,849,504. | 7,079,293. | 26,707,612. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 3,798. | 2,233. | 2,176. | 8,873. | 147,783. | 164,863. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 3,798. | 2,233. | 2,176. | 8,873. | 147,783. | 164,863. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 571,926. | 414,427. | 302,796. | 280,224. | 224,372. | 1,793,745. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 5,978,226. | 3,390,987. | 5,706,958. | 6,138,601. | 7,451,448. | 28,666,220. |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | 79.47 % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | 78.75 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-------|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) | 17 | .58 % |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | .07 % |

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

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

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

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

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

| Section C - Distributable Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | | Current Year |
| 2 | Enter 0.85 of line 1. | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | | |
| 4 | Enter greater of line 2 or line 3. | | |
| 5 | Income tax imposed in prior year | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

Schedule A (Form 990) 2023

-*3674 Page 7

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

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

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

Schedule A (Form 990) 2023

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

Employer identification number

**** - *** 3674**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 27,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 22,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 17,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | | \$ 18,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | | \$ 76,665. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 19 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | | \$ 17,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 25 | | \$ 33,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | | \$ 95,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - ***3674 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 31 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - ***3674 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 37 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | | \$ 81,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - ***3674 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 43 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | | \$ 28,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 49 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | | \$ 42,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | | \$ 58,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | | \$ 58,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 55 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | | \$ 46,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 61 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 63 | | \$ 11,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | | \$ 26,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 66 | | \$ 18,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 67 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 70 | | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 73 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | | \$ 27,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 78 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number ** - *** 3674 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 79 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 81 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 82 | | \$ 300,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number **-***3674 |
|--|---|

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 |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number **-***3674 |
|--|---|

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC** Employer identification number ****-***3674**

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

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

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

Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

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

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2023

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 4,102,356. | 1,457,609. | 2,644,747. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 161,879. | 136,725. | 25,154. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 2,669,901. |

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

Schedule D (Form 990) 2023

-*3674 Page 3

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) SECURITY DEPOSITS | 9,872. |
| (2) OPERATING RIGHT-OF-USE ASSET | 1,418,005. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 1,427,877. |

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) OPERATING RIGHT-OF-USE LIABILITY, | |
| (3) CURRENT | 98,316. |
| (4) OPERATING RIGHT-OF-USE LIABILITY, | |
| (5) NON-CURRENT | 1,513,443. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 1,611,759. |

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

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

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

| | | | | |
|----------|--|-----------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 7,451,448. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 7,451,448. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 7,451,448. |

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

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

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 6,846,352. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 6,846,352. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 6,846,352. |

Part XIII Supplemental Information

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

PART X, LINE 2:

SBIFF HAS FAVORABLE DETERMINATION LETTERS INDICATING IT HAS QUALIFIED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TAX POSITIONS FOR THE OPEN TAX YEARS AS OF APRIL 30, 2024 AND 2023 WERE REVIEWED, AND IT WAS DETERMINED THAT NO PROVISION FOR UNCERTAIN TAX POSITIONS IS REQUIRED.

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|---|--------------|------------------------|--|
| | | KIRK DOUGLAS AWARD FOR E (event type) | (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 536,000. | | | 536,000. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 536,000. | | | 536,000. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 96,415. | | | 96,415. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 662,322. | | | 662,322. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 758,737. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -222,737. | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC** Employer identification number
****-***3674**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2023

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

Schedule J (Form 990) 2023

-*3674

Page 2

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ROGER DURLING EXECUTIVE DIRECTOR | (i) | 464,831. | 0. | 0. | 13,945. | 16,500. | 495,276. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) SEAN PRATT MANAGING DIRECTOR | (i) | 184,167. | 0. | 0. | 5,525. | 15,500. | 205,192. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) BENJAMIN GOEDERT DEVELOPMENT DIRECTOR | (i) | 164,583. | 0. | 0. | 4,937. | 12,000. | 181,520. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC** Employer identification number ****-***3674**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (IN-KIND ADVERTI) | X | 1 | 2,056,817. | FAIR MARKET VALUE |
| 26 Other (IN-KIND PROFESS) | X | 1 | 157,400. | FAIR MARKET VALUE |
| 27 Other (IN-KIND GUEST S) | X | 1 | 119,567. | FAIR MARKET VALUE |
| 28 Other (IN-KIND CATERIN) | X | 1 | 104,226. | FAIR MARKET VALUE |

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

| | Yes | No |
|---|-----|----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

IN-KIND PRIZES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 71989.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

IN-KIND DECORATIONS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 61600.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

IN-KIND EQUIPMENT AND FACILITIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 53000.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

IN-KIND PRINTING

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9038.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC

Employer identification number
-*3674

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

CELEBRATES THE ART OF CINEMA AND PROVIDES IMPACTFUL EDUCATIONAL
EXPERIENCES FOR THEIR LOCAL, NATIONAL, AND GLOBAL COMMUNITIES.

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

THE CHAIR OF THE AUDIT COMMITTEE AND MANAGING DIRECTOR REVIEW THE 990 FIRST
AND THEN FORWARD IT TO THE BOARD FOR APPROVAL.

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

THE EXECUTIVE DIRECTOR MONITORS THE ACTIVITIES OF THE BOARD MEMBERS AS THEY
RELATE TO THE ORGANIZATIONS ACTIVITIES AND REPORTS TO THE PRESIDENT OF THE
BOARD.

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

AT THE DIRECTION OF THE BOARD, THE EXECUTIVE COMMITTEE MEETS WITH THE
EXECUTIVE DIRECTOR AND DISCUSSES HIS PERFORMANCE AND SUBSEQUENTLY OFFERS
HIM A CONTRACT.

FORM 990, PART VI, SECTION C, LINE 18:

SBIFF'S 990 IS AVAILABLE UPON REQUEST AND FROM WWW.GUIDESTAR.COM.

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

THE SBIFF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILIABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

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

Schedule O (Form 990) 2023

| | | |
|--------------------------|--|--|
| Name of the organization | SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number **-***3674 |
|--------------------------|--|--|

IN-KIND PROFESSIONAL FEES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 157,400. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 157,400. |

FILM RENTAL:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 135,562. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 135,562. |

IN-KIND GUEST SERVICES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 119,567. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 119,567. |

IN-KIND CATERING:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 104,226. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 104,226. |

IN-KIND PRIZES:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 71,989. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |

| | | |
|--------------------------|--|--|
| Name of the organization | SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Employer identification number **-***3674 |
|--------------------------|--|--|

| | |
|----------------|---------|
| TOTAL EXPENSES | 71,989. |
|----------------|---------|

IN-KIND DECORATIONS:

| | |
|--------------------------|---------|
| PROGRAM SERVICE EXPENSES | 61,600. |
|--------------------------|---------|

| | |
|---------------------------------|----|
| MANAGEMENT AND GENERAL EXPENSES | 0. |
|---------------------------------|----|

| | |
|----------------------|----|
| FUNDRAISING EXPENSES | 0. |
|----------------------|----|

| | |
|----------------|---------|
| TOTAL EXPENSES | 61,600. |
|----------------|---------|

IN-KIND EQUIPMENT AND FACILITIES:

| | |
|--------------------------|---------|
| PROGRAM SERVICE EXPENSES | 53,000. |
|--------------------------|---------|

| | |
|---------------------------------|----|
| MANAGEMENT AND GENERAL EXPENSES | 0. |
|---------------------------------|----|

| | |
|----------------------|----|
| FUNDRAISING EXPENSES | 0. |
|----------------------|----|

| | |
|----------------|---------|
| TOTAL EXPENSES | 53,000. |
|----------------|---------|

SUPPLIES:

| | |
|--------------------------|---------|
| PROGRAM SERVICE EXPENSES | 41,565. |
|--------------------------|---------|

| | |
|---------------------------------|--------|
| MANAGEMENT AND GENERAL EXPENSES | 2,661. |
|---------------------------------|--------|

| | |
|----------------------|----|
| FUNDRAISING EXPENSES | 0. |
|----------------------|----|

| | |
|----------------|---------|
| TOTAL EXPENSES | 44,226. |
|----------------|---------|

IN-KIND PRINTING:

| | |
|--------------------------|--------|
| PROGRAM SERVICE EXPENSES | 9,038. |
|--------------------------|--------|

| | |
|---------------------------------|----|
| MANAGEMENT AND GENERAL EXPENSES | 0. |
|---------------------------------|----|

| | |
|----------------------|----|
| FUNDRAISING EXPENSES | 0. |
|----------------------|----|

| | |
|----------------|--------|
| TOTAL EXPENSES | 9,038. |
|----------------|--------|

| | |
|--|----------|
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A | 756,608. |
|--|----------|

