

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 2022-11-14															
	DIANE WONDOLOWSKI CFO Type or print name and title _____															
Paid Preparer Use Only	<table border="1"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date</td> <td>Check ☐ if self-employed</td> <td>PTIN P01255292</td> </tr> <tr> <td colspan="3">Firm's name ▶ MACFARLANE FALETTI & CO LLP</td> <td colspan="2">Firm's EIN ▶ 95-2835976</td> </tr> <tr> <td colspan="3">Firm's address ▶ 3757 STATE STREET SUITE 3B SANTA BARBARA, CA 93105</td> <td colspan="2">Phone no. (805) 966-4157</td> </tr> </table>	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 SANTA BARBARA, CA 93105			Phone no. (805) 966-4157	
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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 \$	1,894,782	including grants of \$	32,865) (Revenue \$	235,983)
	See Additional Data				

4b	(Code:) (Expenses \$	2,540,272	including grants of \$	) (Revenue \$	1,212,564)
	See Additional Data				

4c	(Code:) (Expenses \$	1,157,520	including grants of \$	149) (Revenue \$	99,306)
	See Additional Data				

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

4e	Total program service expenses ▶	5,592,574
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 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	3	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	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	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	6	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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 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	9	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	10 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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	15	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	16	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.	17	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	18 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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 151			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No	
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.	17			

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	23	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, 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

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

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

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

[illegible]

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	446,066	0	99,864

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 ▶ 2

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	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? <i>If "Yes," complete Schedule J for such person</i>	5	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)	(B)	(C)
Name and business address	Description of services	Compensation
SCHIPPER CONSTRUCTION 610 EAST COTA STREET SANTA BARBARA, CA 93103	CONSTRUCTION	1,812,871
MITHUN INC 1201 ALASKAN WAY SUITE 200 SEATTLE, WA 98101	ARCHITECTURE	154,657

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 ► 2	
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Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII ☐						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b	455,043			
	c Fundraising events . . .	1c	137,781			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,582,032			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,545,953			
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,759,025			
	h Total. Add lines 1a-1f		10,720,809			
Program Service Revenue	2a	ADMISSION FEES	Business Code			
			900099	1,234,639	1,234,639	
	b	MISC PROGRAM REVENUE	900099	127,320	127,320	
	c	CONTRACT FEES	541700	120,760	120,760	
	d	EDUCATION PROGRAM FEES	900099	65,134	65,134	
	e					
	f	All other program service revenue.				
g	Total. Add lines 2a-2f.		1,547,853			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,338,002		1,338,002
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
			151,226			
	b	Less: rental expenses	6b	38,336		
	c	Rental income or (loss)	6c	112,890		
	d	Net rental income or (loss)		112,890		112,890
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			36,112,575			
	b	Less: cost or other basis and sales expenses	7b	32,567,544	113,111	
	c	Gain or (loss)	7c	3,545,031	-113,111	
	d	Net gain or (loss)		3,431,920		3,431,920
	8a	Gross income from fundraising events (not including \$ 137,781 of contributions reported on line 1c). See Part IV, line 18	8a	80,336		
	b	Less: direct expenses	8b	44,139		
	c	Net income or (loss) from fundraising events		36,197		36,197
	9a	Gross income from gaming activities. See Part IV, line 19	9a	2,750		
b	Less: direct expenses	9b	0			
c	Net income or (loss) from gaming activities		2,750		2,750	
10a	Gross sales of inventory, less returns and allowances	10a	617,715			
b	Less: cost of goods sold	10b	404,122			
c	Net income or (loss) from sales of inventory		213,593		213,593	
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		17,404,014	1,547,853	0	
					5,135,352	

