

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2559 PUESTA DEL SOL

City or town, state or province, country, and ZIP or foreign postal code
SANTA BARBARA, CA 931052936

D Employer identification number
95-1643378

E Telephone number
(805) 682-4711

G Gross receipts \$ 51,348,347

F Name and address of principal officer:
LUKE SWETLAND
2559 PUESTA DEL SOL
SANTA BARBARA, CA 931052936

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

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

H(c) Group exemption number ▶

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

J Website: ▶ SBNATURE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1916

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MUSEUM INSPIRES A THIRST FOR DISCOVERY AND A PASSION FOR THE NATURAL WORLD.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	207
6 Total number of volunteers (estimate if necessary)	6	906
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	16,465

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,477,117	5,157,706
9 Program service revenue (Part VIII, line 2g)	1,177,371	1,400,367
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,060,138	2,164,375
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,388	276,832
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,848,014	8,999,280
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	91,081	105,293
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)	4,678,975	4,863,543
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 825,197		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,187,050	3,423,592
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,957,106	8,392,428
19 Revenue less expenses. Subtract line 18 from line 12	-109,092	606,852
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	72,955,624	82,023,915
21 Total liabilities (Part X, line 26)	1,077,521	1,736,201
22 Net assets or fund balances. Subtract line 21 from line 20	71,878,103	80,287,714

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: 2020-11-16
DIANE WONDOLOWSKI CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed PTIN: P01255292
Firm's name: ▶ MACFARLANE FALETTI & CO LLP Firm's EIN: ▶ 95-2835976
Firm's address: ▶ 3757 STATE STREET SUITE 3B Phone no. (805) 966-4157
SANTA BARBARA, CA 93105

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:

THE FOLLOWING THREE GUIDING PRINCIPLES ARE THE FOUNDATION FOR ALL OF THE SANTA BARBARA MUSEUM OF NATURAL HISTORY'S ACTIVITIES: INSPIRING AN AWE FOR NATURE AND A THIRST FOR DISCOVERY; PROMOTING SUSTAINABILITY; AND CONNECTING OUR COMMUNITIES. THROUGH THESE PRINCIPLES WE STRIVE TO FOSTER A COMMUNITY THAT EXPLORES, UNDERSTANDS, AND PROTECTS THE NATURAL WORLD.

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

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

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

4a (Code:) (Expenses \$ 1,800,217 including grants of \$ 105,293) (Revenue \$ 44,346)
 See Additional Data

4b (Code:) (Expenses \$ 2,840,354 including grants of \$) (Revenue \$ 1,091,002)
 See Additional Data

4c (Code:) (Expenses \$ 1,318,176 including grants of \$) (Revenue \$ 265,019)
 See Additional Data

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

4e Total program service expenses ▶ 5,958,747

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 16 main rows (2a-16) and sub-rows (a-d). Columns include question text, a grid for 'Yes/No' answers, and a grid for numerical values. Row 2a contains the value 207. Row 10a contains the value 10a. Row 11a contains the value 11a. Row 11b contains the value 11b. Row 12a contains the value 12a. Row 13a contains the value 13a. Row 13b contains the value 13b. Row 13c contains the value 13c. Row 14a contains the value 14a. Row 14b contains the value 14b. Row 15 contains the value 15. Row 16 contains the value 16.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DIANE WONDOLOWSKI CFO 2559 PUESTA DEL SOL SANTA BARBARA, CA 93105 (805) 682-4711

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUKE SWETLAND PRESIDENT & CEO	40.00			X			196,643	0	68,299	
(2) CAROLINE GRANGE DIRECTOR OF DEVELOPMENT	40.00					X	128,897	0	14,043	
(3) DIANE WONDOLOWSKI COO/CFO	38.00			X			103,181	0	11,727	
(4) BRAD WILLIS TRUSTEE/ AT LARGE	6.00	X					0	0	0	
(5) CAROLYN CHANDLER VICE CHAIR FOR GOVERNANCE	4.00	X					0	0	0	
(6) DENNIS ALLEN TRUSTEE	6.00	X					0	0	0	
(7) DOUG DREIER TRUSTEE	10.00	X					0	0	0	
(8) FRANK DAVIS TRUSTEE	8.00	X					0	0	0	
(9) MATT ADAMS CHAIR FOR INVESTMENT	2.00	X					0	0	0	
(10) PAUL RUSSELL VICE CHAIR FOR AUDIT	8.00	X					0	0	0	
(11) STEVE WOODWARD TRUSTEE	8.00	X					0	0	0	
(12) SUE PARKER TRUSTEE	8.00	X					0	0	0	
(13) TORY MILAZZO VICE CHAIR FOR FINANCE	10.00	X					0	0	0	
(14) VENESA FACIANE TRUSTEE	10.00	X					0	0	0	
(15) VINCENT CABALLERO TRUSTEE	8.00	X					0	0	0	
(16) WAYNE ROSING TRUSTEE	4.00	X					0	0	0	
(17) CHRIS KNOWLTON IMMEDIATE PAST-CHAIR	10.00	X		X			0	0	0	

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) CHRIS BLAU VICE CHAIR FOR DEVELOPMENT	4.00	X		X				0	0	0	
(19) PAUL RELIS TRUSTEE	2.00	X		X				0	0	0	
(20) TERRY VALESKI CHAIR	10.00	X		X				0	0	0	
(21) ELAINE GIBSON SECRETARY	8.00	X		X				0	0	0	
(22) BOBBIE KINNEAR TRUSTEE	8.00	X		X				0	0	0	
(23) HANK MITCHEL TRUSTEE	10.00	X						0	0	0	
(24) SHARON BRADFORD TRUSTEE	2.00	X						0	0	0	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)							428,721	0		94,069	

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

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
SCHIPPER CONSTRUCTION 610 EAST COTA STREET SANTA BARBARA, CA 93103	CONSTRUCTION	2,028,800
CARL ZEISS MICROSCOPY LLC ONE N BROADWAY WHITE PLAINS, NY 10601	SEM MICROSCOPE	239,416
DELTA DESIGNS 1535 NW 25TH ST TOPEKA, KS 66618	CABINETS	230,328
SCHACHT ASLANI ARCHITECTS 901 5TH AVENUE 2720 SEATTLE, WA 98164	ARCHITECTURE	126,002

