

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning and ending**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p><b>C Name of organization</b></p> <p><b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2559 PUESTA DEL SOL</b></p> <p>City or town, state or country, and ZIP + 4 <b>SANTA BARBARA, CA 93105-2936</b></p> <p><b>F Name and address of principal officer: KARL L. HUTTERER</b> <b>SAME AS C ABOVE</b></p>	<p><b>D Employer identification number</b></p> <p align="center"><b>95-1643378</b></p> <p><b>E Telephone number</b></p> <p align="center"><b>805-682-4711</b></p> <p><b>G Gross receipts \$</b> <b>27,430,665.</b></p> <p><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c) Group exemption number</b> ▶</p>
<p><b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>J Website:</b> ▶ <b>SBNATURE.ORG</b></p>	
<p><b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L Year of formation:</b> <b>1916</b> <b>M State of legal domicile:</b> <b>CA</b></p>	

**Part I Summary**

	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE FOLLOWING THREE GUIDING PRINCIPLES ARE THE FOUNDATION FOR ALL OF THE SANTA BARBARA MUSEUM OF</b></p>		
	<p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
<b>Activities &amp; Governance</b>	<p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....</p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....</p> <p><b>5</b> Total number of employees (Part V, line 2a) .....</p> <p><b>6</b> Total number of volunteers (estimate if necessary) .....</p> <p><b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 .....</p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....</p>		<p><b>3</b> 22</p> <p><b>4</b> 21</p> <p><b>5</b> 153</p> <p><b>6</b> 950</p> <p><b>7a</b> 0.</p> <p><b>7b</b> 0.</p>
<b>Revenue</b>	<p><b>8</b> Contributions and grants (Part VIII, line 1h) .....</p> <p><b>9</b> Program service revenue (Part VIII, line 2g) .....</p> <p><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</p> <p><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</p> <p><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</p>	<p><b>Prior Year</b></p> <p>2,830,122.</p> <p>677,822.</p> <p>740,327.</p> <p>640,112.</p> <p>4,888,383.</p>	<p><b>Current Year</b></p> <p>2,849,286.</p> <p>824,899.</p> <p>-2,967,257.</p> <p>464,549.</p> <p>1,171,477.</p>
<b>Expenses</b>	<p><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</p> <p><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</p> <p><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</p> <p><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</p> <p><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>494,452.</b></p> <p><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....</p> <p><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</p> <p><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</p>	<p>5,000.</p> <p>3,763,633.</p> <p></p> <p>2,754,019.</p> <p>6,522,652.</p> <p>-1,634,269.</p>	<p>6,000.</p> <p>3,507,320.</p> <p></p> <p>2,688,288.</p> <p>6,201,608.</p> <p>-5,030,131.</p>
<b>Net Assets or Fund Balances</b>	<p><b>20</b> Total assets (Part X, line 16) .....</p> <p><b>21</b> Total liabilities (Part X, line 26) .....</p> <p><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</p>	<p><b>Beginning of Current Year</b></p> <p>52,238,948.</p> <p>531,360.</p> <p>51,707,588.</p>	<p><b>End of Year</b></p> <p>58,328,630.</p> <p>545,428.</p> <p>57,783,202.</p>

**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.

<b>Sign Here</b>	<p>Signature of officer</p> <p><b>KARL L. HUTTERER, EXEC. DIRECTOR</b></p>	<p>Date</p>	<p>Preparer's identifying number (see instructions)</p>
<b>Paid Preparer's Use Only</b>	<p>Preparer's signature ▶</p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>MACFARLANE, FALETTI &amp; CO. LLP</b> <b>115 E. MICHELTORANA ST. #200</b> <b>SANTA BARBARA, CA 93101</b></p>	<p>Date</p>	<p>Check if self-employed <input type="checkbox"/></p> <p>EIN ▶</p> <p>Phone no. ▶ <b>805 966-4157</b></p>

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION 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

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 [X] No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 2,122,346. including grants of \$ ) (Revenue \$ 141,982.) 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 2.6 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.

4b (Code: ) (Expenses \$ 1,757,056. including grants of \$ ) (Revenue \$ 226,304.) EXHIBITS & VISITOR SERVICES:

THE MUSEUM HAS TWO SITES, ITS MISSION CREEK CAMPUS AND THE TY WARNER SEA CENTER LOCATED ON STERNS WHARF.