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	29,964	29,964		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,050	3,050		
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	338,495	137,650	154,586	46,259
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	3,570,761	2,534,994	490,767	545,000
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	82,231	56,456	11,547	14,228
9 Other employee benefits	414,611	305,260	77,661	31,690
10 Payroll taxes	272,934	198,012	30,589	44,333
11 Fees for services (non-employees):				
a Management				
b Legal	9,227	7,760	1,467	
c Accounting	33,315		32,600	715
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	163,360		163,360	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	313,582	200,836	74,299	38,447
12 Advertising and promotion	114,434	90,585	5,992	17,857
13 Office expenses	105,886	85,286	7,236	13,364
14 Information technology				
15 Royalties				
16 Occupancy	250,253	221,635	14,300	14,318
17 Travel	10,422	8,310	1,157	955
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	1,390,992	796,156	588,490	6,346
23 Insurance	476,594	414,301	38,369	23,924
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	250,416	199,330	22,448	28,638
b REPAIRS AND MAINTENANCE	188,091	188,091		
c EQUIPMENT	71,511	58,423	7,993	5,095
d RENTALS	60,291	42,341	464	17,486
e All other expenses	14,134	14,134		
25 Total functional expenses. Add lines 1 through 24e	8,164,554	5,592,574	1,723,325	848,655
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		1,665,011	1	2,403,620	
	2	Savings and temporary cash investments		1,272,441	2	1,363,799	
	3	Pledges and grants receivable, net		557,087	3	5,165,709	
	4	Accounts receivable, net		11,823	4	30,728	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . .			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		90,056	8	75,675	
	9	Prepaid expenses and deferred charges		356,832	9	299,427	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	38,569,471			
	b	Less: accumulated depreciation	10b	15,449,753	22,161,968	10c	23,119,718
	11	Investments—publicly traded securities		35,822,921	11	39,750,424	
	12	Investments—other securities. See Part IV, line 11		11,708,665	12	11,826,369	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		12,093,634	15	13,186,195	
16	Total assets. Add lines 1 through 15 (must equal line 33)		85,740,438	16	97,221,664		
Liabilities	17	Accounts payable and accrued expenses		611,525	17	656,448	
	18	Grants payable			18		
	19	Deferred revenue		242,381	19	400,600	
	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		308,812	25	308,812	
	26	Total liabilities. Add lines 17 through 25		1,162,718	26	1,365,860	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		53,438,489	27	61,855,584	
	28	Net assets with donor restrictions		31,139,231	28	34,000,220	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		84,577,720	32	95,855,804		
33	Total liabilities and net assets/fund balances		85,740,438	33	97,221,664		

Part XI Reconciliation of Net AssetsCheck 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	17,404,014
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,164,554
3	Revenue less expenses. Subtract line 2 from line 1	3	9,239,460
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,577,720
5	Net unrealized gains (losses) on investments	5	513,926
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	439,212
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,085,486
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	95,855,804

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
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	Yes	
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.	Yes	
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?		No
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.		

Additional Data

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

Form 990 (2021)

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:THIS LIBRARY-YEAR BEGAN WITH THE MUSEUM IN A PANDEMIC SHUTDOWN OF INDOOR SPACES. LIBRARY STAFF ASSISTED REMOTE RESEARCHERS WITH TOPICAL SCHOLARSHIP WHENEVER POSSIBLE AND TOOK THE TIME IN HOME OFFICES TO PROCESS DISTINCT ARCHIVAL COLLECTIONS, IMPROVED METADATA IN EXISTING DIGITAL FILES, AND CONTINUE WITH RESEARCH PROJECTS. TOTAL LIBRARY VISITORS FOR 2021 WAS 6,619 PEOPLE. OF THAT NUMBER, LIBRARY STAFF PROVIDED 116 RESEARCHERS WITH REFERENCE ASSISTANCE RANGING FROM PULLING MATERIALS FROM LIBRARY AND ARCHIVE SHELVES, TO MORE IN-DEPTH COLLECTION DEEP-DIVES. ADDITIONALLY, STAFF ASSISTED WITH 102 INQUIRIES BY PHONE OR EMAIL AND ANSWERED 290 QUESTIONS FROM GUESTS.