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | BUILDINGS | | | | | | | | | | | | | | |
| 3 | RIVIERA PHASE 1 | 09/01/17 | SL | 18.75 | | 16 | 4,014,385. | | | | 4,014,385. | 1,213,239. | | 214,101. | 1,427,340. |
| 5 | EDUC CENTER - 7 MURALS | 04/01/19 | SL | 18.75 | | 16 | 18,000. | | | | 18,000. | 3,920. | | 960. | 4,880. |
| 9 | EDUC CENTER - IMPROVEMENTS | 01/01/20 | SL | 18.75 | | 16 | 22,131. | | | | 22,131. | 3,933. | | 1,180. | 5,113. |
| 27 | LEASEHOLD IMPROVEMENTS | 12/14/05 | SL | 39.00 | MM | 16 | 37,242. | | | | 37,242. | 16,593. | | 955. | 17,548. |
| 28 | LEASEHOLD IMPROVEMENTS | 04/30/14 | SL | 39.00 | MM | 16 | 8,960. | | | | 8,960. | 2,080. | | 230. | 2,310. |
| 29 | LEASEHOLD IMPROVEMENTS | 05/15/14 | SL | 39.00 | MM | 16 | 1,638. | | | | 1,638. | 376. | | 42. | 418. |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | | | 4,102,356. | | | | 4,102,356. | 1,240,141. | | 217,468. | 1,457,609. |
| | FURNITURE & FIXTURES | | | | | | | | | | | | | | |
| 4 | EDUC CENTER AV - JENSEN | 09/14/18 | SL | 5.00 | | 16 | 8,230. | | | | 8,230. | 7,681. | | 549. | 8,230. |
| 6 | EDUC CENTER - LARGE AUDIO | 04/01/19 | SL | 5.00 | | 16 | 56,869. | | | | 56,869. | 46,444. | | 10,425. | 56,869. |
| 7 | EDUC CENTER - IMPROVEMENTS | 04/01/19 | SL | 5.00 | | 16 | 5,809. | | | | 5,809. | 4,745. | | 1,064. | 5,809. |
| 8 | EDUC CENTER - FURNITURE | 03/22/19 | SL | 7.00 | | 16 | 88,668. | | | | 88,668. | 51,724. | | 12,667. | 64,391. |
| 10 | FURNITURE | 01/01/20 | SL | 7.00 | | 16 | 2,303. | | | | 2,303. | 1,097. | | 329. | 1,426. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES | | | | | | 161,879. | | | | 161,879. | 111,691. | | 25,034. | 136,725. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 4,264,235. | | | | 4,264,235. | 1,351,832. | | 242,502. | 1,594,334. |

Type and Entity: PRE-2018 NOL FED
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

| Year Originated | Original Carryover Amount | Total Amount Used | Section 382 Carryover | | | | | | | | | |
|-----------------|---------------------------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | | | Amount Used for 04/30/19 | Amount Used for 04/30/20 | Amount Used for 04/30/22 | Amount Used for 04/30/24 | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | 2011 | 27,055. | 13,916. | 13,139. | | | | | | | | |
| B | 2012 | 6,981. | | 6,981. | | | | | | | | |
| C | 2014 | 3,122. | | 1,483. | 1,639. | | | | | | | |
| D | 2016 | 20,444. | | | 20,444. | | | | | | | |
| E | 2017 | 31,478. | | | 22,715. | 8,763. | | | | | | |
| F | | | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |
| I | | | | | | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| M | | | | | | | | | | | | |
| N | | | | | | | | | | | | |
| O | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| Q | | | | | | | | | | | | |
| R | | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |
| | Detail Type | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | | | | | | | | | | | | |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |
| I | | | | | | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| M | | | | | | | | | | | | |
| N | | | | | | | | | | | | |
| O | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| Q | | | | | | | | | | | | |
| R | | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |

Type and Entity: NOL CA
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

| Year Originated | Original Carryover Amount | Total Amount Used | Section 382 Carryover | | | | | | | | | |
|-----------------|---------------------------|-------------------|--------------------------|--------------------------|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | | | Amount Used for 04/30/20 | Amount Used for 04/30/22 | Amount Used for 04/30/24 | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A 2012 | 6,981. | 6,981. | 6,660. | 321. | | | | | | | | |
| B 2015 | 3,122. | 3,122. | | 3,122. | | | | | | | | |
| C 2016 | 23,566. | 23,566. | | 23,566. | | | | | | | | |
| D 2017 | 55,044. | 35,633. | | 16,789. | 18,844. | | | | | | | |
| E 2018 | 85,068. | | | | | | | | | | | |
| F 2020 | 9,758. | | | | | | | | | | | |
| G 2022 | 3,094. | | | | | | | | | | | |
| H | | | | | | | | | | | | |
| I | | | | | | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| M | | | | | | | | | | | | |
| N | | | | | | | | | | | | |
| O | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| Q | | | | | | | | | | | | |
| R | | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |
| Detail Type | ESBC | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | | | | | | | | | | | | |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |
| I | | | | | | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| M | | | | | | | | | | | | |
| N | | | | | | | | | | | | |
| O | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| Q | | | | | | | | | | | | |
| R | | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |

IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning MAY 1, 2023, and ending APR 30, 2024

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC

EIN or SSN ** - *** 3674

Name and title of officer or person subject to tax LINDA ARMSTRONG TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes lines 1a-10a for various forms and lines 1b-10b for corresponding amounts. Line 6b has a value of 255.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize NASIF, HICKS, HARRIS & CO., LLP to enter my PIN 12345. Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95028681453

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I - Identification

| | | |
|---|--|--|
| Type or Print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization, employer, or other filer, see instructions. SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Taxpayer identification number (TIN) ** - *** 3674 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1528 CHAPALA STREET, 203 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | | |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SEAN PRATT**
1528 CHAPALA STREET - SANTA BARBARA, CA 93101

Telephone No. **805-963-0023** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MARCH 17**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **MAY 1**, 20 **23** and ending **APR 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|-----------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2023 or other tax year beginning MAY 1, 2023, and ending APR 30, 2024

2023

Department of the Treasury Internal Revenue Service

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

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

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 10,427,575, D Employer identification number ** - *** 3674, E Group exemption number, F Check box if an amended return.

Form middle section including: G Check organization type 501(c) corporation, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of SEAN PRATT Telephone number 805-963-0023

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 10,979 to 1,216.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 255 to 255.

Table for Part III: Tax and Payments. Rows 1a-5 showing foreign tax credit, total credits, amounts due, and total tax of 255.

| Part III Tax and Payments (continued) | | | |
|--|--|-----------|------|
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | |
| c | Tax deposited with Form 8868 | 6c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | |
| e | Backup withholding (see instructions) | 6e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | |
| g | Elective payment election amount from Form 3800 | 6g | |
| h | Payment from Form 2439 | 6h | |
| i | Credit from Form 4136 | 6i | |
| j | Other (see instructions) | 6j | |
| 7 | Total payments. Add lines 6a through 6j | 7 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | 255. |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | |
| 11 | Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded | 11 | |

| Part IV Statements Regarding Certain Activities and Other Information (see instructions) | | Yes | No |
|---|--|-----------------------------------|----|
| 1 | At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____ | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ <u>8,763.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| | Business Activity Code | Available post-2017 NOL carryover | |
| | 512000 | \$ 12,852. | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 6 a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information
Provide any additional information. See instructions.

| | | | | |
|-------------------------------|--|--|-----------|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | Date | Title | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed |
| | MITCHELL P. THOMAS | | | PTIN |
| | Firm's name | NASIF, HICKS, HARRIS & CO., LLP | | Firm's EIN |
| | Firm's address | 104 WEST ANAPAMU ST STE B SANTA BARBARA, CA 93101 | | ** - ***1453 |
| | | | Phone no. | (805) 966-1521 |

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

| FORM 990-T | PRE 2018 NOL SCHEDULE | STATEMENT | 1 |
|---|-----------------------|-----------|---|
| PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR | | 8,763. | |
| PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 | | 8,763. | |
| SCHEDULE A PORTION OF PRE-2018 NOL | | | |
| SCHEDULE A ENTITY | SCHEDULE A SHARE | | |
| 1 | 0. | | |
| TOTAL SCHEDULE A SHARE OF PRE-2018 NOL | | 0. | |
| NET OPERATING DEDUCTION | | 8,763. | |
| BALANCE AFTER PRE-2018 NOL DEDUCTION | | 2,216. | |
| EXPIRING NET OPERATING LOSSES | | 0. | |
| CARRY FORWARD OF NET OPERATING LOSS | | 0. | |

| FORM 990-T | PRE-2018 NET OPERATING LOSS DEDUCTION | | | STATEMENT | 2 |
|-----------------------------------|---------------------------------------|-------------------------|----------------|---------------------|---|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 04/30/12 | 27,055. | 27,055. | 0. | 0. | |
| 04/30/13 | 6,981. | 6,981. | 0. | 0. | |
| 04/30/15 | 3,122. | 3,122. | 0. | 0. | |
| 04/30/17 | 20,444. | 20,444. | 0. | 0. | |
| 04/30/18 | 31,478. | 22,715. | 8,763. | 8,763. | |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 8,763. | 8,763. | |

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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

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

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

| | |
|---|---|
| A Name of the organization SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | B Employer identification number ** - *** 3674 |
| C Unrelated business activity code (see instructions) 512000 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business **SALE OF ADVERTISING IN PROGRAM**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|--------------------|--------------------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances c Balance | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 11 377,660. | 11 137,500. | 11 240,160. |
| 12 Other income (see instructions; attach statement) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 377,660. | 13 137,500. | 13 240,160. |