AT THE MISSION CREEK CAMPUS:

BEHIND-THE-SCENES AT THE MUSEUM: NORTHWEST COAST COLLECTIONS FROM THE ANTHROPOLOGY DEPARTMENT

THIS IS THE FOURTH IN A SERIES OF SPECIAL EXHIBITS HIGHLIGHTING THE MUSEUM'S ANTHROPOLOGY COLLECTIONS. PACIFIC NORTHWEST CULTURES ARE FAMOUS FOR SPECTACULAR MASKS, AND CEREMONIAL REGALIA AND FINE CARVINGS IN WOOD AND STONE, EXAMPLES OF WHICH WERE ON DISPLAY.

4c (Code: ) (Expenses \$ 1,001,831. including grants of \$ ) (Revenue \$ 205,914.) EDUCATION:

THE MUSEUM'S RICH ARRAY OF EDUCATIONAL PROGRAMS SERVED APPROXIMATELY 73,000 INDIVIDUALS IN 2009 AND ARE ON THE CUTTING EDGE OF CURRENT EDUCATIONAL PRACTICE, ESPECIALLY WITH REGARD TO INQUIRY-BASED SCIENCE EDUCATION. WE MAINTAIN PROGRAMMING FOR EVERY MAJOR AGE GROUP, INCLUDING PRE-SCHOOLERS, K-12 STUDENTS, TEENAGERS, ADULTS, AND SENIORS.

IN 2009, 31,000 SCHOOLCHILDREN PARTICIPATED IN PROGRAMS LINKED TO STATE AND NATIONAL LEARNING STANDARDS, AND MANY TOOK PART IN OUTDOOR EDUCATION EXPERIENCES. 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

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

4e Total program service expenses \$ 4,881,233.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 44		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 153		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			22
b	Enter the number of voting members that are independent		
1b			21
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
13			
14	Does the organization have a written document retention and destruction policy?	X	
14			
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	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in 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?		X
16a			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CFO - 805-682-4711**  
**2559 PUESTA DEL SOL, SANTA BARBARA, CA 93105**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DENNIS ALLEN TRUSTEE	1.00	X					0.	0.	0.	
GEORGE BURTNESS TRUSTEE	1.00	X					0.	0.	0.	
PATTY BRYANT TRUSTEE	1.00	X					0.	0.	0.	
AARON BUDGOR TRUSTEE	1.00	X					0.	0.	0.	
BRUCE CULVER TRUSTEE	1.00	X					0.	0.	0.	
DOUGLAS DREIER TRUSTEE	1.00	X					0.	0.	0.	
ELISABETH FOWLER TRUSTEE	1.00	X					0.	0.	0.	
PALMER JACKSON JR TRUSTEE	1.00	X					0.	0.	0.	
KATHLEEN KALP TRUSTEE	1.00	X					0.	0.	0.	
BOBBIE KINNEAR TRUSTEE	1.00	X					0.	0.	0.	
BOB KNIGHT TRUSTEE	1.00	X					0.	0.	0.	
ANGEL MARTINEZ TRUSTEE	1.00	X					0.	0.	0.	
MIKE MAYFIELD TRUSTEE	1.00	X					0.	0.	0.	
JOHN POWELL TRUSTEE	20.00	X					30,483.	0.	0.	
NIKI SANDOVAL TRUSTEE	1.00	X					0.	0.	0.	
BRIAN SARVIS TRUSTEE	1.00	X					0.	0.	0.	
JAY SMITH TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
NORMAN SPRAGUE TRUSTEE	1.00	X						0.	0.	0.
BRUCE TIFFNEY TRUSTEE	1.00	X						0.	0.	0.
CAROLYN CHANDLER VP FOR DEVELOPMENT	3.00			X				0.	0.	0.
STEPHEN HICKS PRESIDENT	4.00			X				0.	0.	0.
CHRISTOPHER JACOBS SECRETARY	3.00			X				0.	0.	0.
GLEN MITCHEL VP FOR AUDIT	2.00			X				0.	0.	0.
PAUL RUSSELL VP FOR FINANCE	3.00			X				0.	0.	0.
JANET SANDS VP FOR GOVERNANCE	3.00			X				0.	0.	0.
KARL HUTTERER EXECUTIVE DIRECTOR	40.00					X		125,974.	0.	48,806.
CAROLINE GRANGE DIR OF DEVELOPMENT	40.00					X		100,351.	0.	5,050.
<b>1b Total</b>								<b>256,808.</b>	<b>0.</b>	<b>53,856.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
GENERATION GRAPHICS, 31142 VIA CRISTAL, SAN JUAN CAPISTRANO, CA 92675	DIGITALIZATION OF MAPS	200,377.
SCHACHT ASLANI ARCHITECT 506 2ND AVE #700, SEATTLE, WA 98104	MASTER PLANNING/ARCHITECTUR	152,627.