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 ▶ 4

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b	480,435		
	c Fundraising events	1c	487,869		
	d Related organizations	1d			
	e Government grants (contributions)	1e	84,491		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,104,911		
	g Noncash contributions included in lines 1a - 1f: \$	1g	284,284		
	h Total. Add lines 1a-1f		5,157,706		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a ADMISSION FEES		900099	1,084,236	1,084,236		
b EDUCATION PROGRAM FEES		900099	194,330	194,330		
c CONTRACT FEES		541700	72,480	72,480		
d MISC PROGRAM REVENUE		900099	49,321	49,321		
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			1,400,367			

Other Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
3 Investment income (including dividends, interest, and other similar amounts)			748,499			748,499
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents	6a	(i) Real	278,918			
		(ii) Personal				
	b Less: rental expenses	6b	48,732			
	c Rental income or (loss)	6c	230,186			
d Net rental income or (loss)			230,186			230,186
7a Gross amount from sales of assets other than inventory	7a	(i) Securities	43,045,504			
		(ii) Other				
	b Less: cost or other basis and sales expenses	7b	41,623,696	5,932		
	c Gain or (loss)	7c	1,421,808	-5,932		
d Net gain or (loss)			1,415,876			1,415,876
8a Gross income from fundraising events (not including \$ 487,869 of contributions reported on line 1c). See Part IV, line 18	8a		156,117			
		8b	337,318			
	c Net income or (loss) from fundraising events			-181,201		
9a Gross income from gaming activities. See Part IV, line 19	9a		16,977			
		9b	106			
	c Net income or (loss) from gaming activities			16,871		
10a Gross sales of inventory, less returns and allowances	10a		544,259			
		10b	333,283			
	c Net income or (loss) from sales of inventory			210,976		
11a Miscellaneous Revenue		Business Code				
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			8,999,280	1,400,367	0	2,441,207

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	101,143	101,143		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,150	4,150		
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	333,020	165,348	112,275	55,397
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	3,711,949	2,763,894	433,743	514,312
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	78,459	55,329	8,122	15,008
9 Other employee benefits	450,351	308,778	107,179	34,394
10 Payroll taxes	289,764	215,413	33,343	41,008
11 Fees for services (non-employees):				
a Management				
b Legal	1,925		729	1,196
c Accounting	29,163		29,163	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	89,483		89,483	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	377,309	259,896	81,420	35,993
12 Advertising and promotion	165,004	130,153	7,348	27,503
13 Office expenses	165,294	130,881	6,447	27,966
14 Information technology				
15 Royalties				
16 Occupancy	274,618	231,631	29,107	13,880
17 Travel	65,061	51,006	4,553	9,502
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,309,564	781,460	521,818	6,286
23 Insurance	168,787	127,982	34,466	6,339
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	330,592	270,236	36,874	23,482
b REPAIRS AND MAINTENANCE	213,727	156,283	50,345	7,099
c RENTALS	126,198	124,770	520	908
d EQUIPMENT	81,522	55,049	21,549	4,924
e All other expenses	25,345	25,345		
25 Total functional expenses. Add lines 1 through 24e	8,392,428	5,958,747	1,608,484	825,197
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).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	944,203	1	875,213
	2 Savings and temporary cash investments	1,304,289	2	1,108,415
	3 Pledges and grants receivable, net	848,867	3	1,119,108
	4 Accounts receivable, net	3,692	4	6,633
	5 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		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	89,841	8	101,068
	9 Prepaid expenses and deferred charges	146,473	9	144,256
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,006,186		
	b Less: accumulated depreciation	10b 12,922,142	21,244,609	10c 23,084,044
	11 Investments—publicly traded securities	27,845,260	11	33,286,164
	12 Investments—other securities. See Part IV, line 11	10,064,502	12	9,521,210
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,463,888	15	12,777,804
16 Total assets. Add lines 1 through 15 (must equal line 34)	72,955,624	16	82,023,915	
Liabilities	17 Accounts payable and accrued expenses	700,794	17	836,351
	18 Grants payable		18	
	19 Deferred revenue	295,549	19	420,602
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	81,178	25	479,248
	26 Total liabilities. Add lines 17 through 25	1,077,521	26	1,736,201
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	44,992,345	27	48,782,717
	28 Net assets with donor restrictions	26,885,758	28	31,504,997
	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	71,878,103	32	80,287,714	
33 Total liabilities and net assets/fund balances	72,955,624	33	82,023,915	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,999,280
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,392,428
3	Revenue less expenses. Subtract line 2 from line 1	3	606,852
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,878,103
5	Net unrealized gains (losses) on investments	5	6,610,906
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,191,853
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	80,287,714

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 95-1643378

Name: SANTA BARBARA MUSEUM OF NATURAL HISTORY

Form 990 (2019)

Form 990, Part III, Line 4a:

COLLECTIONS & RESEARCH:THIS PROGRAM ENCOMPASSES THE ACTIVITIES OF SIX RESEARCH DEPARTMENTS WITH A STAFF OF CURATORS AND ASSISTANTS. EACH DEPARTMENT IS CONTINUALLY INVOLVED IN DEVELOPING AND CONSERVING EXTENSIVE COLLECTIONS OF SPECIMENS, ARTIFACTS, BOOKS AND MANUSCRIPTS, ETC., THAT NUMBER OVER 3.5 MILLION ITEMS, AS WELL AS MAKING THESE RESOURCES ACCESSIBLE TO RESEARCHERS, EITHER DURING ACTUAL VISITS OR THROUGH WEB-BASED SERVICES. EXPENSES INCLUDE STAFF SALARIES, COLLECTION ACQUISITION, CONSERVATION, BIODIVERSITY AND ARCHAEOLOGICAL RESEARCH, PRODUCTION OF PUBLICATIONS, ECOLOGICAL FIELD SURVEYS, PUBLIC EXHIBIT DEVELOPMENT AND COMMUNITY OUTREACH.LIBRARY:THROUGHOUT 2019 THE LIBRARY HOSTED 9,012 GUESTS. SERIOUS RESEARCH VISITS TOTALED 167. RESEARCHERS STUDIED CAROLINE HAZARD CORRESPONDENCE, ANIMALS TRACKS, J.P. HARRINGTON PAPERS, RAVENS IN MYTHOLOGY, CHANNEL ISLANDS PHOTOGRAPHIC SURVEY, THE NATURE CONSERVANCY SANTA CRUZ ISLAND PROJECT ADMINISTRATIVE DOCUMENTS, LIFE OF DONACIANA SALAZAR, GEOLOGIC HISTORY OF SANTA BARBARA REGION, HUNTING GREAT APES IN THE CONGO (FROM FLEISCHMANN COLLECTION), CONCEPTS OF COSMOLOGY, MUSEOLOGY, ISLAND FOXES, CURRENT THREATS TO THE WORLD'S OCEANS, ISLAND BIOGEOGRAPHY, BIOLOGICAL EVOLUTION, CHANNEL ISLANDS PREHISTORY, PHIL C. ORR PAPERS, INVASIVE SPECIES, ISLAND-SCRUB JAY, VARIOUS CALIFORNIA INDIAN TRIBES, AMERICAN EAGLES, ARGENTINE ANT INVASION IN CALIFORNIA, PLEISTOCENE MAMMALS, BIOGRAPHICAL INFORMATION ON DAVID BANKS ROGERS, LORENZO G. YATES PAPERS, NATIVE AMERICANS DEPICTED IN SCULPTURE, OLD MISSION WATER SYSTEM AND GRIST MILL, FISHES FROM THE 1936 FLEISCHMANN EXPEDITION TO WEST COAST OF MEXICO, HOUSE FINCHES, GRAY WOLVES, GRIZZLY BEARS, AND NUMEROUS TOPICS PERTAINING TO CHUMASH INDIANS BOTH HISTORIC AND PREHISTORIC PERIOD INCLUDING SOLSTICE, CHIEFDOMS, ROCK ART, BASKETRY, DWELLINGS, VILLAGES, LANGUAGE, MIDDEN SITES, TRADE, ETC.

Form 990, Part III, Line 4b:

EXHIBITS & VISITOR SERVICES:THE MUSEUM HAS TWO SITES, ITS MISSION CREEK CAMPUS AND THE SEA CENTER LOCATED ON STEARNS WHARF.AT THE MISSION CREEK CAMPUS: GATE ATTENDANCE AT THE MISSION CANYON CAMPUS IN 2019 WAS 120,992. IN ADDITION, 24,793 CHILDREN AND ADULTS ATTENDED EDUCATIONAL PROGRAMS, 17,671 ATTENDED COMMUNITY RELATED EVENTS, 7,760 CAME AS VOLUNTEERS AND 744 CAME SPECIFICALLY FOR RESEARCH OR PROFESSIONAL SYMPOSIA, FOR A TOTAL ATTENDANCE AT THE MISSION CANYON CAMPUS OF 171,960.PREHISTORIC FORESTSUMMER 2019VISITORS TOOK A STROLL BACK IN TIME AND CAME FACE-TO-FACE WITH THE FOLLOWING DINOSAURS IN THIS OUTDOOR EXHIBITION: A TYRANNOSAURUS REX, THE FORMIDABLY ARMORED STEGOSAURUS, HIGH-CRESTED PARASAUROLOPHUS, AND TRICERATOPS AND KYLOSOSAURUS MAMAS WITH THEIR YOUNG. THESE HAND-CRAFTED MOVING ANIMATRONICS SPARKED THE IMAGINATIONS OF DINOSAUR-LOVERS OF ALL AGES AND INCLUDED EDUCATIONAL INTERPRETIVE MATERIALS.BUTTERFLIES ALIVE!SUMMER 2019VISITORS WALKED THROUGH A BEAUTIFUL GARDEN WHILE NEARLY 1,000 LIVE BUTTERFLIES FLUTTERED FREELY AROUND THEM. THE EXHIBIT FEATURED A DAZZLING VARIETY OF BUTTERFLIES, FROM LOCAL FAVORITES TO EXOTIC TROPICAL VARIETIES. VISITORS LEARNED ABOUT THE LIFE CYCLE AND BEHAVIOR OF THESE SPECTACULAR INVERTEBRATES WHILE OBSERVING THEM UP CLOSE.HOLIDAY PAVILIONFROM NOVEMBER 23, 2019 TO JANUARY 5, 2020THE SPRAGUE PAVILION WAS TRANSFORMED INTO THE HOLIDAY PAVILION - INSPIRED BY THE CHRISTMAS AND WINTER TRADITIONS FROM LATIN AMERICA AND MEXICO.FAIRY VILLAGESPRING 2019THE SPRAGUE PAVILION WAS FILLED WITH FAIRY HOMES, ULTRA-TINY HOUSES MADE WITH NATURAL MATERIALS. THE COMMUNITY CREATED AND CONTRIBUTED HOUSES MADE OF THINGS FOUND IN NATURE. THIS CREATIVE VILLAGE ALLOWED VISITORS TO IMAGINE WHAT IT IS LIKE TO LIVE IN THE HEART OF NATURE.0 TO 60: AN UNDERWATER ADVENTURE FROM THE EQUATOR TO ALASKA. A PHOTOGRAPHIC EXHIBIT BY RICHARD SALAS:AN EXHIBIT OF UNDERWATER PHOTOGRAPHY DOCUMENTING 4,000 MILES OF UNDERWATER ADVENTURE. THE EXHIBIT IS SHOWING SIMULTANEOUSLY AT TWO VENUES: THE MISSION CREEK CAMPUS AND THE SEA CENTER.CURIOSITY LAB:THE CURIOSITY LAB ALLOWS VISITORS TO EXPLORE THE NATURAL WORLD THROUGH HANDS-ON ACTIVITIES IN A DYNAMIC LEARNING LAB. VISITORS CAN BECOME NATURAL ARTISTS, TAKE AN UP-CLOSE LOOK AT OBJECTS, ASK QUESTIONS, AND PARTICIPATE IN A VARIETY OF SCIENTIFIC ACTIVITIES, INCLUDING THE NATURE EXCHANGE. THE MUSEUM BACKYARDTHE MUSEUM'S BACKYARD IS THE PLACE FOR NATURE EXPLORATION. GUESTS CAN BUILD AN OUTDOOR FORT; SEARCH FOR INVERTEBRATES IN THE MULCH PILE, EXPLORE A RECIRCULATING OUTDOOR WATERWAY, CREATE A MUDPIE, OBSERVE AUDUBON SOCIETY'S "EYES IN THE SKY" BIRDS OF PREY, AND LEARN AND PLAY IN OUR INVITING OAK WOODLAND CORRIDOR.NATURE CLUB HOUSE AND BASECAMP:THE NATURE CLUB HOUSE IS A SPACE WHERE GUESTS CAN GET HANDS-ON WITH LIVE ANIMALS, INSECTS AND SPECIMENS FOUND IN THE OAK WOODLAND.THE JOHN AND PEGGY MAXIMUS GALLERY LOCATED AT THE MISSION CANYON CAMPUS IS DEDICATED TO PRESERVATION AND DISPLAY OF ANTIQUE PRINTS PRESENTS THREE ORIGINAL EXHIBITS A YEAR WHICH HIGHLIGHT THE HISTORY AND DEVELOPMENT OF THE SCIENCES.MAXIMUS GALLERYKACHO-E: IMPRESSIONS OF NATURAL HISTORY IN JAPANESE PRINTSOCTOBER 2019 - JANUARY 2020KACHO-E FEATURED JAPANESE ILLUSTRATED BOOKS BY ARTISTS LIKE HOKUSAI (WHO CREATED THE ICONIC THIRTY-SIX VIEWS OF MOUNT FUJI) AND THE GREAT WAVE OFF KANAGAWA), A CAREFULLY ARRANGED SELECTION OF CHRYSANTHEMUM PRINTS, AND A WHOLE MENAGERIE OF SPIRITED ANIMALS THAT SEEM PREPARED TO LEAP, SWIM, FLY, AND SLITHER OFF THE PAGE. THESE REMARKABLE PRINTS BELONG TO KACHO-E, A SUBSET OF THE GENRE OF UKIYO-E PRINTS (USUALLY DEPICTING LANDSCAPES, PORTRAITS, AND SCENES OF DAILY LIFE). KACHO-E CONCENTRATES ON STUDIES OF BIRDS AND FLOWERS, AS WELL AS OTHER SCENES FROM NATURE. WHILE THE WESTERN APPROACH TO NATURAL HISTORY WAS BASED ON DESCRIPTION AND CLASSIFICATION, THE JAPANESE VIEW WAS CONCERNED WITH HOW ALL THINGS FIT TOGETHER, AND RELATED TO EXPERIENCE, PERCEPTION, AND AESTHETICS. MASTERS OF KACHO-E WERE GUIDED BY BOTH EXPRESSION AND EMOTION. THEY SUCCEEDED IN CAPTURING THE EXPERIENCE OF BEING OVERWHELMED BY THE SATURATED COLOR OF A BLOSSOM OR CHARMED BY THE CLEVER PERSONALITY OF A BIRD IN THE WILD. AS A COMPLEMENT TO THE EXHIBIT OF ANTIQUE PRINTS, A SPECIAL DISPLAY IN THE MAXIMUS FOYER SHOWCASED WORK BY BILL LOGAN, WHOSE EXUBERANT INK PAINTINGS (WHICH HE DESCRIBES AS MARK-MAKING) OF