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.CLOSURES NECESSITATED BY THE PANDEMIC CONTINUED TO REDUCE ATTENDANCE AT BOTH LOCATIONS. GATE ATTENDANCE AT THE MISSION CANYON CAMPUS IN 2021 WAS 103,636. IN ADDITION, 2,822 CHILDREN AND ADULTS ATTENDED EDUCATIONAL PROGRAMS, 3,138 CAME AS VOLUNTEERS, 166 CAME FOR COMMUNITY USES AND 191 CAME SPECIFICALLY FOR RESEARCH OR PROFESSIONAL SYMPOSIA, FOR A TOTAL ATTENDANCE AT THE MISSION CANYON CAMPUS OF 109,953.CLOSURES OF INDOOR SPACES NECESSITATED BY THE PANDEMIC CONTINUED TO REDUCE ATTENDANCE AT THE SEA CENTER. IN SEPTEMBER 2021, THE SEA CENTER CLOSED FOR THE REMAINDER OF THE YEAR FOR INFRASTRUCTURE REPAIRS. GATE ATTENDANCE IN 2021 AT THE SEA CENTER WAS 53,479. IN ADDITION, 2,422 CAME AS VOLUNTEERS, FOR A TOTAL ATTENDANCE AT THE SEA CENTER CAMPUS OF 55,901.BUTTERFLIES ALIVE!THE MUSEUM REOPENED ITS OUTDOOR BUTTERFLY PAVILION IN A WAY THAT ALLOWED SOCIAL DISTANCING AND STILL, AN INTIMATE EXPERIENCE WITH BUTTERFLIES. GUESTS WERE ABLE TO MOVE THROUGH A BEAUTIFUL GARDEN WHILE ABOUT 1,000 LIVE BUTTERFLIES FLUTTERED FREELY ABOUT THEM. THE EXHIBIT FEATURED A DAZZLING VARIETY OF BUTTERFLIES FROM LOCAL FAVORITE TO EXOTIC TROPICAL VARIETIES. VISITORS LEARNED ABOUT THE LIFE CYCLE AND BEHAVIOR OF THESE SPECTACULAR INVERTEBRATES WHILE OBSERVING THE UP CLOSE, 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 WAS 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 THROUGHHANDS-ON ACTIVITIES IN A DYNAMIC LEARNING LAB. VISITORS CAN BECOMENATURAL ARTISTS, TAKE AN UP-CLOSE LOOK AT OBJECTS, ASK QUESTIONS, ANDPARTICIPATE IN A VARIETY OF SCIENTIFIC ACTIVITIES, INCLUDING THE NATUREEXCHANGE. THE CURIOSITY REOPENED AFTER A COVID IMPOSED HIATUS OF 14 MONTHS WITH ENGAGING PROGRAMMATIC ACTIVITIES WHILE KEEPING THE INTERACTIVES SAFE FOR THE PUBLIC. FOR EXAMPLE, INSTEAD OF HANDS-ON EXPERIENCES, THEY CREATED EXHIBITS WHERE GUESTS USE FOOT PEDALS TO ROTATE OR PUT FOCUS ON SPECIMENS UNDER INCANDESCENT OR ULTRAVIOLET LIGHT. THE CURIOSITY LAB HAD 31,780 VISITORS BETWEEN MEMORIAL DAY AND