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



Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	430,580.			
	c Fundraising events	1c	113,500.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,305,206.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,849,286.			
	Program Service Revenue	2 a	Business Code			
ADMISSION FEES		900099	675,218.	675,218.		
b EDUCATION PROGRAM TUIT		900099	110,356.	110,356.		
c CONTRACT FEES		541700	39,325.	39,325.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		824,899.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		748,746.		748,746.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	271,529.			
		(ii) Personal				
		b Less: rental expenses	26,023.			
	c Rental income or (loss)	245,506.				
	d Net rental income or (loss)		245,506.		245,506.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	21921002			
		(ii) Other				
		b Less: cost or other basis and sales expenses	25637005			
		c Gain or (loss)	-3716003			
	d Net gain or (loss)		-3716003.		-3716003.	
	8 a Gross income from fundraising events (not including \$ 113,500. of contributions reported on line 1c). See Part IV, line 18	a	224,016.			
		b Less: direct expenses	280,030.			
c Net income or (loss) from fundraising events			-56,014.		-56,014.	
9 a Gross income from gaming activities. See Part IV, line 19	a	6,000.				
	b Less: direct expenses					
	c Net income or (loss) from gaming activities		6,000.		6,000.	
10 a Gross sales of inventory, less returns and allowances	a	481,075.				
	b Less: cost of goods sold	316,130.				
	c Net income or (loss) from sales of inventory		164,945.	164,945.		
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	104,112.	104,112.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		104,112.				
12 Total revenue. See instructions.		1,171,477.	1,093,956.	0.	-2771765.	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	6,000.	6,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	30,483.	30,483.		
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 .....	2,856,188.	1,714,727.	755,960.	385,501.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	101,166.	55,400.	33,495.	12,271.
9 Other employee benefits .....	304,874.	174,766.	99,927.	30,181.
10 Payroll taxes .....	214,609.	130,891.	55,808.	27,910.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	4,027.	330.	3,697.	
c Accounting .....	14,300.		14,300.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	827,151.	449,847.	362,617.	14,687.
12 Advertising and promotion .....	102,229.	9,848.		92,381.
13 Office expenses .....	610,929.	397,732.	69,201.	143,996.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	185,843.	41,287.	144,556.	
17 Travel .....	74,939.	51,750.	21,857.	1,332.
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 .....	679,615.	572,302.	107,313.	
23 Insurance .....	100,040.	2,034.	98,006.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>REPAIRS AND MAINTENANCE</b> .....	48,091.	18,530.	29,561.	
b <b>DUES &amp; SUBSCRIPTION</b> .....	24,875.	9,312.	11,089.	4,474.
c <b>EQUIPMENT</b> .....	11,688.		10,414.	1,274.
d <b>MEALS AND ENTERTAINMENT</b> .....	2,426.	1,911.		515.
e <b>ANIMAL SUPPLIES</b> .....	2,135.	2,135.		
f All other expenses .....		1,211,948.	-991,878.	-220,070.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	6,201,608.	4,881,233.	825,923.	494,452.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	125,000.	1	1,175,777.	
	<b>2</b> Savings and temporary cash investments .....	314,043.	2	419,528.	
	<b>3</b> Pledges and grants receivable, net .....	269,857.	3	321,304.	
	<b>4</b> Accounts receivable, net .....	207,355.	4	232,373.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				5
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....				6
	<b>7</b> Notes and loans receivable, net .....				7
	<b>8</b> Inventories for sale or use .....	67,079.	8	59,118.	
	<b>9</b> Prepaid expenses and deferred charges .....	104,152.	9	134,311.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 17,327,147.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,955,711.	13,371,976.	<b>10c</b>	12,371,436.
	<b>11</b> Investments - publicly traded securities .....				11
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	32,581,820.	12	37,791,102.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....				13
	<b>14</b> Intangible assets .....				14
	<b>15</b> Other assets. See Part IV, line 11 .....	5,197,666.	15	5,823,681.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	52,238,948.	16	58,328,630.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	298,660.	17	291,528.	
	<b>18</b> Grants payable .....				18
	<b>19</b> Deferred revenue .....	232,700.	19	253,900.	
	<b>20</b> Tax-exempt bond liabilities .....				20
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....				21
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....				22
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....				23
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....				24
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....				25
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	531,360.	26	545,428.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	33,773,473.	27	38,676,784.	
	<b>28</b> Temporarily restricted net assets .....	10,334,170.	28	11,506,473.	
	<b>29</b> Permanently restricted net assets .....	7,599,945.	29	7,599,945.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....				30
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....				31
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....				32
	<b>33</b> Total net assets or fund balances .....	51,707,588.	33	57,783,202.	
<b>34</b> Total liabilities and net assets/fund balances .....	52,238,948.	34	58,328,630.		