OWLS, CATS, AND BLOOMS LOOK AS IF THEY MIGHT HAVE TUMBLED ONTO HIS PAPER IN THE MANNER OF EARLY JAPANESE BRUSHWORK.STRANGE SCIENCE-JUNE SEPTEMBER 2019ORIGINAL PRINTS BASED ON A FAMOUS 18TH-CENTURY CABINET OF CURIOSITIES LINED THE GALLERY WALLS AND INCLUDED COLORFUL ENGRAVINGS OF SNAKES, LIZARDS, FROGS, SHELLS, INSECTS, BIRDS AND PLANTS.ALBERTUS SEBA WAS A WEALTHY DUTCH APOTHECARY WHO COMPILED A VAST COLLECTION OF NATURAL SPECIMENS IN AN ATTEMPT TO PRODUCE AN OVERALL PICTURE OF THE WORLD. THESE FASCINATING, QUIRKY, AND BIZARRE COMPOSITIONS SOMETIMES APPEALED MORE TO CURIOSITY THAN SCIENCE.UNUSUAL EXAMPLES OF THE TAXIDERMIST'S ART WERE FEATURED AS THE EXHIBIT DISCUSSED THE ROLE OF PRESERVING SPECIMENS IN MUSEUM COLLECTIONS.GREAT NATURALISTS-FEBRUARY 2019 - MAY 2019THE EXHIBIT PROFILED THE LIVES OF GREAT NATURALISTS WHO COLLECTED, DESCRIBED, AND CLASSIFIED LIVING THINGS THROUGH THEIR OWN OBSERVATIONS AND DISCOVERIES IN NATURE. THESE NATURALISTS WERE IMPORTANT FIGURES IN THE EARLY YEARS OF NATURAL HISTORY AS IT CHANGED FROM A MAINLY AMATEUR PURSUIT IN THE 1600S TO TODAY'S SPECIALIZED SCIENTIFIC PROFESSION. MODERN NATURAL SCIENCE WAS BUILT ON THE WORK OF THOSE WHO WENT BEFORE, AND THE GREAT NATURALISTS' PORTRAITS WERE SHOWN WITH ORIGINAL ENGRAVINGS AND LITHOGRAPHS FROM THE MUSEUM'S EXTENSIVE ART COLLECTION. SOME OF THE NATURALISTS WERE GIFTED ARTISTS WHILE OTHERS COMMISSIONED ILLUSTRATIONS FOR PUBLICATION. SOME NAMES WILL BE FAMILIAR-LINNAEUS, DARWIN, ALEXANDER VON HUMBOLDT, AND MARIA SYBILLA MERIAN. OTHERS, LIKE RUMPHIUS, THE COMTE DU BUFFON, ALCIDE AND CHARLES DORBIGNY, AND JOHN RAY WERE FAMOUS IN THEIR TIME BUT ARE LESS WELL KNOWN TODAY. OF LOCAL INTEREST ARE TWO NATURALISTS WHO LIVED IN SANTA BARBARA AND BUILT SIZABLE NATURAL HISTORY COLLECTIONS. LORENZO GORDIN YATES WAS A FOUNDER OF THE SANTA BARBARA SOCIETY OF NATURAL HISTORY ORGANIZED IN 1876. HE WAS A SPECIALIST IN BOTANY, CONCHOLOGY, MINERALOGY, AND PALEONTOLOGY. TODAY, HIS COLLECTIONS RESIDE AT THE UCSB CHEADLE CENTER FOR BIODIVERSITY AND ECOLOGICAL RESTORATION, STANFORD UNIVERSITY, AND THE SANTA BARBARA MUSEUM OF NATURAL HISTORY. MUSEUM'S FOUNDER, WILLIAM LEON DAWSON WAS DRAWN TO THE STUDY OF BIRDS AS HIS LIFE'S WORK. HE ESTABLISHED THE MUSEUM OF COMPARATIVE OOOLOGY, THE STUDY OF BIRD'S EGGS, IN 1916. INITIALLY HOUSED IN TWO SMALL BUILDINGS ON DAWSON'S PROPERTY, THE COLLECTIONS WERE MOVED TO THE MUSEUM'S PRESENT LOCATION IN 1923 AND HE BECAME ITS FIRST DIRECTOR. DAWSON PUBLISHED THE BIRDS OF CALIFORNIA THE SAME YEAR, COMPLETE IN FOUR VOLUMES. AT THE SEA CENTER:GATE ATTENDANCE AT THE SEA CENTER IN 2019 WAS 93,361. IN ADDITION, 6,485 CHILDREN AND ADULTS ATTENDED EDUCATIONAL PROGRAMS, 650 ATTENDED COMMUNITY RELATED EVENTS, AND 5,030 CAME AS VOLUNTEERS, FOR A TOTAL ATTENDANCE AT THE SEA CENTER CAMPUS OF 105,526. JELLIES & FRIENDS ENTER THE MESMERIZING WORLD OF JELLIES AND WATCH THESE ELEGANT ANIMALS AS THEY UNDULATE, PULSE, AND MOVE GRACEFULLY THROUGH THE WATER. WITHOUT BONES OR HEARTS, THEY MAY SEEM OTHERWORLDLY BUT THESE FASCINATING CREATURES HAVE BEEN ON EARTH FOR HUNDREDS OF MILLIONS OF YEARS. EXPERIENCE THE BEAUTY AND WONDER OF OUR LOCAL JELLIES - MADE MOSTLY OF WATER, THEY ARE 100% CAPTIVATING. SUSTAINABLE SEAFOOD AN EXHIBIT AND COMMUNITY OUTREACH PROGRAM TO INCREASE AWARENESS AND AVAILABILITY OF SUSTAINABLE SEAFOOD IN LOCAL RESTAURANTS AND MARKETS BY EDUCATING OUR COMMUNITY ABOUT THE IMPACT OF THEIR SEAFOOD CHOICES ON THE HEALTH OF THE PLANET. BY INCREASING COMMUNITY SUPPORT FOR SUSTAINABLE AND LOCAL SEAFOOD, WE DO OUR PART TO ENSURE THAT ALL THE TASTY SEAFOOD DISHES WE ENJOY TODAY ARE AVAILABLE FOR GENERATIONS TO COME.WHITE ABALONE CAPTIVE BREEDING PROGRAMTHE WHITE ABALONE CAPTIVE BREEDING PROGRAM (WACBP) HAS CONTINUED TO EXPAND DURING 2019. THIS YEAR, THE HUSBANDRY TEAM WAS ABLE TO INTRODUCE LARVAE FROM AN APRIL 2019 BODEGA MARINE LAB SPAWNING ATTEMPT. A NEW EXHIBIT HIGHLIGHTING THIS PROGRAM WAS INSTALLED AT THE SEA CENTER. THIS CONTINUES OUR EFFORTS TO COMMUNICATE OUR EFFORTS WITHIN THE SCIENTIFIC COMMUNITY TOWARD CONSERVATION AND STEWARDSHIP OF THE NATURAL WORLD.SHARK COVEVISITORS CAN COME FACE TO FACE WITH SURPRISINGLY DOCILE MARINE PREDATORS - COASTAL SHARKS AND RAYS, SEE BABY SHARKS STILL IN THEIR TRANSLUCENT EGG CASES, EXPLORE INTERACTIVE EXHIBITS THAT HIGHLIGHT A SHARK'S WORLD AND ENJOY THE EVER-POPULAR SHARK TOUCH POOL.