DECEMBER 31. THE MUSEUM BACKYARD AND NATURE CLUB HOUSE: THE MUSEUM BACKYARD & NATURE CLUBHOUSE IS AN ADA ACCESSIBLE PLAY AREA NESTLED IN THE OAK WOODLAND ALONG MISSION CREEK. GUESTS CAN RELAX, EXPLORE AND PLAY ALONG THE BACKYARD CREEK, THE SENSORY GARDEN. THE BIOBUILDERS ZONE ALLOWS CHILDREN TO BUILD AND CREATE SHELTER AND ART, WHILE THE NATURE CLUB HOUSE IS STAFFED WITH FRIENDLY NATURALISTS THAT ANSWER QUESTIONS AND SHARE ACTIVITIES ABOUT THE NATURAL WORLD AND WHAT MAKES THE SANTA BARBARA REGION UNIQUE. IN SUMMER OF 2021, GUESTS COULD UNEARTH PIECES OF DINOSAUR MODELS. ON ANY GIVEN DAY, FAMILIES COULD COME ACROSS DRS. LICHEN, ICE AND ROCKINHEIMER WHO WOULD EDUCATE GUESTS ABOUT LOCAL BOTANY, THE FOOD WEB IN ARTIC REGIONS, BIRDS, ROCKS, FOSSILS AND MINERALS, ARACHNIDS OR SPACE EXPLORATION. OVER 53,000 GUESTS VISITED THE BACKYARD. THE JOHN AND PEGGY MAXIMUS GALLERY LOCATED AT THE MISSION CANYON CAMPUS IS DEDICATED TO PRESERVATION AND DISPLAY OF ANTIQUE PRINTS PRESENTS TWO TO THREE ORIGINAL EXHIBITS A YEAR WHICH HIGHLIGHT THE HISTORY AND DEVELOPMENT OF THE SCIENCES.MAXIMUS GALLERYA MEDICINE TO THE MIND, AN EXHIBIT ABOUT EARLY GARDENING CATALOGS OPENED IN MAY. ON DISPLAY WERE EXTREMELY RARE DOCUMENTS WHICH PROVIDE INSIGHTS INTO THE DEVELOPMENT OF PLANT VARIETIES AND HELP US TO UNDERSTAND WHICH ONES WITHSTOOD THE TEST OF TIME AND HOW GARDENING EVOLVED. THE EXHIBITION INCLUDED ORIGINAL ENGRAVINGS FROM THE FIRST PUBLISHED SALES CATALOG FROM 1612, IMAGES OF TULIPS FROM THE MANIA FOR BULBS IN HOLLAND IN THE 17TH CENTURY, AND PLATES FROM THE INFLUENTIAL CHELSEA PHYSIC GARDEN CATALOG PRINTED IN LONDON DURING THE 18TH CENTURY. A SPECIAL COLLECTION OF 19TH CENTURY SAMPLE BOXES AND SEED PACKETS ON LOAN TO THE MUSEUM WAS SHOWN. A VIRTUAL TOUR OF THE EXHIBIT WAS CREATED AND IS AVAILABLE TO VIEW BY VISITING [HTTPS://YOUTUBE.COM/WATCH?V=CAC8WXm3KHm](https://youtube.com/watch?v=cAC8WXm3KHm)THE SECOND EXHIBITION FEATURED THE MUSEUM'S COLLECTION AND RESEARCH DEPARTMENT. WHAT'S IN OUR DRAWERS: ART AND OBJECTS FROM THE MUSEUM'S