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	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? .....	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? .....		X
<b>3b</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. ....		

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number <b>95-1643378</b>
----------------------------------------------------------------------------	-----------------------------------------------------

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6551355.	4270922.	3007237.	3288198.	3411004.	20528716.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	6551355.	4270922.	3007237.	3288198.	3411004.	20528716.
<b>5</b> 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)						154,458.
<b>6 Public support.</b> Subtract line 5 from line 4.						20374258.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	6551355.	4270922.	3007237.	3288198.	3411004.	20528716.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	914,433.	729,298.	1236624.	1369021.	827,301.	5076677.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	184,366.	74,338.	124,579.	95,078.	104,112.	582,473.
<b>11 Total support.</b> Add lines 7 through 10						26187866.

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

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	77.80	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	81.30	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float:right"><input checked="" type="checkbox"/></span>			
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float:right"><input type="checkbox"/></span>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float:right"><input type="checkbox"/></span>			
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float:right"><input type="checkbox"/></span>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float:right"><input type="checkbox"/></span>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12).

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

ESTATE GIFT

DATE: 12/31/05 AMOUNT: 1809026.

ESTATE GIFT

DATE: 12/31/06 AMOUNT: 225000.

ESTATE GIFT

DATE: 12/31/07 AMOUNT: 5924.

BEQUEST

DATE: 12/31/07 AMOUNT: 1450000.

BEQUEST

DATE: 12/31/08 AMOUNT: 50000.

BEQUEST

DATE: 12/31/09 AMOUNT: 6309.

CHARITABLE REMAINDER TRUST DISTRIBUTION

DATE: 12/31/06 AMOUNT: 2997800.

CHARITABLE REMAINDER TRUST DISTRIBUTION

DATE: 12/31/07 AMOUNT: 10373.



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

**Name of the organization**

**Employer identification number**

SANTA BARBARA MUSEUM OF NATURAL HISTORY

95-1643378

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

<b>Name of organization</b>  SANTA BARBARA MUSEUM OF NATURAL HISTORY	<b>Employer identification number</b>  95-1643378
----------------------------------------------------------------------------	---------------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  SANTA BARBARA MUSEUM OF NATURAL HISTORY	<b>Employer identification number</b>  95-1643378
----------------------------------------------------------------------------	---------------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 110,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 52,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<hr/> <hr/> <hr/> <hr/>	\$ 6,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  SANTA BARBARA MUSEUM OF NATURAL HISTORY	<b>Employer identification number</b>  95-1643378
----------------------------------------------------------------------------	---------------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 5,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/>	\$ 20,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<hr/> <hr/> <hr/>	\$ 7,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  SANTA BARBARA MUSEUM OF NATURAL HISTORY	<b>Employer identification number</b>  95-1643378
----------------------------------------------------------------------------	---------------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<hr/> <hr/> <hr/> <hr/>	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<hr/> <hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<hr/> <hr/> <hr/> <hr/>	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  SANTA BARBARA MUSEUM OF NATURAL HISTORY	<b>Employer identification number</b>  95-1643378
----------------------------------------------------------------------------	---------------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<hr/> <hr/> <hr/> <hr/>	\$ 24,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<hr/> <hr/> <hr/> <hr/>	\$ 8,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<hr/> <hr/> <hr/> <hr/>	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number <b>95-1643378</b>
------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 14,972.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number <b>95-1643378</b>
------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number <b>95-1643378</b>
------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	<hr/> <hr/> <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	<hr/> <hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  SANTA BARBARA MUSEUM OF NATURAL HISTORY	<b>Employer identification number</b>  95-1643378
----------------------------------------------------------------------------	---------------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/> <hr/>	\$ 128,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	<hr/> <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	<hr/> <hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number <b>95-1643378</b>
------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 8,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 169,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number <b>95-1643378</b>
------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 9,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 18,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number <b>95-1643378</b>
------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number  <b>95-1643378</b>
----------------------------------------------------------------------------	---------------------------------------------------------

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
35	STOCK _____ _____ _____	\$ 14,972.	04/29/09
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

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" to Form 990, Part IV, line 6.

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 pleasure)       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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered "Yes" to 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 XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	30475410.	50313800.			
b Contributions	1,313,606.	160,723.			
c Net investment earnings, gains, and losses	6,932,063.	-17299133.			
d Grants or scholarships					
e Other expenditures for facilities and programs	3,194,698.	2,487,257.			
f Administrative expenses		212,723.			
g End of year balance	35526381.	30475410.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  62.00 %
- b Permanent endowment  21.00 %
- c Term endowment  17.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		309,388.		309,388.
b Buildings		15,290,919.	4,156,155.	11,134,764.
c Leasehold improvements				
d Equipment				
e Other		1,726,840.	799,556.	927,284.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,371,436.