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

| | | |
|--|-----------|----------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 Salaries and wages | 2 | 101,428. |
| 3 Repairs and maintenance | 3 | |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement). See instructions | 5 | |
| 6 Taxes and licenses | 6 | 6,514. |
| 7 Depreciation (attach Form 4562). See instructions | 7 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | |
| 9 Depletion | 9 | |
| 10 Contributions to deferred compensation plans | 10 | |
| 11 Employee benefit programs | 11 | |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | |
| 14 Other deductions (attach statement) SEE STATEMENT 3 | 14 | 112,374. |
| 15 Total deductions. Add lines 1 through 14 | 15 | 220,316. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | 19,844. |
| 17 Deduction for net operating loss. See instructions STMT 4 STMT 6 | 17 | 8,865. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 10,979. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

| | | | | | |
|--|---|---|---|---|----|
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | | |
| A <input type="checkbox"/> | | | | | |
| B <input type="checkbox"/> | | | | | |
| C <input type="checkbox"/> | | | | | |
| D <input type="checkbox"/> | | | | | |
| | | A | B | C | D |
| 2 | Rent received or accrued | | | | |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0. |
| 4 | Deductions directly connected with the income in lines 2a and 2b (attach statement) | | | | |
| 5 | Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)..... | | | | 0. |

Part V Unrelated Debt-Financed Income (see instructions)

| | | | | | |
|---|--|---|---|---|----|
| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | | |
| A <input type="checkbox"/> | | | | | |
| B <input type="checkbox"/> | | | | | |
| C <input type="checkbox"/> | | | | | |
| D <input type="checkbox"/> | | | | | |
| | | A | B | C | D |
| 2 | Gross income from or allocable to debt-financed property | | | | |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 .. | | | | |
| 8 | Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0. |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 | Total dividends-received deductions included in line 10 | | | | 0. |

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

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

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

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

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

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

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT | 3 |
|---------------------------------------|------------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| ADVERTISING CONSULTANT | | 36,554. | |
| OCCUPANCY | | 71,750. | |
| OFFICE EXPENSE | | 4,070. | |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | | 112,374. | |

| FORM 990-T (A) | POST 2017 NOL SCHEDULE | STATEMENT | 4 |
|--------------------------|------------------------|-------------------------------|---|
| PRIOR YEAR POST 2017 NOL | NOL DEDUCTION | CARRYFORWARD OF POST 2017 NOL | |
| 12,852. | 8,865. | 3,987. | |

| 990-T SCH A | POST-2017 NET OPERATING LOSS DEDUCTION | | | STATEMENT | 5 |
|-----------------------------------|--|-------------------------|----------------|---------------------|---|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 04/30/21 | 9,758. | 0. | 9,758. | 9,758. | |
| 04/30/23 | 3,094. | 0. | 3,094. | 3,094. | |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 12,852. | 12,852. | |

| SCH A (990-T) | SCHEDULE A NOL DETAIL | STATEMENT | 6 |
|--|-----------------------|-----------|---|
| TAXABLE INCOME FROM ALL ENTITIES | | 19,844. | |
| THIS ENTITIES PORTION OF TAXABLE INCOME | | 19,844. | |
| THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS | | 100.00% | |
| THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS | | 8,763. | |
| TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS | | 11,081. | |
| 80% INCOME LIMITATION | | 8,865. | |
| POST-2017 AVAILABLE | | 12,852. | |
| LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION | | 8,865. | |

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC

FORM 990 PAGE 10

** - ***3674

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Amount, and sub-amounts. Includes lines 1-13 for Section 179 election.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 19a-i.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Class life, and Amount. Includes rows 20a-d for alternative depreciation.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary.

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| | | | | | | | | | |
|---|--------------------------------------|--|-----------------------------------|---|-------------------------------|---------------------------------|--------------------------------------|--|--|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 | |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | | | | | | | | | | | | |
|--|-------------------------|--|-------------------------|--|-------------------------|--|-------------------------|--|-------------------------|--|-------------------------|--|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
| | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | |
| | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

| | | |
|--|------------|-----------|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

| | | | | | |
|--|--|----------------------------------|----------------------------|---|--|
| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
| 42 Amortization of costs that begins during your 2023 tax year: | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2023 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | BUILDINGS | | | | | | | | | | | |
| 3 | RIVIERA PHASE 1 EDUC CENTER - 7 | 090117 | SL | 18.75 | 16 | 4,014,385. | | | 4,014,385. | 1,213,239. | | 214,101. |
| 5 | MURALS EDUC CENTER - | 040119 | SL | 18.75 | 16 | 18,000. | | | 18,000. | 3,920. | | 960. |
| 9 | IMPROVEMENTS LEASEHOLD | 010120 | SL | 18.75 | 16 | 22,131. | | | 22,131. | 3,933. | | 1,180. |
| 27 | IMPROVEMENTS LEASEHOLD | 121405 | SL | 39.00 | 16 | 37,242. | | | 37,242. | 16,593. | | 955. |
| 28 | IMPROVEMENTS LEASEHOLD | 043014 | SL | 39.00 | 16 | 8,960. | | | 8,960. | 2,080. | | 230. |
| 29 | IMPROVEMENTS LEASEHOLD | 051514 | SL | 39.00 | 16 | 1,638. | | | 1,638. | 376. | | 42. |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | | 4,102,356. | | 0. | 4,102,356. | 1,240,141. | | 217,468. |
| | FURNITURE & FIXTURES | | | | | | | | | | | |
| 4 | EDUC CENTER AV - JENSEN | 091418 | SL | 5.00 | 16 | 8,230. | | | 8,230. | 7,681. | | 549. |
| 6 | EDUC CENTER - LARGE AUDIO | 040119 | SL | 5.00 | 16 | 56,869. | | | 56,869. | 46,444. | | 10,425. |
| 7 | EDUC CENTER - IMPROVEMENTS | 040119 | SL | 5.00 | 16 | 5,809. | | | 5,809. | 4,745. | | 1,064. |
| 8 | EDUC CENTER - FURNITURE | 032219 | SL | 7.00 | 16 | 88,668. | | | 88,668. | 51,724. | | 12,667. |
| 10 | FURNITURE | 010120 | SL | 7.00 | 16 | 2,303. | | | 2,303. | 1,097. | | 329. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTUR | | | | | 161,879. | | 0. | 161,879. | 111,691. | | 25,034. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 4,264,235. | | 0. | 4,264,235. | 1,351,832. | | 242,502. |

2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC

| Asset No. | Description | Date Acquired | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|-----------|--|---------------|--------|-------|--------------------------|----------------------|------------------------|--------------------------|------------------------|
| | BUILDINGS | | | | | | | | |
| 3 | RIVIERA PHASE 1 | 090117 | SL | 18.75 | 4,014,385. | | 4,014,385. | 1,427,340. | 214,101. |
| 5 | EDUC CENTER - 7 MURALS | 040119 | SL | 18.75 | 18,000. | | 18,000. | 4,880. | 960. |
| 9 | EDUC CENTER - IMPROVEMENTS | 010120 | SL | 18.75 | 22,131. | | 22,131. | 5,113. | 1,180. |
| 27 | LEASEHOLD IMPROVEMENTS | 121405 | SL | 39.00 | 37,242. | | 37,242. | 17,548. | 955. |
| 28 | LEASEHOLD IMPROVEMENTS | 043014 | SL | 39.00 | 8,960. | | 8,960. | 2,310. | 230. |
| 29 | LEASEHOLD IMPROVEMENTS | 051514 | SL | 39.00 | 1,638. | | 1,638. | 418. | 42. |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | 4,102,356. | | 4,102,356. | 1,457,609. | 217,468. |
| | FURNITURE & FIXTURES | | | | | | | | |
| 4 | EDUC CENTER AV - JENSEN | 091418 | SL | 5.00 | 8,230. | | 8,230. | 8,230. | 0. |
| 6 | EDUC CENTER - LARGE AUDIO | 040119 | SL | 5.00 | 56,869. | | 56,869. | 56,869. | 0. |
| 7 | EDUC CENTER - IMPROVEMENTS | 040119 | SL | 5.00 | 5,809. | | 5,809. | 5,809. | 0. |
| 8 | EDUC CENTER - FURNITURE | 032219 | SL | 7.00 | 88,668. | | 88,668. | 64,391. | 12,667. |
| 10 | FURNITURE | 010120 | SL | 7.00 | 2,303. | | 2,303. | 1,426. | 329. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES | | | | 161,879. | | 161,879. | 136,725. | 12,996. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | 4,264,235. | | 4,264,235. | 1,594,334. | 230,464. |

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 05/01/2023, and ending (mm/dd/yyyy) 04/30/2024

Corporation/Organization name SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC California corporation number 1336991 FEIN ** - ***3674

Street address (suite or room) 1528 CHAPALA STREET, NO. 203 City SANTA BARBARA State CA ZIP code 93101 Foreign country name Foreign province/state/country Foreign postal code

A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return E Check accounting method F Federal return filed G Is this a group filing H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

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

Table with 4 columns: Description, Line number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Payments (lines 11-16).