COLLECTIONS OPENED IN OCTOBER. OUR CURATORIAL STAFF SELECTED A SAMPLING FROM THE DIVERSITY OF OUR HOLDINGS DISPLAYED IN CUSTOM MADE DRAWERS IN THE GALLERY. PHOTO PANELS WITH PERSONAL STATEMENTS ABOUT THEIR CAREER PATHS WERE POSITIONED NEXT TO THEIR DRAWERS. THE EXHIBIT BOTH HELPED BRING TO THE FOREFRONT THE BREADTH AND DEPTH OF THE MUSEUM'S COLLECTIONS AS WELL AS ENCOURAGING YOUNGER GUESTS TO EXPLORE CAREERS IN SCIENCE AND MUSEUMS. AT THE SEA CENTER:IT WAS NOT UNTIL MARCH 19 THAT THE SEA CENTER (SC) REOPENED TO THE PUBLIC FOLLOWING COUNTY AND STATE MANDATED GUIDELINES REQUIRING MASKS FOR ENTRY, A LIMITED OCCUPANCY OF 25%, SOCIAL DISTANCING OF SIX FEET FOR HOUSEHOLDS, AND UTILIZING A MANAGED ONE-WAY FLOW IN THE FACILITY. OVER THE SEVEN MONTHS THE SC WAS OPEN IT SERVED OVER 53,000 GUESTS.GUESTS TO THE SEA CENTER ARE ABLE TO LOOK AT AND LEARN MORE ABOUT SEA HORSES AND CORAL REEF HABITATS, JELLIES AND SIMILARLY ELEGANT ANIMALS, TOUCH SHARKS AND GET THEIR HANDS WET AS THEY EXPLORED THE WONDERS AND BEAUTY OF LOCAL MARINE LIFE IN THE INTERTIDAL WONDERS TOUCH POOLS. TRAINED NATURALISTS GUIDE VISITORS IN THE DISCOVERY OF A VARIETY OF MARINE ANIMALS THAT CALL THE SANTA BARBARA COAST THEIR HOME. IN SEPTEMBER, THE SEA CENTER CLOSED FOR INFRASTRUCTURE REPAIRS. DURING THAT TIME, KEY ELEMENTS OF THE AQUARIUM WERE MADE AVAILABLE AT THE MISSION CANYON CAMPUS INCLUDING LIVE ANIMAL IN AN EXHIBIT TITLED WONDERFUL WATERS EXPERIENCE. THE AQUATIC THEMED EXPERIENCE INCLUDED: INTERACTIVE TOUCH EXHIBITS, JUVENILE SWELL SHARKS AND INTERTIDAL INVERTEBRATES, DISPLAY A SWELL SHARK NURSERY, MORAY EEL, AND OCTOPUS, ABALONE DIVERSITY EDUCATION SET, MARINE MAMMAL ARTIFACT CART, AND MORE. SEA CENTER INTERPRETIVE STAFF AND VOLUNTEERS ENGAGED GUESTS FROM OCTOBER UNTIL JANUARY 2022.WHILE ABALONE CAPTIVE BREEDING PROGRAMAS A PARTNER IN THE WHITE ABALONE CAPTIVE BREEDING PROGRAM AND A MEMBER OF THE WHITE ABALONE RECOVERY CONSORTIUM, THE SEA CENTER CONTINUES TO CARE FOR WHITE ABALONE AND PARTICIPATE IN COLLABORATIVE EFFORTS SUCH AS SPAWNING ATTEMPTS.