**Part VII Investments - Other Securities.** 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
Financial derivatives .....		
Closely-held equity interests .....		
Other		
<b>MUTUAL FUNDS</b>	<b>35,285,359.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>OTHER INVESTMENTS</b>	<b>2,505,743.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>37,791,102.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>ASSETS HELD UNDER CHARITABLE AGREEMENTS</b>	<b>5,193,681.</b>
<b>PROPERTY HELD FOR INVESTMENT</b>	<b>630,000.</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	<b>5,823,681.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,171,477.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,201,608.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-5,030,131.
4	Net unrealized gains (losses) on investments	4	10,197,006.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	908,739.
9	Total adjustments (net). Add lines 4 through 8	9	11,105,745.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,075,614.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	12,277,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	10,197,006.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	908,739.
e	Add lines 2a through 2d	2e	11,105,745.
3	Subtract line 2e from line 1	3	1,171,477.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,171,477.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	6,201,608.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,201,608.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,201,608.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**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 THREE 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**

**Part XIV** Supplemental Information (continued)

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.

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 THREE 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.

PART V, LINE 4: INCOME FROM ENDOWMENT FUNDS ARE USED TO FUND GENERAL OPERATIONS AS WELL AS BEING SPECIFICALLY EARMARKED TO SUPPORT MALACOLOGY, MUSEUM STUDIES INTERNSHIPS, THE MAXIMUS GALLERY FOR ANTIQUE NATURAL HISTORY PRINTS, FACILITIES REPAIR, INNOVATIVE EDUCATION AND ENTOMOLOGY.

**Part XIV** Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE TRUSTS: 908739.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE TRUSTS: 908739.

PART X, QUESTION 2

FIN 48 DISCLOSURE:

AT DECEMBER 31, 2009, THE SANTA BARBARA MUSEUM OF NATURAL HISTORY HAD NO  
UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

▶ **Complete if the organization answered "Yes" to 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. ▶ See separate instructions.**

Name of the organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number <b>95-1643378</b>
----------------------------------------------------------------------------	-----------------------------------------------------

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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.

- |                                                                    |                                                                         |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |                                                                         |

**2 a** 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 ten 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 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			
<b>Total</b> .....				▶		

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA	WINE FEST	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts .....	220,299.	50,712.	63,711.	334,722.
	2	Less: Charitable contributions .....	113,500.			113,500.
	3	Gross income (line 1 minus line 2) .....	106,799.	50,712.	63,711.	221,222.
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....		163.		163.
	7	Food and beverages .....	404.		3,133.	3,537.
	8	Entertainment .....				
	9	Other direct expenses .....	97,031.	18,948.	55,278.	171,257.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				( 174,957 )
	11	Net income summary. Combine line 3, column (d), and line 10 .....				46,265.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? .....	11	
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? .....	12	

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility ..... 

<b>13b</b>		%
------------	--	---

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- 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? ..... **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2009



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
THE MUSEUM AWARDED 3 GRANTS OF \$2,000 EACH AS A PART OF ITS SATURDAZE PROGRAM.	3	6,000.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ANNOUNCEMENT OF SCHOLARSHIPS SENT TO ALL 4-YEAR COLLEGES IN SANTA BARBARA AND SAN LUIS OBISPO COUNTIES IN THE SPRING. A COMMITTEE REVIEW OF APPLICANTS RESULTS IN A RANKING WHICH DETERMINES THE AMOUNT OF EACH SCHOLARSHIP. CRITERIA INCLUDE: COLLEGE ATTENDED, YEAR OF GRADUATION, ADVISER'S COMMENTS, FUTURE PROFESSION, PROJECT SUITABILITY FOR THE MISSION OF THE FUND, AND THE AWARD AMOUNT. SCHOLARSHIPS ARE GENERALLY AWARDED IN \$500 AND \$2,000 AMOUNTS. THE NUMBER OF SCHOLARSHIPS IS DETERMINED BY THE ACCUMULATED TOTAL OF THE HIGHEST RANKED STUDENT AWARDS LIMITED BY THE AMOUNT OF ANNUAL CONTRIBUTIONS TO THE MUSEUM'S SATURDAZE

**Part IV** Supplemental Information

NATURAL HISTORY FUND.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KARL HUTTERER	(i)	125,974.	0.	0.	6,806.	42,000.	174,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 1A: AS A PART OF THE EMPLOYMENT CONTRACT WITH THE DIRECTOR, THE  
MUSEUM PROVIDES HOUSING ON MUSEUM PROPERTY. THE DIRECTOR IS ON CALL FOR  
MUSEUM EMERGENCIES AS WELL AS USES THE RESIDENCE FOR MUSEUM FUNCTIONS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....	X	1	0.	
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	1	14,972.	FMV
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	47	0.	
24 Archeological artifacts .....	X	7	0.	
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

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

NATURAL HISTORY'S ACTIVITIES: INSPIRING AN AWE FOR NATURE AND A THIRST  
FOR DISCOVERY; PROMOTING SUSTAINABILITY; AND CONNECTING OUR  
COMMUNITIES.