Sign Here: Signature of officer, Title (TREASURER), Date, Telephone (805-963-0023). Paid Preparer's Use Only: Preparer's signature, Firm's name (NASIF, HICKS, HARRIS & CO., LLP), Address (104 WEST ANAPAMU ST STE B SANTA BARBARA, CA 93101), Telephone ((805) 966-1521).

SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC

** - *** 3674

328951 12-26-23

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

| | | | | | | | |
|-----------------------------|----------------------------|---|--|----|-----------|-----------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 651,203 | 00 | |
| | 2 | Interest | • | 2 | 147,783 | 00 | |
| | 3 | Dividends | • | 3 | | 00 | |
| | 4 | Gross rents | • | 4 | 55,980 | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) | • | 6 | | 00 | |
| | 7 | Other income SEE STATEMENT 3 | • | 7 | 4,941,918 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 5,796,884 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | | 00 | |
| | 10 | Disbursements to or for members | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 4 | • | 11 | 813,581 | 00 | |
| | 12 | Other salaries and wages | • | 12 | 876,884 | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | 3,092 | 00 |
| | | 14 | Taxes | • | 14 | 108,565 | 00 |
| | | 15 | Rents | • | 15 | 448,435 | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 242,502 | 00 |
| | | 17 | Other expenses and disbursements SEE STATEMENT 5 | • | 17 | 5,112,030 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 7,605,089 | 00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|-----------|---------------------|-------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 1,673,581 | | • 1,527,368 |
| 2 | Net accounts receivable | | 154,608 | | • 97,997 |
| 3 | Net notes receivable | | | | • |
| 4 | Inventories | | | | • |
| 5 | Federal and state government obligations | | | | • |
| 6 | Investments in other bonds | | | | • |
| 7 | Investments in stock | | | | • |
| 8 | Mortgage loans | | | | • |
| 9 | Other investments STMT 6 | | 3,007,153 | | • 4,200,457 |
| 10 a | Depreciable assets | 4,264,235 | | 4,264,235 | |
| b | Less accumulated depreciation | 1,351,832 | 2,912,403 | 1,594,334 | 2,669,901 |
| 11 | Land | | | | • |
| 12 | Other assets STMT 7 | | 2,165,896 | | • 1,931,852 |
| 13 | Total assets | | 9,913,641 | | 10,427,575 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 113,991 | | • 125,404 |
| 15 | Contributions, gifts, or grants payable | | | | • |
| 16 | Bonds and notes payable | | | | • |
| 17 | Mortgages payable | | 117,175 | | • 107,900 |
| 18 | Other liabilities STMT 8 | | 2,163,992 | | • 2,070,692 |
| 19 | Capital stock or principal fund | | | | • |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 | Retained earnings or income fund | | 7,518,483 | | • 8,123,579 |
| 22 | Total liabilities and net worth | | 9,913,641 | | 10,427,575 |

| Schedule M-1 Reconciliation of income per books with income per return | | | | | |
|--|---|-----------|----|--|---------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | | | |
| 1 | Net income per books | • 605,096 | 7 | Income recorded on books this year not included in this return. Attach schedule | • |
| 2 | Federal income tax | • | 8 | Deductions in this return not charged against book income this year. Attach schedule | • |
| 3 | Excess of capital losses over capital gains | • | 9 | Total. Add line 7 and line 8 | |
| 4 | Income not recorded on books this year. Attach schedule | • | 10 | Net income per return. Subtract line 9 from line 6 | 605,096 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | | | |
| 6 | Total. Add line 1 through line 5 | 605,096 | | | |

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

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|----------------------------------|---|--------------|---------|
| AMAZON MGM STUDIOS | 245 N. BEVERLY DR BEVERLY HILLS, CA 90210 | 04/30/24 | 7,500. |
| ANDREW AND ELIZABETH BUTCHER | 1225 MESA ROAD SANTA BARBARA, CA 93108 | 04/30/24 | 7,500. |
| ANTI DEFAMATION LEAGUE | 1528 CHAPALA STREET SANTA BARBARA, CA 93108 | 04/30/24 | 15,000. |
| APPLE | 8600 HAYDEN PLACE CULVER CITY, CA 90232 | 04/30/24 | 27,500. |
| AUDREY HILLMAN FISHER FOUNDATION | 310 GRANT STREET SUIT 2020 PITTSBURG, PA 15219 | 04/30/24 | 20,000. |
| BENTSON FOUNDATION | 315 LAKE ST E #302 WAYZATA, MN 55391 | 04/30/24 | 10,000. |
| BLACK MARKET SPIRITS | 137 ANACAPA ST SUITE D SANTA BARBARA, CA 93101 | 04/30/24 | 50,000. |
| BOURKE WEALTH MANAGEMENT | 222 EAST CANON PERDIDO STREET SUITE 305 SANTA BARBARA, CA 93101 | 04/30/24 | 22,500. |
| BOX WATER IS BETTER | 135 MANUFACTURES DR HOLLAND, MI 49424 | 04/30/24 | 5,000. |
| BRAD LEMONS FOUNDATION | 1880 CENTURY PARK EA LOS ANGELES, CA 90067 | 04/30/24 | 5,000. |
| BRIAN MITCHELL | 578 WASHINGTON BLVD #272 MARINA DEL REY, CA 90292 | 04/30/24 | 25,000. |
| CA RELIEF PRG | 1325 J STREET, SUITE 1800 SACRAMENTO, CA 95814 | 04/30/24 | 25,000. |
| CAA | 2000 AVENUE OF THE STARS LOS ANGELES, CA 90067 | 04/30/24 | 5,000. |
| CAREN MASON | PO BOX 5037 SANTA BARBARA, CA 93150 | 04/30/24 | 17,000. |
| CHRIS LANCASHIRE | 1505 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93101 | 04/30/24 | 18,000. |

SANTA BARBARA INTERNATIONAL FILM FESTIVA

-*3674

| | | | |
|--------------------------------|---|----------|---------|
| CITY OF SANTA BARBARA | PO BOX 1990 SANTA BARBARA, CA 93102 | 04/30/24 | 76,665. |
| DAOU VINEYARDS | 85 BROAD STREET #17-013 NEW YORK, NY 10004 | 04/30/24 | 40,000. |
| DEBBIE MCNAMARA | 15803 VIEWFIELD ROAD MONTE SERENO, CA 95030 | 04/30/24 | 12,000. |
| EL ENCANTO, A BELMOND HOTEL | 800 ALVARADO PL SANTA BARBARA, CA 93103 | 04/30/24 | 7,500. |
| ELIZABETH ENGLISH | 940 VIA TRANQUILA SANTA BARBARA, CA 93110 | 04/30/24 | 50,000. |
| ERNESTO PAREDES | 53 CASS PLACE GOLETA, CA 93117 | 04/30/24 | 5,500. |
| FOCUS FEATURES | 3900 LANKERSHIM BLVD STUDIO CITY, CA 91604 | 04/30/24 | 17,500. |
| GORDON AND KAREN SEABURY | 2020 ALAMEDA PADRE SERRA SUITE 125 SANTA BARBARA, CA 93103 | 04/30/24 | 5,500. |
| GUCCI AMERICA, INC. | 195 BROADWAY, 12TH FLOOR NEW YORK, NY 10007 | 04/30/24 | 5,000. |
| JEFF AND MARGO BARBAKOW | 650 PICACHO LANE SANTA BARBARA, CA 93101 | 04/30/24 | 33,000. |
| JENNIFER AND MAX DRUCKER | 1604 OLIVE STREET SANTA BARBARA, CA 93101 | 04/30/24 | 7,500. |
| JENNIFER AND RENDY FREEDMAN | 486 TORO CANYON SANTA BARBARA, CA 93101 | 04/30/24 | 12,000. |
| JEWISH FEDERATION | 524 CHAPALA ROAD SANTA BARBARA, CA 93101 | 04/30/24 | 7,500. |
| JOHN C MITHUN FOUNDATION | 1135 HARBOR HILLS DR SANTA BARBARA, CA 93101 | 04/30/24 | 95,000. |
| JULIE GOUW | 3625 LOCKSLEY DRIVE PASADENA, CA 91107 | 04/30/24 | 7,500. |
| KALEIDOSCOPE PRODUCTIONS | 414 CHAPALA ST. STE 200. SANTA BARBARA, CA 93101 | 04/30/24 | 25,000. |
| KATHY BENZ | PO BOX 161000 BIG SKY, MT 59716 | 04/30/24 | 6,000. |
| KATIE DE WITT | 521 MIRAMONTE DRIVE SANTA BARBARA, CA 93109 | 04/30/24 | 6,500. |