Form 990, Part III, Line 4c:

EDUCATION:THE MUSEUM'S EDUCATIONAL PROGRAMS PROMOTE SCIENTIFIC LITERACY AND INSTILL A PASSION FOR NATURE AND A COMMITMENT TO LEARNING. THESE RICH EDUCATIONAL EXPERIENCES ARE USUALLY PROVIDED TO OVER 14,500 SCHOOL CHILDREN AS WELL AS TO 200,000 VISITORS - MOSTLY FAMILIES WITH CHILDREN - WHO VISIT EACH YEAR. WITH THE INDOOR CLOSURES REQUIRED BY THE PANDEMIC IN 2021, THE MUSEUM SERVED APPROXIMATELY 4,700 SCHOOL CHILDREN AND 85,000 COMMUNITY MEMBERS EITHER ON SITE OR VIA A VIRTUAL PROGRAM. 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 16 HIGH SCHOOL STUDENTS. THROUGH MENTORSHIP, RESEARCH OPPORTUNITIES, WORK SHIFTS AND VOLUNTEER ACTIVITIES, THE TEENS DEVELOP TIME MANAGEMENT, PUBLIC SPEAKING, PROJECT MANAGEMENT, SCIENTIFIC RESEARCH SKILLS. THROUGHOUT THE YEAR, TEENS ASSIST IN THE BUTTERFLY PAVILION, CURIOSITY LAB, MUSEUM BACKYARD, AS SEA CENTER INTERPRETERS AND AQUARIST ASSISTANTS. DURING THE SUMMER, FIRST YEAR QUASARS TOOK WEEKLY CLASSES OF MUSEUM 101, TAUGHT BY DEPARTMENT HEADS THROUGHOUT THE MUSEUM. THEY USED THEIR GAINED KNOWLEDGE OF MUSEUM OPERATIONS AND HISTORY TO CONSTRUCT THEIR OWN HYPOTHETICAL MUSEUM, THE MUSEUM OF CALIFORNIA WOODLAND ECOSYSTEMS. SOPHOMORE AND JUNIOR QUASARS PRESENTED INDEPENDENT LITERATURE REVIEW PROJECTS ON "SMALL-BUT-MIGHTY" ECOSYSTEM COMPONENTS INCLUDING PHYTOPLANKTON, MYCORRHIZAE, POLLINATORS, AND PARASITES. SENIOR QUASARS MARKED THE END OF ONE YEAR OF RESEARCH BY PRESENTING THEIR CAPSTONE SENIOR PROJECTS. THIS YEAR'S PROJECTS FOCUSED ON TARDIGRADES AS INDICATORS OF LOCAL SOIL HEALTH, THE EFFECTS OF NATURE ON MENTAL HEALTH, HOW BRAINS RECEIVE AND PERCEIVE SOUND, PHYTOPLANKTON IN THE SANTA BARBARA CHANNEL, AND THE WAYS CHUMASH LANGUAGES ARE PRESERVED THROUGH PRESENT-DAY TEACHINGS.DURING THE FALL MONTHS, QUASAR TEENS LOGGED OVER 500 HOURS AT THE MUSEUM, INCLUDING THEIR SHIFTS WITH EXHIBITS, INVERTEBRATE ZOOLOGY, THE CURIOSITY LAB AND BACKYARD, NATURE ADVENTURES, FACILITIES, GUEST SERVICES, AND THE SEA CENTER EXHIBIT.AFTER SCHOOL CLASSES AND CAMPSTHE MUSEUM OFFERS AFTER SCHOOL CLASSES AND CAMPS FOR CHILDREN. SPRING CAMPS WERE VIRTUAL AND FOCUSED ON CLIMATE CHANGES AND ECOLOGICAL THEMES WHERE PARTICIPANTS DEVELOPED SKILL SETS OF APPRECIATING A CHANGING ENVIRONMENT AND HOPING TO EMPOWER PARTICIPANTS. SUMMER CAMPS INCLUDED WIZARDING SCIENCE; PALEO CAMPS; AND ASTRONOMY CAMPS, WHILE THE SEA CENTER OFFERED UNDERWATER FOREST CAMPS, CHANNEL ISLAND CAMPS AND SUPERPOWERS CAMPS. 