Form 990, Part III, Line 4c:

EDUCATION:THE MUSEUM'S RICH ARRAY OF EDUCATIONAL PROGRAMS SERVED OVER 50,000 INDIVIDUALS IN 2019 AND ARE ON THE CUTTING EDGE OF CURRENT EDUCATIONAL PRACTICE, ESPECIALLY WITH REGARD TO INQUIRY-BASED SCIENCE EDUCATION WITH PROGRAMMING FOR EVERY MAJOR AGE GROUP, INCLUDING PRE-SCHOOLERS, K-12 STUDENTS, TEENAGERS, ADULTS, AND SENIORS. THE MUSEUM PARTICIPATES IN THE "NO CHILD LEFT INSIDE" MOVEMENT AND IS A REGIONAL LEADER OF THE NATIONAL CHILDREN AND NATURE NETWORK. THE MUSEUM ALSO RUNS A NATIONALLY RECOGNIZED TEEN PROGRAM, QUASARS TO SEA STARS, WHICH OFFERS FOUR YEARS OF EDUCATION AND WORK EXPERIENCES FOR 14 HIGH SCHOOL STUDENTS. ANOTHER 51 HIGH SCHOOL STUDENTS PARTICIPATED IN THE SUMMER VOLUNTEERS AND C.I.T. PROGRAM. THE VOLUNTEERS COLLABORATED WITH JUNIOR AND SENIOR QUASARS TO DELIVER THE SUMMER TOUR "DINO-SOAR-THE EVOLUTION OF FLIGHT". CONDUCTING 64 TOURS AND INTERACTIONS WITH OVER 524 GUESTS DURING SUMMER 2019.THE COMMUNITY EDUCATION DEPARTMENT PROVIDED LIFELONG LEARNING FOR OVER 6,100 COMMUNITY MEMBERS THROUGH THE MUSEUM'S MANY FESTIVALS LIKE DIA DE LOS MUERTOS, LECTURES, BIRDING CLASSES, ONSITE EXHIBIT THEMED PROGRAMMING, ART BLENDED SCIENCE WORKSHOPS, AND FREE PUBLIC PROGRAMS LIKE SCIENCE PUBS, AND WORLD OCEANS DAY.COMMUNITY EDUCATION'S ANNUAL FESTIVALS AGAIN DREW RECORD BREAKING NUMBERS TO THE SEA CENTER AND MUSEUM CAMPUSES. OVER 1,900 VISITORS ATTENDED THE ONE-DAY UNDERWATER PARKS DAY FESTIVAL FREE OF CHARGE. ALSO, WITH FREE ADMISSION, WORLD OCEANS DAY FESTIVAL BROUGHT 2,336 VISITORS TO THE SEA CENTER TO CELEBRATE LOCAL RESEARCH EFFORTS TO MITIGATE CLIMATE CHANGE IMPACTS ON THE OCEAN AND COASTAL COMMUNITIES. THE EDUCATION DEPARTMENT BROUGHT BACK AN OLD MUSEUM EVENT, DIA DE LOS MUERTOS, RE-IDENTIFYING IT AS A COMMUNITY CULTURAL EVENT, WITH BILINGUAL ACTIVITIES, CRAFTS, AND EXPLANATION OF THE CULTURAL IMPORTANCE OF THE HOLIDAY, OVER THE THREE-DAY FESTIVAL WITH MORE THAN 650 ATTENDING. THE 4TH ANNUAL SUPAK'A: SHARING CHUMASH CULTURE, CELEBRATED FOUR LOCAL CHUMASH TRIBES SHARING THEIR CULTURE WITH OVER 850 GUESTS. THE SCIENCE PUB PROGRAM HAS BECOME SO POPULAR DARGAN'S OPENED BOTH SIDES OF THEIR RESTAURANT SO OVER 200 GUESTS CAN ATTEND PRESENTATIONS MONTHLY. IN 2019, IT REACHED AROUND 1,500 GUESTS AND FEATURED MANY LOCAL RESEARCHERS.THE MUSEUM CONTINUED ITS SPECIMEN LOAN PROGRAM, THE NATURE COLLECTION LENDING LIBRARY. THROUGH THIS PROGRAM OVER 850 SPECIMENS WERE CHECKED OUT BY TEACHERS, FAMILIES AND OTHER NONPROFITS.THE MUSEUM CONTINUES TO FOCUS ON RECONNECTING VISITORS TO NATURE BY TAKING ADVANTAGE OF ONE OF OUR GREATEST ASSETS, OUR BEAUTIFUL OUTDOOR ENVIRONMENT, AND IS PART OF A GROWING NATIONAL EFFORT TO GET CHILDREN BACK INTO NATURE. THE MUSEUM BACKYARD IS AN ENHANCED WOODLAND AREA DESIGNED TO ENTICE CHILDREN TO EXPLORE AND PLAY. SPACE ELEMENTS INCLUDE A BOULDER-HOPPING AREA, A FORT-BUILDING ZONE, A PERFORMANCE STAGE AREA AND A REALISTIC "CREEK" FOR WATER PLAY. ALL ELEMENTS USE LOCAL MATERIALS AND WERE DESIGNED TO BE AS NATURAL IN APPEARANCE (UNCONSTRUCTED) AS POSSIBLE. THE MUSEUM OFFERS A NUMBER OF NATURE-BASED PROGRAMS FOR FAMILIES, SCHOOL GROUPS, CAMPERS, AND EDUCATORS IN ITS BACKYARD.THE MUSEUM HAS A PLANETARIUM AND AN OBSERVATORY WHICH ARE USED IN SCHOOL AND PUBLIC PRESENTATIONS INCORPORATING THE CONCEPTS AND GUIDELINES FROM THE NGSS. MONTHLY STAR VIEWING EVENTS ARE HELD FREE TO THE GENERAL PUBLIC.AFTER SCHOOL CLASSES AND CAMPS

THE MUSEUM OFFERS AFTER SCHOOL CLASSES AND CAMPS FOR CHILDREN WITH OVER 890 CAMP ENROLLMENTS. THIS YEAR'S THEMES FOCUSED ON INCORPORATING NEXT GENERATION SCIENCE STANDARDS AND STEAM (SCIENCE-TECHNOLOGY-ENGINEERING-ART-MATH) PRINCIPLES INTO THE CURRICULA. THE THEMES FOR CAMPS INCLUDED WIZARDING, BUGS AND INSECTS, ASTRONOMY, PALEONTOLOGY AND GEOLOGY, AS WELL AS STEAM RELATED THEMES, I.E., ALTERNATIVE ENERGY, SPA SCIENCE, HUMAN BODY AND BIOMIMICRY.THE MUSEUM ALSO PARTICIPATED IN SCIENCE NIGHTS AT 23 LOCAL SCHOOLS WITH 300-400 STUDENTS AT EACH EVENT.THE MUSEUM'S SCHOOL AND TEACHER SERVICES PROGRAM PROVIDES GRADE SPECIFIC, STANDARDS ALIGNED FIELD TRIP PROGRAMS. IN 2019, THE STS DEPARTMENT HOSTED OVER 14,500 STUDENTS AT OUR TWO CAMPUSES, (NEARLY 700 CLASS GROUPS).PROGRAMMING FOR ALLTHE MUSEUM'S ACCESSIBILITY PROGRAMMING INCLUDED PROVIDING CARPINTERIA MIDDLE SCHOOL'S SPECIAL EDUCATION STUDENTS A 'CAREER TOUR' THROUGHOUT THE MUSEUM, A SPECIALTY PLANETARIUM SHOW FOR YOUTH WITH DISABILITIES; CURATED PROGRAMMING IN THE BUTTERFLY PAVILION AND CLUB HOUSE WITH THE BRAILLE INSTITUTE PARTICIPANTS IN JUNE, FOLLOWED BY AN 'AWARENESS DAY' FOR THE BRAILLE INSTITUTE IN SEPTEMBER. THE CURIOSITY LAB ADDED A NEW TACTILE ROCK IDENTIFICATION ACTIVITY IN DECEMBER.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number
95-1643378

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,937,441	8,137,852	6,256,331	4,477,117	5,157,706	27,966,447
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	3,937,441	8,137,852	6,256,331	4,477,117	5,157,706	27,966,447
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) . . .						750,062
6 Public support. Subtract line 5 from line 4.						27,216,385