SANTA BARBARA INTERNATIONAL FILM FESTIVA

-*3674

| | | | |
|-----------------------------------|--|----------|---------|
| LAURA WYATT | 1117 DULZURA DR SANTA BARBARA, CA 93108 | 04/30/24 | 15,000. |
| LEE AND MARLA PHILLIPS | 150 POMAR LANE SANTA BARBARA, CA 93108 | 04/30/24 | 5,500. |
| LESLIE AND ASHISH BHUTANI | 12 EAST 13TH ST. APT 9 NEW YORK, NY 10003 | 04/30/24 | 25,000. |
| LESLIE AND DIANE EKKER | 1758 CALLE BOCA DEL CANON SANTA BARBARA, CA 93101 | 04/30/24 | 15,000. |
| LINDA AND JIM ARMSTRONG | 1208 BAJADA SANTA BARBARA, CA 93109 | 04/30/24 | 8,000. |
| LISA SOLANA | 525 LAS PALMAS DR SANTA BARBARA, CA 93110 | 04/30/24 | 7,000. |
| LORI LUM | 89955 OCEAN DRIVE WARRENTON, OR 97146 | 04/30/24 | 7,500. |
| LYNDA WEINMAN AND BRUCE HEAVIN | 1187 COAST VILLAGE RD #553 MONTECITO, CA 93108 | 04/30/24 | 81,250. |
| MARIN COMMUNITY FOUNDATION | 5 HAMILTON LANDING # 200 NOVATO, CA 94949 | 04/30/24 | 10,000. |
| MATTEL | 333 CONTINENTAL EL SEGUNDO, CA 90245 | 04/30/24 | 15,000. |
| MENTALITY | 420 E CARRILLO STREET SANTA BARBARA, CA 93101 | 04/30/24 | 7,500. |
| MICHAEL AND TRACEY BOLLAG | 3666 CAMPANIL DRIVE SANTA BARBARA, CA 93109 | 04/30/24 | 25,000. |
| MICHELLE BEVIS | PO BOX 50055 SANTA BARBARA, CA 93150 | 04/30/24 | 6,000. |
| MIMI DEGRUY | P.O. BOX 5265 SANTA BARBARA, CA 93150 | 04/30/24 | 7,000. |
| MONTECITO BANK | 1000 STATE ST SANTA BARBARA, CA 93101 | 04/30/24 | 28,500. |
| MORRIS JURKOWITZ | 880 PARK LN SANTA BARBARA, CA 93108 | 04/30/24 | 25,000. |
| NBC UNIVERSAL | 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608 | 04/30/24 | 42,500. |
| NETFLIX | 5808 W SUNSET BLVD LOS ANGELES, CA 90028 | 04/30/24 | 58,000. |

SANTA BARBARA INTERNATIONAL FILM FESTIVA

-*3674

| | | | |
|---|---|----------|---------|
| NORA MCNEELY HURLEY AND MICHAEL HURLEY | PO BOX 422 SUMMERLAND, CA 93067 | 04/30/24 | 58,000. |
| NORTHERN TRUST | 1485 E VALLEY RD SUITE 7 SANTA BARBARA, CA 93108 | 04/30/24 | 15,000. |
| NORTHERN TRUST | 259 WEST SANTA CLARA STREET VENTURA, CA 93001 | 04/30/24 | 10,000. |
| PIPER HEIDSEICK | 12 ALLEE DU VIGNOBLE, REIMS, FRANCE 51100 | 04/30/24 | 25,000. |
| RACHEL STERN | 3050 FOOTHILL ROAD CARPINTERIA, CA 93013 | 04/30/24 | 15,000. |
| ROBIN AND ROGER HIMOVITZ | PO BOX 5664 SANTA BARBARA, CA 93150 | 04/30/24 | 46,000. |
| RUSS AND PAM STROBEL | 2897 HIDDEN VALLEY LANE SANTA BARBARA, CA 93101 | 04/30/24 | 50,000. |
| SAIGE WEALTH MANAGEMENT | 21 E CARRILLO ST #100 SANTA BARBARA, CA 93101 | 04/30/24 | 5,000. |
| SANDY AND DAVID WASCO | 4411 LOS FELIZ BLVD. LOS ANGELES, CA 90027 | 04/30/24 | 5,500. |
| SANDY STAHL REALTY | 1470 E VALLEY RD MONTECITO, CA 93108 | 04/30/24 | 7,500. |
| SANTA YNEZ VALLEY | PO BOX 633 SOLVANG, CA 93464 | 04/30/24 | 10,000. |
| SEARCHLIGHT PICTURES | 10201 PICO BLVD LOS ANGELES, CA 90064 | 04/30/24 | 11,000. |
| SKINNER FAMILY FOUNDATION | 21 EAST VICTORIA STREET SUITE 200 SANTA BARBARA, CA 93101 | 04/30/24 | 8,000. |
| SUSAN ENG-DENBAARS AND STEVEN DENBAARS | 283 ELDERBERRY DRIVE GOLETA, CA 93117 | 04/30/24 | 26,000. |
| TAMMY AND KIM HUGHES | 28 ANACAPA ST SANTA BARBARA, CA 93101 | 04/30/24 | 18,000. |
| TED SARANDOS | 1377 N. SERRANO AVE LOS ANGELES, CA 90027 | 04/30/24 | 10,000. |
| THE MARUCA FOUNDATION | 355 S GRAND AVE SUITE 4400 LOS ANGELES, CA 90071 | 04/30/24 | 50,000. |
| TOAD & CO | 2020 ALAMEDA PADRE SERRA SUITE 125 SANTA BARBARA, CA 93103 | 04/30/24 | 5,000. |

SANTA BARBARA INTERNATIONAL FILM FESTIVA

-*3674

| | | | |
|--------------------------------|--|----------|-------------------|
| US BANK | 20 E CARRILLO ST SANTA BARBARA, CA 93101 | 04/30/24 | 30,000. |
| US CONFERENCE OF MAYERS | 1620 I ST. NW WASHINGTON, DC 20006 | 04/30/24 | 15,000. |
| VAYA CON DIOS | 1704 PATERNA ROAD SANTA BARBARA, CA 93103 | 04/30/24 | 25,000. |
| VINCE AND COLLEEN CABALLERO | 304 ELDERBERRY DR. GOLETA, CA 93117 | 04/30/24 | 5,500. |
| VOLENTINE FAMILY FOUNDATION | 19 W. CARRILLO STREET, STE. B SANTA BARBARA, CA 93101 | 04/30/24 | 5,000. |
| WALDEN MEDIA | 10201 W PICO BLVD # 52 LOS ANGELES, CA 90064 | 04/30/24 | 7,500. |
| WALT DISNEY STUDIOS | 500 S BUENA VISTA ST BURBANK, CA 91521 | 04/30/24 | 6,000. |
| WARNER BROS. PICTURES | 4000 WARNER BLVD BURBANK, CA 91522 | 04/30/24 | 27,500. |
| WINCHESTER MYSTERY HOUSE | 525 S WINCHESTER BLVD SAN JOSE, CA 95128 | 04/30/24 | 5,000. |
| YARDI SYSTEMS | 430 S FAIRVIEW AVE SANTA BARBARA, CA 93117 | 04/30/24 | 25,000. |
| ZEGAR FAMILY FUND | PO BOX 1510 NEW YORK, NY 10150 | 04/30/24 | 5,000. |
| ERNA & LAURA CLIFFORD | 1528 CHAPALA STREET SANTA BARBARA, CA 93101 | 04/30/24 | 10,000. |
| THE MANITOU FUND | PO BOX 422 SANTA BARBARA, CA 93109 | 04/30/24 | 300,000. |
| COMMUNITY WEST BANK | 1501 STATE STREET SANTA BARBARA, CA 93101 | | 7,500. |
| TOTAL INCLUDED ON LINE 3 | | | <u>1,917,415.</u> |

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

| | | |
|--|--------|--------|
| 1. INVENTORY AT BEGINNING OF YEAR | | |
| 2. MERCHANDISE PURCHASED. | | |
| 3. COST OF LABOR. | | |
| 4. MATERIALS AND SUPPLIES | 54,188 | |
| 5. OTHER COSTS. | | |
| 6. ADD LINES 1 THROUGH 5 | | 54,188 |
| 7. INVENTORY AT END OF YEAR | | |
| 8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . | | 54,188 |

| CA 199 | OTHER INCOME | STATEMENT | 3 |
|------------------------------------|--------------|------------|---|
| DESCRIPTION | | AMOUNT | |
| ADVERTISING REVENUE | | 377,660. | |
| MISCELLANEOUS INCOME | | 67,657. | |
| ADMISSIONS | | 3,611,174. | |
| MEMBERSHIPS | | 481,776. | |
| ENTRY FEES | | 403,651. | |
| TOTAL TO FORM 199, PART II, LINE 7 | | 4,941,918. | |

| CA 199 | COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES | STATEMENT | 4 |
|---|--|--------------|---|
| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION | |
| ROGER DURLING 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | EXECUTIVE DIRECTOR 40.00 | 464,831. | |
| SEAN PRATT 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | MANAGING DIRECTOR 40.00 | 184,167. | |
| BENJAMIN GOEDERT 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DEVELOPMENT DIRECTOR 40.00 | 164,583. | |
| ERNESTO PAREDES 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | PRESIDENT 1.00 | 0. | |
| JEFFREY BARBAKOW 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | CO-CHAIRMAN 1.00 | 0. | |
| LYNDA WEINMAN 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | CO-CHAIRMAN 1.00 | 0. | |
| LINDA ARMSTRONG 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | TREASURER 1.00 | 0. | |

| | | |
|---|------------------------------------|----|
| SUSAN ENG-DENBAARS 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | SECRETARY 1.00 | 0. |
| LISA SOLANA 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DEVELOPMENT DIRECTOR 1.00 | 0. |
| VINCE CABALLERO 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | NOMINATIONS AND GOVERNANCE 1.00 | 0. |
| GORDON SEABURY 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | AUDIT 1.00 | 0. |
| MIMI DEGRUY 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | EDUCATION 1.00 | 0. |
| ROBIN HIMOVITZ 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DIRECTOR 1.00 | 0. |
| NORA MCNEELY HURLEY 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DIRECTOR 1.00 | 0. |
| CHRIS LANCASHIRE 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DIRECTOR 1.00 | 0. |
| TAMMY HUGHES 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DIRECTOR 1.00 | 0. |
| L. LEE PHILLIPS 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DIRECTOR 1.00 | 0. |
| ROB SKINNER 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DIRECTOR 1.00 | 0. |
| SANDY REYNOLDS-WASCO 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DIRECTOR 1.00 | 0. |
| DAVID WASCO 1528 CHAPALA STREET, 203 SANTA BARBARA, CA 93101 | DIRECTOR 1.00 | 0. |

