

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SANTA BARBARA MUSEUM OF NATURAL HISTORY		D Employer identification number 95-1643378
	Doing Business As		E Telephone number 805-682-4711
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 24,908,054.
	2559 PUESTA DEL SOL		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93105-2936		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: LUKE SWETLAND SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ SBNATURE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1916 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MUSEUM INSPIRES A THIRST FOR DISCOVERY AND A PASSION FOR THE NATURAL WORLD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	174
	6 Total number of volunteers (estimate if necessary)	6	822
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,746,152.	4,433,615.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,165,313.	1,014,257.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,131,543.	-564,029.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	310,244.	369,400.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,353,252.	5,253,243.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,000.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,842,319.	3,795,762.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 769,308.	35,324.	62,240.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,776,516.	2,474,188.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,657,159.	6,332,190.	
19 Revenue less expenses. Subtract line 18 from line 12	-303,907.	-1,078,947.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	62,301,963.	66,469,240.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,526,509.	3,442,775.
		60,775,454.	63,026,465.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DIANE WONDOLOWSKI, CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GAIL H. ANIKOUCHINE				P00161999
	Firm's name ▶ MACFARLANE, FALETTI & CO. LLP	Firm's EIN ▶ 95-2835976		Phone no. 805 966-4157	
Firm's address ▶ 115 E. MICHELTORENA ST. #200		SANTA BARBARA, CA 93101			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOLLOWING THREE GUIDING PRINCIPLES ARE THE FOUNDATION FOR ALL OF THE SANTA BARBARA MUSEUM OF NATURAL HISTORY'S ACTIVITIES: INSPIRING AN AWE FOR NATURE AND A THIRST FOR DISCOVERY; PROMOTING SUSTAINABILITY; AND CONNECTING OUR COMMUNITIES. THROUGH THESE PRINCIPLES WE STRIVE TO

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 [X] No

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

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

4a (Code:) (Expenses \$ 1,782,084. including grants of \$) (Revenue \$ 144,955.)

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 \$ 1,884,613. including grants of \$) (Revenue \$ 611,802.)

EXHIBITS & VISITOR SERVICES: THE MUSEUM HAS TWO SITES, ITS MISSION CREEK CAMPUS AND THE SEA CENTER LOCATED ON STEARNS WHARF. AT THE MISSION CREEK CAMPUS: GATE ATTENDANCE IN 2013 WAS 56,684. IN ADDITION, 30,234 CHILDREN AND ADULTS ATTENDED EDUCATIONAL PROGRAMS, 24,965 ATTENDED COMMUNITY RELATED EVENTS, AND 8,021 PERSONS CAME TO PARTICIPATE IN MUSEUM PROGRAMS AS VOLUNTEERS, FOR A TOTAL ATTENDANCE AT THE LOCATION OF 119,904.

PLAINS INDIAN BEADWORK AND REGALIA FROM THE ANTHROPOLOGY COLLECTION: THIS IS THE LATEST IN A SERIES OF EXHIBITS FEATURING SELDOM-SEEN

4c (Code:) (Expenses \$ 1,192,874. including grants of \$) (Revenue \$ 326,322.)

EDUCATION: THE MUSEUM'S RICH ARRAY OF EDUCATIONAL PROGRAMS SERVED APPROXIMATELY 65,000 INDIVIDUALS IN 2013 AND ARE ON THE CUTTING EDGE OF CURRENT EDUCATIONAL PRACTICE, ESPECIALLY WITH REGARD TO INQUIRY-BASED SCIENCE EDUCATION WITH PROGRAMMING FOR EVERY MAJOR AGE GROUP, INCLUDING PRE-SCHOOLERS, K-12 STUDENTS, TEENAGERS, ADULTS, AND SENIORS.