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

FOSTER A COMMUNITY THAT EXPLORES, UNDERSTANDS, AND PROTECTS THE NATURAL  
WORLD.

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

BUTTERFLIES ALIVE!

THIS EXHIBIT ALLOWED VISITORS TO EXPERIENCE THE MAGIC OF BUTTERFLIES AS  
THEY WALKED THROUGH A BEAUTIFUL GARDEN FILLED WITH FLOWERS, LUSCIOUS  
GREENERY AND MORE THAN 1,000 FREE-FLYING BUTTERFLIES.

RUNNING THE NUMBERS: AN AMERICAN SELF PORTRAIT BY CHRIS JORDAN

THIS EXHIBITION FEATURED LARGE DIGITAL PHOTOGRAPHS BY ARTIST CHRIS  
JORDAN THAT TURNED STATISTICS INTO PROVOCATIVE STATEMENTS ON ECONOMICS,  
CULTURE, AND THE AMERICAN WAY OF LIFE.

DIA DE LOS MUERTOS

BESIDES THE USUAL DISPLAY OF DRAMATIC AND COLORFUL SET PIECES INVOLVING  
SKELETONS, THIS ANNUAL EXHIBITION FEATURED SEVERAL NEW ELEMENTS - A  
TAPETE DE ARENA (A TRADITIONAL SAND PAINTING), AN OFRENDA CREATED IN  
COLLABORATION WITH CASA DOLORES (CENTER FOR THE STUDY OF POPULAR ARTS

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

OF MEXICO IN DOWNTOWN SANTA BARBARA), AND A COLLECTION OF BEAUTIFUL  
PHOTOGRAPHS OF DIA DE LOS MUERTOS CELEBRATIONS IN OAXACA. THE EXHIBIT  
WAS ENLIVENED BY BACKGROUND MUSIC FROM OAXACA.

BEYOND: VISIONS OF PLANETARY LANDSCAPES

THIS SMITHSONIAN TRAVELING SHOW PAINTS A MESMERIZING PORTRAIT OF OUR  
SOLAR SYSTEM THROUGH LARGE DIGITALLY PROCESSED PICTURES FROM OVER 40  
YEARS OF RAW IMAGERY FROM NASA AND EUROPEAN SPACE AGENCY MISSIONS.

SIKHS: LEGACY OF THE PUNJAB

THIS EXHIBIT EXPLORED THE CULTURE AND RELIGION OF THE SIKH PEOPLE,  
PRESENTING A HISTORICAL CONTEXT FOR CONTEMPORARY SIKH BELIEFS AND  
PRACTICES. THIS MAJOR EXHIBIT, PREVIOUSLY HOUSED AT THE SMITHSONIAN IN  
WASHINGTON, D.C., USED SIKH PAINTINGS, JEWELRY, BOOKS, WEAPONRY, AND  
OTHER MATERIAL CULTURE TO EXPLORE THE RICH AND VARIED CULTURE OF THE  
SIKH PEOPLE.

THE MAGIC PLANET

THIS PERMANENT EXHIBIT OPENED IN THE FALL OF 2009. MOUNTED IN THE  
MUSEUM'S SPACE LAB NEXT TO THE GLADWIN PLANETARIUM, THE MAGIC PLANET  
CONSISTS OF A FOUR-FOOT GLOBE THAT APPEARS TO FLOAT IN SPACE IN FRONT  
OF VISITORS. THE MAGIC PLANET SHOWS IN VIVID COLOR AND DRAMATIC MOTION,  
THE ATMOSPHERIC, OCEANOGRAPHIC, GEOLOGICAL, AND PLANETARY PROCESSES  
THAT AFFECT OUR EARTH AND ALL OF US. DRAWING FROM DATA COLLECTED BY  
NATIONAL OCEANOGRAPHIC AND ATMOSPHERIC ADMINISTRATION AND NASA, THE  
SPHERE'S ANIMATIONS ILLUSTRATE REAL WORLD INFORMATION IN A STUNNING,

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

Schedule O (Form 990) 2009

932211  
02-03-10



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

CAPTIVATING DISPLAY.