100+ ENROLLEES ENGAGED IN THESE CAMP PROGRAMS THROUGH THE ABBREVIATED SUMMER SESSION. THE FALL SESSION CLASSES FOCUSED ON NATURE IN THE OUTDOORS WITH AN APPRECIATION FOR LOCAL GEOLOGY, WATERSHEDS, AND ENDANGERED LOCAL SPECIES. IN-PERSON WINTER CAMPS, CATERING TO AGES 4-6, 6-9 AND 9-12-YEAR OLDS, HAD THEMES INCLUDING CLEAN ENERGY SCIENCE, SKY OBSERVATIONS, CARNIVAL SCIENCE, JOURNEY OF FOODS, STEAM ADVENTURES, AND CSI OCEAN DETECTIVES. THE CAMPS HAD OVER 90 ENROLLMENTS. THE MUSEUM'S SCHOOL AND TEACHER SERVICES (STS) PROGRAM PROVIDES GRADE SPECIFIC, STANDARDS ALIGNED FIELD TRIP PROGRAMS. IN 2021, THE STS DEPARTMENT HOSTED OVER 600 STUDENTS AND ANOTHER 4,700 VIRTUALLY.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
BOBBIE KINNEAR TRUSTEE	4.00	X		X				0	0	0
CHRIS BLAU TRUSTEE	8.00	X		X				0	0	0
CHRIS KNOWLTON IMMEDIATE PAST CHAIR	10.00	X		X				0	0	0
ELAINE GIBSON TRUSTEE	4.00	X		X				0	0	0
PAUL RELIS TRUSTEE	6.00	X		X				0	0	0
TERRY VALESKI CHAIR	10.00	X		X				0	0	0
BRAD WILLIS SECRETARY	10.00	X						0	0	0
CAROLYN CHANDLER TRUSTEE	6.00	X						0	0	0
DENNIS ALLEN TRUSTEE	10.00	X						0	0	0
DOUG DREIER TRUSTEE	10.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
FRANK DAVIS TRUSTEE	8.00	X						0	0	0
HANK MITCHEL TRUSTEE AT LARGE	10.00	X						0	0	0
MATT ADAMS TRUSTEE	10.00	X						0	0	0
PAUL RUSSELL TRUSTEE	10.00	X						0	0	0
SHARON BRADFORD TRUSTEE	6.00	X						0	0	0
STEVE WOODWARD TRUSTEE	6.00	X						0	0	0
SUE PARKER VICE CHAIR DEVELOPEMENT	10.00	X						0	0	0
TORY MILAZZO VICE CHAIR FINANCE	10.00	X						0	0	0
VENESA FACIANE VICE CHAIR GOVERNANCE	10.00	X						0	0	0
VINCENT CABALLERO TRUSTEE	8.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
WAYNE ROSING TRUSTEE	4.00	X						0	0	0
MELISSA FASSETT TRUSTEE	4.00	X						0	0	0
LAVERTY CORINNE TRUSTEE	4.00	X						0	0	0
LUKE SWETLAND PRESIDENT & CEO	40.00			X				200,111	0	73,661
DIANE WONDOLOWSKI COO/CFO	38.00			X				99,970	0	13,398
CAROLINE GRANGE DIRECTOR OF DEVELOPMENT	40.00					X		145,985	0	12,805