TOTAL TO FORM 199, PART II, LINE 11

813,581.

| CA 199 | OTHER EXPENSES | STATEMENT | 5 |
|---------------------------------------|----------------|------------|---|
| DESCRIPTION | | AMOUNT | |
| IN-KIND ADVERTISING | | 2,056,817. | |
| EVENTS | | 578,696. | |
| EQUIPMENT RENTAL | | 299,689. | |
| PROFESSIONAL FEES | | 256,484. | |
| IN-KIND PROFESSIONAL FEES | | 157,400. | |
| FILM RENTAL | | 135,562. | |
| IN-KIND GUEST SERVICES | | 119,567. | |
| IN-KIND CATERING | | 104,226. | |
| IN-KIND PRIZES | | 71,989. | |
| IN-KIND DECORATIONS | | 61,600. | |
| IN-KIND EQUIPMENT AND FACILITIES | | 53,000. | |
| SUPPLIES | | 44,226. | |
| IN-KIND PRINTING | | 9,038. | |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | | 758,737. | |
| OTHER EMPLOYEE BENEFITS | | 94,754. | |
| ADVERTISING AND PROMOTION | | 70,554. | |
| OFFICE EXPENSES | | 67,842. | |
| INFORMATION TECHNOLOGY | | 74,640. | |
| TRAVEL | | 97,209. | |
| TOTAL TO FORM 199, PART II, LINE 17 | | 5,112,030. | |

| CA 199 | OTHER INVESTMENTS | STATEMENT | 6 |
|---------------------------------------|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| INVESTMENTS | 3,007,153. | 4,200,457. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | 3,007,153. | 4,200,457. | |

| CA 199 | OTHER ASSETS | STATEMENT | 7 |
|--|--------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| PLEDGES AND GRANTS RECEIVABLE | 300,000. | 401,500. | |
| PREPAID EXPENSES AND DEFERRED CHARGES | 232,183. | 102,475. | |
| SECURITY DEPOSITS | 9,872. | 9,872. | |
| OPERATING RIGHT-OF-USE ASSET | 1,623,841. | 1,418,005. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 2,165,896. | 1,931,852. | |

| CA 199 | OTHER LIABILITIES | STATEMENT | 8 |
|---|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| OPERATING RIGHT-OF-USE LIABILITY, CURRENT | 202,643. | 98,316. | |
| OPERATING RIGHT-OF-USE LIABILITY, NON-CURRENT | 1,611,759. | 1,513,443. | |
| DEFERRED REVENUE | 349,590. | 458,933. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 2,163,992. | 2,070,692. | |

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN ** - * 3674**

Corporation name

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

California corporation number

1336991

Part I Election To Expense Certain Property Under IRC Section 179

| | | |
|--|-------------------------------------|-------------------------|
| 1 Maximum deduction under IRC Section 179 for California | 1 | \$25,000 |
| 2 Total cost of IRC Section 179 property placed in service | 2 | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 6 | | |
| 7 Listed property (elected IRC Section 179 cost) | 7 | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| 14 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SEE STATEMENT | 9 | 4,264,235. | 1,351,832. | | | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | 15 | 242,502 |

Part III Summary

| | | | |
|--|----------------------------------|-----------|----------------|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | <input checked="" type="radio"/> | 16 | 242,502 |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | <input checked="" type="radio"/> | 17 | 242,502 |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | <input checked="" type="radio"/> | 18 | 0 |

Part IV Amortization

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instructions) | (f) Period or percentage | (g) Amortization for this year |
|--|----------------------------------|-------------------------|--|-------------------------------------|--------------------------|--------------------------------|
| 19 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 | <input checked="" type="radio"/> | | | | | 22 |

| CA 3885 | | DEPRECIATION | | | | STATEMENT 9 | |
|------------------------------|--------------------|-------------------|-------------------|--------|-------|-------------------|-------|
| ASSET NO./ DESCRIPTION | DATE IN SERVICE | COST OR BASIS | PRIOR DEPR | METHOD | LIFE | DEPRE- CIATION | BONUS |
| 3 RIVIERA PHASE 1 | 09/01/17 | 4,014,385. | 1,213,239. | SL | 18.75 | 214,101. | |
| 4 EDUC CENTER AV - JENSEN | 09/14/18 | 8,230. | 7,681. | SL | 5.00 | 549. | |
| 5 EDUC CENTER - 7 MURALS | 04/01/19 | 18,000. | 3,920. | SL | 18.75 | 960. | |
| 6 EDUC CENTER - LARGE AUDIO | 04/01/19 | 56,869. | 46,444. | SL | 5.00 | 10,425. | |
| 7 EDUC CENTER - IMPROVEMENTS | 04/01/19 | 5,809. | 4,745. | SL | 5.00 | 1,064. | |
| 8 EDUC CENTER - FURNITURE | 03/22/19 | 88,668. | 51,724. | SL | 7.00 | 12,667. | |
| 9 EDUC CENTER - IMPROVEMENTS | 01/01/20 | 22,131. | 3,933. | SL | 18.75 | 1,180. | |
| 10 FURNITURE | 01/01/20 | 2,303. | 1,097. | SL | 7.00 | 329. | |
| 27 LEASEHOLD IMPROVEMENTS | 12/14/05 | 37,242. | 16,593. | SL | 39.00 | 955. | |
| 28 LEASEHOLD IMPROVEMENTS | 04/30/14 | 8,960. | 2,080. | SL | 39.00 | 230. | |
| 29 LEASEHOLD IMPROVEMENTS | 05/15/14 | 1,638. | 376. | SL | 39.00 | 42. | |
| TOTAL TO FORM 3885 | | <u>4,264,235.</u> | <u>1,351,832.</u> | | | <u>242,502.</u> | |

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--|---|
| Exempt Organization name SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Identifying number ** - ***3674 |
|--|---|

Part I Electronic Return Information (whole dollars only)

| | | |
|--|---|------------------|
| 1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 | 8,264,373 |
| 2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) | 2 | 8,210,185 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 7,605,089 |
| 4 Tax due (Form 109, line 23) | 4 | |
| 5 Overpayment (Form 109, line 24) | 5 | |

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

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

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

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

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

10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

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

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

Sign Here _____ **TREASURER**

Signature of officer Date Title

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

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

| | | | | | |
|------------------|---|--|---|---|---------------------------------|
| ERO | ERO's signature | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P01743228 |
| Must Sign | Firm's name (or yours if self-employed) and address | NASIF, HICKS, HARRIS & CO., LLP 104 WEST ANAPAMU ST STE B SANTA BARBARA, CA | | | Firm's FEIN ** - ***1453 |
| | | | | | ZIP code 93101 |

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

| | | | | |
|----------------------|---|-------------|---|----------------------|
| Paid Preparer | Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| Must Sign | Firm's name (or yours if self-employed) and address | Firm's FEIN | | |
| | | ZIP code | | |

2023

California Exempt Organization Business Income Tax Return

109

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 05/01/2023, and ending (mm/dd/yyyy) 04/30/2024

Corporation/Organization name SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC California corporation number 1336991

Additional information. See instructions. FEIN ** - ***3674

Street address (suite/room no.) 1528 CHAPALA STREET, NO. 203 PMB no.

City (If the corporation has a foreign address, see instructions.) SANTA BARBARA State CA ZIP code 93101

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? B Is this an education IRA... C Is the organization under audit... D Final return? E Amended return? F Accounting method used... G Nature of trade or business H Is the organization a non-exempt charitable trust... I Is this organization claiming any former Enterprise Zone... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) code 512000 L Is this a hospital?

Table with 25 rows and 3 columns: Line number, Description, and Amount. Rows include Unrelated business taxable income, Tax computation, Total Tax, Payments, and Use Tax/Overpayment.