THE JOHN AND PEGGY MAXIMUS GALLERY LOCATED AT THE MISSION CANYON CAMPUS  
AND DEDICATED TO PRESERVATION AND DISPLAY OF ANTIQUE PRINTS HAS A  
FOCUSED MISSION AND HELD THREE EXHIBITIONS THIS YEAR.

THE EVOLUTION OF DARWIN

BIOGRAPHICAL PANELS AND SIGNIFICANT EVENTS IN DARWIN'S LIFE WERE PAIRED  
WITH ARTISTIC ILLUSTRATIONS OF ANIMALS HE STUDIED AND SEVERAL FIRST  
EDITIONS OF HIS WORKS.

THE PLANT HUNTERS: STORIES OF SCIENCE AND IMPERIAL AMBITION

USING BEAUTIFUL ANTIQUE PRINTS THIS EXHIBITION TOLD THE STORIES OF  
PLANTS WHOSE DISCOVERY AND CULTIVATION CHANGED ECONOMIC FORTUNES IN  
19TH CENTURY EUROPE. A DRAWING TABLE INVITED VISITORS TO TRY THEIR OWN  
HANDS AT RENDERING NATURAL HISTORY SPECIMENS AND WAS IMMENSELY POPULAR  
WITH CHILDREN AND ADULTS ALIKE. OFTEN THERE WERE GROUPS WAITING TO HAVE  
A CHANCE TO BE NATURAL SCIENCE ILLUSTRATORS.

PRESERVING AUDUBON: THE BIEN EDITION RESTORATION PROJECT

IN THE NEARLY 150 YEARS SINCE THEY WERE CREATED, MANY OF THE MUSEUM'S  
AUDUBON PRINTS HAVE SUFFERED DAMAGE THAT HAS MADE THEM UN-DISPLAYABLE.  
THREE YEARS AGO, WE BEGAN A PROJECT TO RESTORE THESE RARE AND VALUABLE  
WORKS OF ART. THIS EXHIBITION HIGHLIGHTED OUR CONSERVATION EFFORTS SO  
THAT VISITORS COULD SEE THE DRAMATIC BEFORE-AND-AFTER RESULTS.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

AT THE TY WARNER SEA CENTER:

THE WYLAND CLEAN WATER MAZE

THIS MAZE, INSTALLED OUTSIDE ON THE WHARF ADJACENT TO THE SEA CENTER,  
COMBINED THE WORLDS OF ART AND SCIENCE AND INVITED VISITORS TO PLAY THE  
ROLE OF A DROP OF WATER MOVING THROUGH THE ENVIRONMENT AND BEING USED  
BY HUMANS IN VARIOUS WAYS. THE IMMERSIVE EXPERIENCE DEMONSTRATED THE  
IMPORTANCE OF WATER AND HOW IT CONNECTS US ALL.

SUSTAINABLE SEAFOOD

THIS EXHIBIT FOCUSES ON THE DEPLETION OF MARINE RESOURCES AND SUPPORTS  
THE SEA CENTER'S SUSTAINABLE SEAFOOD PROGRAM THAT INVOLVES PARTNERSHIPS  
WITH OVER A DOZEN RESTAURANTS IN SANTA BARBARA.

THE TY WARNER SEA CENTER SERVED APPROXIMATELY 60,000 VISITORS TO ITS  
EXHIBITS. THE MISSION CREEK CAMPUS SERVED 99,000 VISITORS TO ITS  
EXHIBITS.

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

PROGRAM, QUASARS TO SEA STARS, WHICH OFFERS FOUR-YEARS OF EDUCATION AND  
WORK EXPERIENCES FOR 20 HIGH SCHOOL STUDENTS. IN ADDITION, THE MUSEUM'S  
ADULT EDUCATION DEPARTMENT HAS PIONEERED SEVERAL INNOVATIVE PROGRAMS,  
INCLUDING "TOWN HALLS" WHICH FOCUS ON ENVIRONMENTAL ISSUES IN LOCAL AND  
REGIONAL PUBLIC POLICY.

THE MUSEUM HAS A SPECIMEN LOAN PROGRAM, THE NATURE COLLECTION. IN 2009,

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

APPROXIMATELY 45,000 SCHOOLCHILDREN ENCOUNTERED OUR NATURE COLLECTION  
ITEMS IN THEIR SCHOOLS.