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	3,937,441	8,137,852	6,256,331	4,477,117	5,157,706	27,966,447
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	955,294	1,258,513	1,923,725	1,078,651	1,027,417	6,243,600
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						34,210,047
12 Gross receipts from related activities, etc. (see instructions)					12	9,699,139

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	79.560 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	68.500 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
		11a	
		11b	
		11c	

Section B. Type I Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
		2b	
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)		

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 95-1643378

Name: SANTA BARBARA MUSEUM OF NATURAL HISTORY

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

Facts And Circumstances Test

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number 95-1643378

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and 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... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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. Table with columns: Held at the End of the Year, 2a, 2b, 2c, 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? 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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	42,392,508	47,673,264	40,971,721	37,217,162	40,856,719
b Contributions	145,500	312,561	2,160,132	3,867,677	2,949
c Net investment earnings, gains, and losses	8,218,816	-3,497,716	6,642,945	1,901,464	-1,682,578
d Grants or scholarships					
e Other expenditures for facilities and programs	2,052,059	2,095,601	2,101,534	2,014,582	1,959,928
f Administrative expenses					
g End of year balance	48,704,765	42,392,508	47,673,264	40,971,721	37,217,162

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

- a** Board designated or quasi-endowment ▶ 50.000 %
- b** Permanent endowment ▶ 35.000 %
- c** Temporarily restricted endowment ▶ 15.000 %

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:

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		314,388		314,388
b Buildings		30,260,973	12,404,217	17,856,756
c Leasehold improvements				
d Equipment		167,005	53,911	113,094
e Other		5,263,820	464,014	4,799,806
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				23,084,044

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) NONMARKETABLE AND OTHER INVESTMENTS	9,521,210	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	9,521,210	

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. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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) ASSETS HELD UNDER CHARITABLE AGREEMENTS	11,027,804
(2) REAL PROPERTY HELD FOR INVESTMENT	1,750,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	12,777,804

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	479,248

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	16,712,556
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,610,906
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,191,853
e	Add lines 2a through 2d	2e	7,802,759
3	Subtract line 2e from line 1	3	8,909,797
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	89,483
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	89,483
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,999,280

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

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

1	Total expenses and losses per audited financial statements	1	8,302,945
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	8,302,945
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	89,483
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	89,483
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,392,428

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1643378

Name: SANTA BARBARA MUSEUM OF NATURAL HISTORY

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A:	IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MUSEUMS, COLLECTION OBJECTS PURCHASED AND DONATED ARE NOT INCLUDED IN THE ASSETS OF THE ORGANIZATION. THE MUSEUM IS CONTINUALLY DEVELOPING THE COLLECTIONS, WHICH CURRENTLY INCLUDE MORE THAN 3.5 MILLION SPECIMENS, ARTIFACTS, OTHER CULTURAL OBJECTS, BOOKS, AND MANUSCRIPTS. THESE HOLDINGS ARE USED BY MUSEUM SCIENTISTS AND A WORLDWIDE NETWORK OF RESEARCHERS FROM A VARIETY OF DISCIPLINES. THEIR USAGE FORMS THE BASIS OF PUBLISHED FINDINGS, AS WELL AS PROGRAMS IN EDUCATION AND MUSEUM EXHIBITIONS. THE COLLECTION IS KEPT UNDER CURATORIAL CARE INCLUDING CONSERVATION PRACTICES, AND IS SUBJECT TO THE MUSEUM'S POLICY THAT REQUIRES PROCEEDS FROM THE SALE OF COLLECTION ITEMS TO BE USED ONLY FOR ACQUISITION OF ADDITIONAL COLLECTIONS. THE MUSEUM DOES NOT RECOGNIZE AS A CONTRIBUTION ANY INCOME FROM DONATED COLLECTION ITEMS, AS ITS COLLECTIONS ARE NOT CAPITALIZED.

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	<p>IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MUSEUMS, COLLECTION OBJECTS PURCHASED AND DONATED ARE NOT INCLUDED IN THE ASSETS OF THE ORGANIZATION. THE MUSEUM IS CONTINUALLY DEVELOPING THE COLLECTIONS, WHICH CURRENTLY INCLUDE MORE THAN 3.5 MILLION SPECIMENS, ARTIFACTS, OTHER CULTURAL OBJECTS, BOOKS, AND MANUSCRIPTS. THESE HOLDINGS ARE USED BY MUSEUM SCIENTISTS AND A WORLDWIDE NETWORK OF RESEARCHERS FROM A VARIETY OF DISCIPLINES. THEIR USAGE FORMS THE BASIS OF PUBLISHED FINDINGS, AS WELL AS PROGRAMS IN EDUCATION AND MUSEUM EXHIBITIONS. THE COLLECTION IS KEPT UNDER CURATORIAL CARE INCLUDING CONSERVATION PRACTICES, AND IS SUBJECT TO THE MUSEUM'S POLICY THAT REQUIRES PROCEEDS FROM THE SALE OF COLLECTION ITEMS TO BE USED ONLY FOR ACQUISITION OF ADDITIONAL COLLECTIONS. THE MUSEUM DOES NOT RECOGNIZE AS A CONTRIBUTION ANY INCOME FROM DONATED COLLECTION ITEMS, AS ITS COLLECTIONS ARE NOT CAPITALIZED.</p> <p>.</p>

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INCOME FROM ENDOWMENT FUNDS IS USED TO FUND GENERAL OPERATIONS AS WELL AS BEING SPECIFICALLY EARMARKED TO SUPPORT MALACOLOGY, MUSEUM STUDIES, PUBLIC PROGRAMS, GEOLOGY, PALEONTOLOGY, INTERNSHIPS, THE MAXIMUS GALLERY FOR ANTIQUE NATURAL HISTORY PRINTS, FACILITIES REPAIR, INNOVATIVE EDUCATION, ENTOMOLOGY, THE LIBRARY AND THE SEA CENTER.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE MUSEUM IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2019, OR FOR ANY PERIOD FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF CHARITABLE TRUSTS 1,196,339. CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES -4,486.