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

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

| | | | | | |
|---|-------------------------------|-----------|------|---------|----|
| 1 a Gross receipts or gross sales | b Less returns and allowances | c Balance | • 1c | | 00 |
| 2 Cost of goods sold and/or operations (Schedule A, line 7) | | | • 2 | | 00 |
| 3 Gross profit. Subtract line 2 from line 1c | | | • 3 | | 00 |
| 4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541) | | | • 4a | | 00 |
| b Net gain (loss) from Schedule D-1, Part II | | | • 4b | | 00 |
| c Capital loss deduction for trusts | | | • 4c | | 00 |
| 5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule | | | • 5 | | 00 |
| 6 Rental income (Schedule C) | | | • 6 | | 00 |
| 7 Unrelated debt-financed income (Schedule D) | | | • 7 | | 00 |
| 8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) | | | • 8 | | 00 |
| 9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) | | | • 9 | | 00 |
| 10 Exploited exempt activity income (Schedule G) | | | • 10 | | 00 |
| 11 Advertising income (Schedule H, Part III, Column A) | | | • 11 | 240,160 | 00 |
| 12 Other income. Attach schedule | | | • 12 | | 00 |
| 13 Total unrelated trade or business income. Add line 3 through line 12 | | | • 13 | 240,160 | 00 |

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

| | | | |
|---|-------|------------------|------------|
| 14 Compensation of officers, directors, and trustees from Schedule I | • 14 | | 00 |
| 15 Salaries and wages | • 15 | 101,428 | 00 |
| 16 Repairs | • 16 | | 00 |
| 17 Bad debts | • 17 | | 00 |
| 18 Interest. Attach schedule | • 18 | | 00 |
| 19 Taxes. Attach schedule | • 19 | SEE STATEMENT 10 | 6,514 00 |
| 20 Contributions. See instructions and attach schedule | • 20 | | 00 |
| 21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) | • 21a | | 00 |
| b Less: depreciation claimed on Schedule A. See instructions | • 21b | | 00 |
| 22 Depletion. Attach schedule | • 22 | | 00 |
| 23 a Contributions to deferred compensation plans | • 23a | | 00 |
| b Employee benefit programs. See instructions | • 23b | | 00 |
| 24 Other deductions. Attach schedule | • 24 | SEE STATEMENT 11 | 112,374 00 |
| 25 Total deductions. Add line 14 through line 24 | • 25 | | 220,316 00 |
| 26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | • 26 | | 19,844 00 |
| 27 Excess advertising costs (Schedule H, Part III, Column B) | • 27 | | 00 |
| 28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 | • 28 | | 19,844 00 |
| 29 Specific deduction. See instructions | • 29 | | 1,000 00 |
| 30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 | • 30 | | 18,844 00 |

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

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

| | | | | |
|--------------------------|---|--|---|---------------------------------------|
| Sign Here | Signature of officer | Title TREASURER | Date | • Telephone 805-963-0023 |
| | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | • PTIN P01743228 |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) and address | NASIF, HICKS, HARRIS & CO., LLP 104 WEST ANAPAMU ST STE B SANTA BARBARA, CA 93101 | | • Firm's FEIN ** - *** 1453 |
| | May the FTB discuss this return with the preparer shown above? See instructions | | | • Telephone (805) 966-1521 |

• Yes No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

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

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

Schedule B Tax Credits.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D Unrelated Debt-Financed Income

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

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

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

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

| Exempt Controlled Organizations | | | | | |
|---|------------------------------------|--------------------------------------|--|--|---|
| (a) Name of controlled organizations | (b) Employer identification number | (c) Net unrelated income (loss) | (d) Total of specified payments made | (e) Part of column (d) that is included in the controlling organization's gross income | (f) Deductions directly connected with income in column (e) |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| (g) Taxable income | (h) Net unrelated income (loss) | (i) Total of specified payments made | (j) Part of column (i) that is included in the controlling organization's gross income | (k) Deductions directly connected with income in column (j) | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 Add the amounts in columns (e) and (j) | | | | 4 | |
| 5 Add the amounts in columns (f) and (k) | | | | | 5 |
| 6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9 | | | | | 6 |

Schedule G Exploited Exempt Activity Income, other than Advertising Income

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

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

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

Part II Income from Periodicals Reported on a Separate Basis

| | | | | | | |
|-----------------|-----------|-----------|-----------|---|---|---|
| 1 • ADVERTISING | • | • | • | • | • | • |
| 2 • INCOME | • 377,660 | • 137,500 | • 240,160 | • | • | • |
| 3 • | • | • | • | • | • | • |

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

| (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals | (b) Enter total amount from Part I, columns (d) or (g), and amount listed in Part II, columns (d) or (g) | (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals | (b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d) |
|--|--|--|---|
| 1 • ADVERTISING INCOME | • 240,160 | • | • |
| 2 • | • | • | • |
| 3 • | • | • | • |
| 4 Enter total here and on Side 2, Part I, line 11 ... | • 240,160 | 5 Enter total here and on Side 2, Part II, line 27 | • |

Schedule I Compensation of Officers, Directors, and Trustees

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

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

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

| | | |
|--------|------------|--------------|
| CA 109 | TAXES PAID | STATEMENT 10 |
|--------|------------|--------------|

| DESCRIPTION | AMOUNT |
|------------------------------------|--------|
| PAYROLL TAXES | 6,514. |
| TOTAL TO FORM 109, PAGE 2, LINE 19 | 6,514. |

| | | |
|--------|------------------|--------------|
| CA 109 | OTHER DEDUCTIONS | STATEMENT 11 |
|--------|------------------|--------------|

| DESCRIPTION | AMOUNT |
|------------------------------------|----------|
| ADVERTISING CONSULTANT | 36,554. |
| OCCUPANCY | 71,750. |
| OFFICE EXPENSE | 4,070. |
| TOTAL TO FORM 109, PAGE 2, LINE 24 | 112,374. |

**Alternative Minimum Tax and
Credit Limitations - Corporations**

Attach to Form 100 or Form 109.

Corporation name
**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

California corporation number
1336991

Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation

| | | | | |
|----|--|------|----------------|-----------|
| 1 | Net income (loss) after state adjustments. Enter the amount from Form 100, line 17; Schedule R, line 1c; or Form 109, the lesser of line 1 or line 2 | ⊙ 1 | 18,844 | 00 |
| 2 | Adjustments. See instructions. | | | |
| a | Depreciation of tangible property placed in service after 1986 and before 1999 | ⊙ 2a | | 00 |
| b | Amortization of certified pollution control facilities placed in service after 1986 | ⊙ 2b | | 00 |
| c | Amortization of mining exploration and development costs incurred after 1987 | ⊙ 2c | | 00 |
| d | Basis adjustments in determining gain or loss from sale or exchange of property | ⊙ 2d | | 00 |
| e | Long-term contracts entered into after February 28, 1986 | ⊙ 2e | | 00 |
| f | Installment sales of certain property | ⊙ 2f | | 00 |
| g | Tax shelter farm activities (personal service corporations only) | ⊙ 2g | | 00 |
| h | Passive activities (closely held corporations and personal service corporations only) | ⊙ 2h | | 00 |
| i | Certain loss limitations | ⊙ 2i | | 00 |
| j | Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a | ⊙ 2j | | 00 |
| k | Merchant marine capital construction funds | ⊙ 2k | | 00 |
| l | Combine line 2a through line 2k | ⊙ 2l | | 00 |
| 3 | Tax preference items. See instructions. | | | |
| a | Depletion | ⊙ 3a | | 00 |
| b | Intangible drilling costs | ⊙ 3b | | 00 |
| c | Add line 3a and line 3b | ⊙ 3c | | 00 |
| 4 | Pre-adjustment alternative minimum taxable income (AMTI): | | | |
| a | Combine line 1, line 2l, and line 3c | ⊙ 4a | 18,844 | 00 |
| b | Apportioned pre-adjustment AMTI. If inc is derived from sources both within and outside of CA, see instr. Otherwise, enter the amt from ln 4a | ⊙ 4b | 18,844 | 00 |
| 5 | Adjusted current earnings (ACE) adjustment: | | | |
| a | Enter ACE. See instructions | ⊙ 5a | 18,844 | 00 |
| b | Apportioned ACE. If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 5a | ⊙ 5b | 18,844 | 00 |
| c | Subtract line 4b from line 5b (even if one or both of the figures are negative). If negative, use brackets | ⊙ 5c | | 00 |
| d | Multiply line 5c by 75% (.75) and enter the result as a positive number | ⊙ 5d | | 00 |
| e | Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. Enter an amount on line 5e (even if line 5c is positive) | ⊙ 5e | | 00 |
| f | ACE adjustment: | | | |
| | • If line 5c is a positive amount or zero, enter the amount from line 5d on line 5f as a positive amount. | | | |
| | • If line 5c is a negative amount, enter the smaller of line 5d or line 5e on line 5f as a negative amount. | ⊙ 5f | | 00 |
| 6 | Combine line 4b and line 5f. If zero or less, enter -0- | ⊙ 6 | 18,844 | 00 |
| 7 | a Reduction for disaster loss deduction, if any, from Form 100, line 21 | ⊙ 7a | | 00 |
| | b AMT net operating loss deduction. See instructions | ⊙ 7b | | 00 |
| c | Combine line 7a and line 7b | ⊙ 7c | | 00 |
| 8 | AMTI. Subtract line 7c from line 6 | ⊙ 8 | 18,844 | 00 |
| 9 | Enter \$40,000 exemption. See instructions | ⊙ 9 | 40,000 | 00 |
| 10 | Enter \$150,000 limitation. See instructions | ⊙ 10 | 150,000 | 00 |
| 11 | Subtract line 10 from line 8. If zero or less, enter -0- | ⊙ 11 | 0 | 00 |
| 12 | Multiply line 11 by 25% (.25) | ⊙ 12 | | 00 |
| 13 | Exemption. Subtract line 12 from line 9. If zero or less, enter -0- | ⊙ 13 | 40,000 | 00 |
| 14 | Subtract line 13 from line 8. If zero or less, enter -0- | ⊙ 14 | 0 | 00 |
| 15 | Multiply line 14 by 6.65% (.0665) | ⊙ 15 | | 00 |
| 16 | Banks and financial corps. Multiply Form 100, line 22, by 2.00% (.0200). See instructions | ⊙ 16 | | 00 |

Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation (continued)

| | | | | |
|---|----------------------------------|----|---|----|
| 17 TMT. Add line 15 and line 16 from Side 1 | <input checked="" type="radio"/> | 17 | 0 | 00 |
| 18 Regular tax before credits. Enter the amount from Form 100, line 23 or Form 109, line 10. See instructions | <input checked="" type="radio"/> | 18 | 0 | 00 |
| 19 AMT. Subtract line 18 from line 17. If zero or less, enter -0-. See instructions | <input checked="" type="radio"/> | 19 | 0 | 00 |

Part II Credits that Reduce Tax. See instructions.

| | | | | |
|--|----------------------------------|---|--|----|
| 1 Regular tax from Form 100, line 23 or Form 109, line 10. | <input checked="" type="radio"/> | 1 | | 00 |
| 2 TMT (before credits) from Part I, line 17 (but not less than the minimum franchise tax, if applicable) | <input checked="" type="radio"/> | 2 | | 00 |

| | (a) Credit amount | (b) Credit used this year | (c) Tax balance that may be offset by credits | (d) Credit carryover |
|--|----------------------|----------------------------------|--|----------------------------------|
| Section A - Credits that reduce excess regular tax. | | | | |
| 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. This is the excess regular tax which may be offset by credits | 3 | | 0 | |
| A1 Credits that reduce excess regular tax and have no carryover provisions. | | | | |
| 4 Code: 162 Prison Inmate Labor Credit. | 4 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| A2 Credits that reduce excess regular tax and have carryover provisions. See instructions. | | | | |
| 5 Code: <input checked="" type="radio"/> Credit Name: _____ | 5 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Code: <input checked="" type="radio"/> Credit Name: _____ | 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Code: <input checked="" type="radio"/> Credit Name: _____ | 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 8 Code: <input checked="" type="radio"/> Credit Name: _____ | 8 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Code: 188 Credit for prior year AMT from Part III, line 3 | 9 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Section B - Credits that may reduce regular tax below TMT. | | | | |
| 10 If Part II, line 3 is zero, enter the amount from line 1 minus the minimum franchise tax, if applicable. If line 3 is more than zero, enter the total of Part II, line 2, minus the minimum franchise tax, if applicable, plus line 9, column (c) or the last entry in column (c) | 10 | | <input checked="" type="radio"/> | |
| B Credits that reduce net tax and have carryover provisions. See instructions. | | | | |
| 11 Code: <input checked="" type="radio"/> Credit Name: _____ | 11 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Code: <input checked="" type="radio"/> Credit Name: _____ | 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Code: <input checked="" type="radio"/> Credit Name: _____ | 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Code: <input checked="" type="radio"/> Credit Name: _____ | 14 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Section C - Credits that may reduce AMT. See instructions. | | | | |
| 15 Enter the AMT from Part I, line 19 | 15 | | <input checked="" type="radio"/> | |
| 16a Code: 180 Solar Energy Credit carryover from Section B, column (d) | 16a | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 16b Code: 181 Commercial Solar Energy Credit carryover from Section B, column (d) | 16b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 Code: 176 Enterprise Zone Hiring & Sales or Use Tax Credit carryover from Section B, column (d) | 17 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 18 Adjusted AMT. Enter the balance from line 17, column (c) here and on Form 100, line 29 or Form 109, Side 1, line 13 | 18 | | <input checked="" type="radio"/> | |

Part III Credit for Prior Year AMT

| | | | | |
|--|----------------------------------|---|--|----|
| 1 Enter the AMT from the 2022 Schedule P (100). See instructions | <input checked="" type="radio"/> | 1 | | 00 |
| 2 Carryover of unused credit for prior year AMT. See instructions | <input checked="" type="radio"/> | 2 | | 00 |
| 3 Total available credit. Add line 1 and line 2. Enter here and on Part II, line 9, column (a) | <input checked="" type="radio"/> | 3 | | 00 |

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

Corporation name

FESTIVAL INC
SANTA BARBARA INTERNATIONAL FILM

California corporation number

1336991

During the taxable year the corporation incurred the NOL, the corporation was a(n):

S corporation, Exempt organization, Limited liability company

FEIN

-*3674

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

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

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

Table with 6 rows for NOL calculation: 1 Net loss from Form 100, 2 2023 disaster loss, 3 Subtract line 2 from line 1, 4a/b Enter amount of loss, 5 General NOL, 6 Current year NOL.

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

Table for Part II line 1: Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). Available balance: 18,844

Prior Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code, (c) Type of NOL, (d) Initial loss, (e) Carryover from 2022, (f) Amount used in 2023, (g) Available balance, (h) Carryover to 2024.

Current Year NOLs

Table with 8 columns for Current Year NOLs, including columns for year, code, type of NOL, and carryover.

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

Part III 2023 NOL deduction

Table with 3 rows for 2023 NOL deduction: 1 Total the amounts in Part II, line 2, column (f); 2 Enter the total amount from line 1 that represents disaster loss carryover deduction; 3 Subtract line 2 from line 1.

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--|---|
| Exempt Organization name SANTA BARBARA INTERNATIONAL FILM FESTIVAL INC | Identifying number ** - ***3674 |
|--|---|

Part I Electronic Return Information (whole dollars only)

| | | |
|--|---|--------|
| 1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 | 18,844 |
| 2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) | 2 | |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | |
| 4 Tax due (Form 109, line 23) | 4 | |
| 5 Overpayment (Form 109, line 24) | 5 | |

Part II Settle Your Account Electronically for Taxable Year 2023

| | | | | |
|---|--------------------------|---|------------------|--|
| 6 | <input type="checkbox"/> | Direct Deposit of refund (Form 109 only.) | | |
| 7 | <input type="checkbox"/> | Electronic funds withdrawal | 7a Amount | 7b Withdrawal date (mm/dd/yyyy) |

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

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

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

| | | |
|-------------------------|-------------------------|--|
| 10 Routing number _____ | 11 Account number _____ | 12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
|-------------------------|-------------------------|--|

Part V Declaration of Officer

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

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

| | | | |
|------------------|----------------------|------|-------|
| Sign Here | | | |
| | Signature of officer | Date | Title |

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

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

| | | | | | |
|------------------|---|--|---|---|---------------------------------|
| ERO | ERO's signature | Date _____ | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P01743228 |
| Must Sign | Firm's name (or yours if self-employed) and address | NASIF, HICKS, HARRIS & CO., LLP 104 WEST ANAPAMU ST STE B SANTA BARBARA, CA | | | Firm's FEIN ** - ***1453 |
| | | | | | ZIP code 93101 |

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

| | | | | |
|----------------------|---|-------------------|---|----------------------------|
| Paid Preparer | Paid preparer's signature | Date _____ | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN _____ |
| Must Sign | Firm's name (or yours if self-employed) and address | Firm's FEIN _____ | | |
| | | ZIP code _____ | | |

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

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

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

**SANTA BARBARA INTERNATIONAL FILM
FESTIVAL INC**

Name of Organization

List all DBAs and names the organization uses or has used

1528 CHAPALA STREET, NO. 203

Address (Number and Street)

SANTA BARBARA, CA 93101

City or Town, State, and ZIP Code

805-963-0023

Telephone Number

SEAN@SBIFF.ORG

E-mail Address

Check if:

- Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number **60018**

Corporation or Organization No. **1336991**

Federal Employer ID No. **** - *** 3674**

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

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 05/01/2023 ending 04/30/2024) list:

Total Revenue (including noncash contributions) \$ 7,451,448 Noncash Contributions \$ 476,815 Total Assets \$ 10,427,575
Program Expenses \$ 5,905,894 Total Expenses \$ 6,846,352

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

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

| | Yes | No |
|--|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | | X |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | | X |
| 5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 12 | X | |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? | | X |
| 7. Does the organization conduct a vehicle donation program? | | X |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | X | |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | X |

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

LINDA ARMSTRONG

TREASURER

Signature of Authorized Agent

Printed Name

Title

Date