ONE OF THE MOST EXCITING EDUCATIONAL INITIATIVES OF 2009 WAS THE  
CREATION OF OUR NEW "MUSEUM BACKYARD" SPACE. THE PROJECT TAKES  
ADVANTAGE OF ONE OF OUR GREATEST ASSETS, OUR BEAUTIFUL OUTDOOR  
ENVIRONMENT, AND IS PART OF A GROWING NATIONAL EFFORT TO GET CHILDREN  
BACK INTO NATURE. AN AREA WAS CLEARED OF GENERATIONS OF DEBRIS AND  
POISON OAK AND A SERIES OF SPACES DESIGNED TO ENTICE CHILDREN TO  
EXPLORE AND PLAY. SPACE ELEMENTS INCLUDE A BOULDER-HOPPING AREA, A  
FORT-BUILDING ZONE, A PERFORMANCE STAGE AREA, A MUD PLAY AREA AND A  
REALISTIC SMALL-SCALE "CREEK" FOR WATER PLAY. ALL ELEMENTS USE LOCAL  
MATERIALS AND WERE DESIGNED TO BE AS NATURAL IN APPEARANCE  
(UNCONSTRUCTED) AS POSSIBLE. IN ADDITION TO THE BACKYARD ELEMENTS THE  
MUSEUM CREATED SEVERAL SMALL NATURE EXPLORATION ELEMENTS INCLUDING  
THREE "WEEPING" BOULDERS FOR SMALL-SCALE WATER PLAY AND A HIDDEN ROCK  
SLAB TABLE WITH BOULDER SEATING.

FORM 990, PART VI, SECTION B, LINE 11: AN ELECTRONIC VERSION OF THE FORM  
990 WAS SENT TO ALL FINANCE COMMITTEE AND BOARD MEMBERS FOR REVIEW AND WAS  
REVIEWED AT A MEETING OF THE RESPECTIVE BODIES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: SIGNED STATEMENTS REGARDING  
POTENTIAL CONFLICTS OF INTEREST ARE REQUIRED FROM BOARD MEMBERS ON AN  
ANNUAL BASIS AND DELIVERED DIRECTLY TO THE AUDIT COMMITTEE CHAIR FOR  
REVIEW.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

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

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.

FORM 990, PART XI, LINE 2C  
RESPONSIBILITY OF AUDITED FINANCIALS AND INDEPENDENT ACCOUNTANT  
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.

PART I, LINES 10, 12, AND 19  
CHANGE IN INVESTMENT PORTFOLIO  
IN 2009, THE MUSEUM'S INVESTMENT PORTFOLIO INCREASED BY \$5.2 MILLION WHICH INCLUDED AN UNREALIZED INCREASE IN MARKET VALUE OF \$10 MILLION. IT ALSO INCLUDED A \$3.7 MILLION REALIZED LOSS AS THE MUSEUM REPOSITIONED CERTAIN INVESTMENTS THAT HAD DECREASED IN VALUE IN 2008 TO TAKE ADVANTAGE OF THE CHANGING MARKET. AS PER THE IRS INSTRUCTIONS, THE \$10 MILLION IN UNREALIZED GAINS ARE EXCLUDED FROM REVENUE IN PART I. HAD IT BEEN INCLUDED AS REQUIRED BY GAAP, THE MUSEUM'S REVENUE

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

LESS EXPENSES WOULD HAVE TOTALED \$6 MILLION, THE AMOUNT REPORTED ON ITS  
AUDITED FINANCIAL STATEMENTS. SEE PARTS XI AND XII FOR THE  
RECONCILIATION OF THE 990 TO THE AUDITED FINANCIAL STATEMENTS.

PART I, LINE 17

EXPENSE REDUCTION

THE MUSEUM'S EXPENSES DECREASED AS PART OF A CONCERTED EFFORT TO ENSURE  
THAT ITS EXPENSES WERE IN LINE WITH ITS PROJECTED REVENUES FOR THE NEXT  
SEVERAL YEARS GIVEN THE CHANGE IN THE ECONOMY. POSITIONS WERE  
ELIMINATED AND EXPENSES REDUCED WITH THE GOAL OF KEEPING THE  
ORGANIZATION SUSTAINABLE WHILE ADHERING TO ITS MISSION AND GUIDING  
PRINCIPLES.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	LAND							
	12/01/20L				309,388.			0.
2	BUILDINGS & IMPROVEMENTS							
	VARIES	NC	.000		15,268,133.		4,156,155.	67,962.
3	FURNITURE AND EQUIPMENT							
	VARIES	NC	.000		1,726,840.		799,556.	611,653.
	* TOTAL 990 PAGE 10 DEPR				17,304,361.	0.	4,955,711.	679,615.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>	Employer identification number <b>95-1643378</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2559 PUESTA DEL SOL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA BARBARA, CA 93105-2936</b>	

Check type of return to be filed (file a separate application for each return):

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**CFO**

- The books are in the care of ▶ **2559 PUESTA DEL SOL - SANTA BARBARA, CA 93105**  
Telephone No. ▶ **805-682-4711** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2009** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.