SCHEDULE G
 (Form 990 or 990-EZ)
 Department of the Treasury
 Internal Revenue Service

**Supplemental Information Regarding
 Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
 Inspection**

Name of the organization
 SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number
 95-1643378

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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
		<u>GALA</u> (event type)	<u>WINE FESTIVAL</u> (event type)	<u>8</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	440,728	129,210	74,048	643,986
	2 Less: Contributions	426,038	39,590	22,241	487,869
	3 Gross income (line 1 minus line 2)	14,690	89,620	51,807	156,117
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	33,060	316	38,820	72,196
	8 Entertainment	100	250		350
	9 Other direct expenses	121,571	36,957	106,244	264,772
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				337,318
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-181,201	

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))
		1 Gross revenue			16,977
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			106	106
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				106	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				16,871	

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

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: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	89.000 %
b	An outside facility	13b	11.000 %

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

Name ▶ DIANE WONDOLOWSKI

Address ▶ 2559 PUESTA DEL SOL SANTA BARBARA, CA 93105

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number
95-1643378

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	EACH GRANTEE MUST PROVIDE A DETAIL BUDGET OF THE USE OF FUNDS. THE CONDOR SURVIVAL COMMITTEE REVIEWS AND APPROVES THE GRANTS. IN MANY CASES THE BUDGETED EXPENSES ARE PAID DIRECTLY THROUGH THE MUSEUM AND COMPARED TO THE APPROVED GRANT BUDGET BEFORE PAYMENT. IN ALL CASES A REPORT ON THE USE OF THE FUNDS AND OUTCOMES IS REQUIRED AT THE END OF THE GRANT PERIOD.

Additional Data

Software ID:
Software Version:
EIN: 95-1643378
Name: SANTA BARBARA MUSEUM OF NATURAL HISTORY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTANA WILDLIFE SOCIETY 19045 PORTOLA DRIVE SUITE F1 SALINAS, CA 93908	94-2795935	501(C)3	49,910				CONDOR SURVIVAL PROGRAMS
PINNACLES NATIONAL PARK 5000 HIGHWAY 146 PAICINES, CA 95043	76-0849623	501(C)3	22,405				CONDOR SURVIVAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPPER MOUNTAIN NATIONAL WILDLIFE REFUGE CALIFORNIA 2493 PORTOLA ROAD SUITE A VENTURA, CA 93003	84-1024566		27,828				CONDOR SURVIVAL PROGRAMS

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number
95-1643378

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input checked="" 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 (e.g., maid, chauffeur, chef) </p>		
<p>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</p>	1b Yes	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes	
<p>3 Indicate which, if any, of the following the filing 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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </p> <p> <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 </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No
	4c No	
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No	5b No
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	6b No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 Yes	
<p>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.</p>	8 No	
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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 are not 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 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 LUKE SWETLAND PRESIDENT & CEO	(i)	192,643	4,000	0	5,942	62,357	264,942	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	AS A PART OF THE EMPLOYMENT CONTRACT WITH THE CEO, THE MUSEUM PROVIDES HOUSING ON MUSEUM PROPERTY. THE CEO IS ON CALL FOR MUSEUM EMERGENCIES AS WELL AS OCCASSIONALLY USES THE RESIDENCE FOR MUSEUM FUNCTIONS.
PART I, LINE 7	TOTAL COMPENSATION INCLUDES A DISCRETIONARY BONUS RECOMMENDED BY THE EXECUTIVE COMMITTEE BASED ON THE MUSEUM'S STRONG PERFORMANCE IN 2018 AND PAID IN 2019.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number
95-1643378

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	X		0	
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	284,284	MARKET VALUE
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	X	33		
24 Archeological artifacts	X	234		
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.		

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.

Return Reference	Explanation
PART I, LINE 33:	IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MUSEUMS, COLLECTION OBJECTS DONATED ARE NOT INCLUDED IN REVENUE.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN ELECTRONIC VERSION OF THE FORM 990 WAS SENT TO ALL FINANCE COMMITTEE AND BOARD MEMBERS FOR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	SIGNED STATEMENTS REGARDING POTENTIAL CONFLICTS OF INTEREST ARE REQUIRED FROM BOARD MEMBERS ON AN ANNUAL BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE SALARIES OF THE EXECUTIVE DIRECTOR AND COO ARE SET BY THE BOARD'S EXECUTIVE COMMITTEE AFTER REVIEW OF CURRENT COMPARATIVE DATA OF CALIFORNIA NONPROFITS AND MUSEUMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF CHARITABLE TRUSTS 1,196,339. CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES -4,486.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE MUSEUM HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY OF THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED SINCE LAST YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE	THE MUSEUM'S BYLAWS CALL FOR THE EXISTENCE OF AN EXECUTIVE COMMITTEE OF THE BOARD, CONSISTING OF NO FEWER THAN SIX TRUSTEES, INCLUDING THE VICE CHAIRS FOR GOVERNANCE, FINANCE, AND DEVELOPMENT, THE SECRETARY, THE IMMEDIATE PAST BOARD PRESIDENT, AND A MEMBER AT LARGE ELECTED FROM THE TRUSTEES AT THE ANNUAL ORGANIZATIONAL MEETING. THE BOARD CHAIR OF THE MUSEUM SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE SUCH POWER AND AUTHORITY AS MAY BE DELEGATED TO IT BY THE BOARD, AND SHALL EXERCISE ITS POWER IN EMERGENCY SITUATIONS BETWEEN MEETINGS OF THE BOARD OR AS OTHERWISE DELEGATED BY THE BOARD. AN EMERGENCY SITUATION SHALL BE DEEMED TO EXIST IF TWO OFFICERS OF THE BOARD DECLARE AN EMERGENCY. MINUTES SHALL BE KEPT AND DECISIONS COMMUNICATED TO THE BOARD WITHIN FIVE BUSINESS DAYS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III 4B STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	INTERTIDAL WONDERS VISITORS GET THEIR HANDS WET AS THEY EXPLORE THE WONDERS AND BEAUTY OF LOCAL MARINE LIFE IN THE NEW INTERTIDAL WONDERS TOUCH POOLS. HERE ONE CAN FEEL THE STICKINESS OF A SEA ANEMONE TENTACLE OR CRADLE A HERMIT CRAB IN THE PALM OF THEIR HAND. TRAINED NATURALISTS HELP GUIDE VISITORS IN THE DISCOVERY OF A VARIETY OF MARINE INVERTEBRATES THAT CALL THE SANTA BARBARA COAST THEIR HOME.