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,256,331	4,477,117	5,157,706	4,541,477	10,720,809	31,153,440
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	6,256,331	4,477,117	5,157,706	4,541,477	10,720,809	31,153,440
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) . . .						2,516,447
6	Public support. Subtract line 5 from line 4.						28,636,993

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.	6,256,331	4,477,117	5,157,706	4,541,477	10,720,809	31,153,440
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,923,725	1,078,651	1,027,417	995,180	1,489,228	6,514,201
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						37,667,641
12	Gross receipts from related activities, etc. (see instructions)						12 8,659,801

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	76.030 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	80.000 %

16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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).</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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 ☐ 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021:		
a	From 2016.		
b	From 2017.		
c	From 2018.		
d	From 2019.		
e	From 2020.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.		
b	Excess from 2018.		
c	Excess from 2019.		
d	Excess from 2020.		
e	Excess from 2021.		

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

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2021

Open to Public Inspection

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.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

Cat. No. 52283D Schedule D (Form 990) 2021

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	53,550,800	48,704,765	42,392,508	47,673,264	40,971,721
b Contributions	634,931	502,885	145,500	312,561	2,160,132
c Net investment earnings, gains, and losses	5,848,183	6,565,617	8,218,816	-3,497,716	6,642,945
d Grants or scholarships					
e Other expenditures for facilities and programs	2,149,677	2,222,467	2,052,059	2,095,601	2,101,534
f Administrative expenses					
g End of year balance	57,884,237	53,550,800	48,704,765	42,392,508	47,673,264

2

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

a

Board designated or quasi-endowment

51.000 %

b

Permanent endowment

33.000 %

c

Term endowment

16.000 %

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

3a(i)

Yes

No

(ii) Related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		314,388		314,388
b Buildings		34,699,854	14,602,735	20,097,119
c Leasehold improvements				
d Equipment		124,797	80,126	44,671
e Other		3,430,432	766,892	2,663,540
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				23,119,718

Schedule D (Form 990) 2021

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	11,826,369	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	11,826,369	

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)		
(10)		
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	13,186,195
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	13,186,195

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	92,803
(3) AGENCY FUNDS	64,230
(4) ECONOMIC DISASTER LOAN	151,779
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	308,812

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	18,755,604
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	513,926
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,085,486
e	Add lines 2a through 2d	2e	1,599,412
3	Subtract line 2e from line 1	3	17,156,192
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	163,360
b	Other (Describe in Part XIII.)	4b	84,462
c	Add lines 4a and 4b	4c	247,822
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,404,014

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	7,916,732
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	7,916,732
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	163,360
b	Other (Describe in Part XIII.)	4b	84,462
c	Add lines 4a and 4b	4c	247,822
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,164,554

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:	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 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, 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, 2021, 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 1,085,486. CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INDIRECT SPECIAL EVENT EXPENSES 84,462.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INDIRECT SPECIAL EVENT EXPENSES 84,462.

SCHEDULE G
(Form 990)

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

2021

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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>ARTIST TABLE</u> (event type)	<u>WINE AND SPIRITS</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	196,092	22,025		218,117
	2 Less: Contributions	123,256	14,525		137,781
	3 Gross income (line 1 minus line 2)	72,836	7,500		80,336
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	20,187	3,823		24,010
	8 Entertainment				
	9 Other direct expenses	18,654	1,475		20,129
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				44,139
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				36,197

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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	100.000 %
b	An outside facility	13b	%

14

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

Name ▶

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
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Schedule G (Form 990) 2021

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
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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 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 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	10,780	0			CONDOR SURVIVAL PROGRAMS
PINNACLES CONDOR SURVIVAL PROGRAM 5000 HIGHWAY 146 PAICINES, CA 95043	76-0849623	501(C)3	13,502	0			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		5,682	0			CONDOR SURVIVAL PROGRAMS

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047
		2021
		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 Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☒ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	2	Yes	
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.			
☐ Compensation committee	☒ Written employment contract		
☐ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For 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.

[illegible]

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. THIS PROVIDES AN ADDITIONAL LAYER OF SECURITY FOR THE MUSEUM. THE CEO IS ON CALL FOR MUSEUM EMERGENCIES AS WELL AS OCCASSIONALLY USES THE RESIDENCE FOR MUSEUM FUNCTIONS. AS PART OF THE EMPLOYMENT CONTRACT WITH THE COO, THE MUSEUM PROVIDES DISCOUNTED HOUSING ON MUSEUM PROPERTY. THIS PROVIDES AN ADDITIONAL LAYER OF SECURITY FOR THE MUSEUM. THE COO IS ON CALL FOR MUSEUM EMERGENCIES AND RESPONDING TO AFTER-HOUR CALLS FROM THE ALARM COMPANY.
PART I, LINE 7	TOTAL COMPENSATION INCLUDES A DISCRETIONARY BONUS DETERMINED BY THE CEO FOR STRONG PERFORMANCE.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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.

OMB No. 1545-0047

2021

Open to Public Inspection

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	X	17		
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	9	844,095	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	18		
24 Archeological artifacts	X	14		
LOAN	X	1	914,930	
25 Other ► (<u>FORGIVENESS</u>)				
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

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?

Yes

No

30a

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

No

31

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

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)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

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 CFO 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 1,085,486.

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.