IN 2013, 19,800 SCHOOLCHILDREN PARTICIPATED IN OVER 36,000 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 4,859,571.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or 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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28a		X	
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
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	25		
b	Enter the number of voting members included in line 1a, above, who are independent		
	25		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS ALLEN MASTER PLANNING LIAISON	2.00	X		X				0.	0.	0.
(2) JESSICA BUTTIMER SECRETARY	3.00	X		X				0.	0.	0.
(3) LARRY FRIESEN TRUSTEE	1.00	X						0.	0.	0.
(4) SHARYN JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(5) TRACY KANOWSKY VICE CHAIR FOR GOVERNANCE	2.00	X		X				0.	0.	0.
(6) DENNIS POWER TRUSTEE	1.00	X						0.	0.	0.
(7) PENELOPE WONG TRUSTEE	1.00	X						0.	0.	0.
(8) GINGER SALAZAR TRUSTEE	1.00	X						0.	0.	0.
(9) HILARY DOUBLEDAY TRUSTEE	1.00	X						0.	0.	0.
(10) PAUL RUSSELL VICE CHAIR FOR FINANCE	2.00	X		X				0.	0.	0.
(11) BOBBIE KINNEAR TRUSTEE	1.00	X						0.	0.	0.
(12) MICHAEL BEKINS TRUSTEE	1.00	X						0.	0.	0.
(13) MIKE MAYFIELD TRUSTEE	1.00	X						0.	0.	0.
(14) MATTHEW ADAMS VICE CHAIR FOR INVESTMT COMM	2.00	X		X				0.	0.	0.
(15) PATRICIA DURHAM TRUSTEE	1.00	X						0.	0.	0.
(16) NORMAN SPRAGUE VICE CHAIR FROM MASTER PLANNING	2.00	X		X				0.	0.	0.
(17) BRUCE TIFFNEY 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LUCIE GREER TRUSTEE	1.00	X						0.	0.	0.
(19) ROB SKINNER TRUSTEE	1.00	X						0.	0.	0.
(20) STEPHEN HICKS VICE CHAIR FOR AUDIT	2.00	X		X				0.	0.	0.
(21) EMILY JONES TRUSTEE	1.00	X						0.	0.	0.
(22) PALMER JACKSON JR CHAIRMAN	4.00	X		X				0.	0.	0.
(23) ELISABETH FOWLER VICE CHAIR FOR DEVELOPMENT	2.00	X		X				0.	0.	0.
(24) RENEE GRUBB TRUSTEE	1.00	X						0.	0.	0.
(25) LUKE SWETLAND PRESIDENT & CEO	40.00			X				156,025.	0.	39,267.
(26) DIANE WONDOLOWSKI COO/CFO	30.00			X				81,288.	0.	4,854.
1b Sub-total								237,313.	0.	44,121.
c Total from continuation sheets to Part VII, Section A								144,000.	0.	7,646.
d Total (add lines 1b and 1c)								381,313.	0.	51,767.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LYNN MORRIS CONTRACTING P.O. BOX 4666, SANTA BARBARA, CA 93140	GENERAL CONTRACTOR	433,609.
SCHACHT ASLANI ARCHITECT 901 5TH AVE. #272, SEATTLE, WA 98164	ARCHITECTURAL SERVICES	279,945.
SUZANNE ELLEDGE PLANNING & PERMITTING P.O. BOX 21522, SANTA BARBARA, CA 93121	LAND USE CONSULTANT	168,369.
FLOWERS AND ASSOCIATES, 201 N CALLE CESAR CHAVEZ #100, SANTA BARBARA, CA 93103	CIVIL ENGINEERS	106,116.
BROWNSTEIN HYATT FARBER SCHRECK, P.O. BOX DRAWER 720, SANTA BARBARA, CA 93102-0720	LAND USE ATTORNEY	102,462.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	396,889.				
	c Fundraising events	1c	245,652.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	651,124.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,139,950.				
	g Noncash contributions included in lines 1a-1f: \$		20,432.				
	h Total. Add lines 1a-1f		4,433,615.				
	Program Service Revenue	2 a ADMISSION FEES	Business Code	900099	659,525.	659,525.	
b EDUCATION PROGRAM FEES			900099	242,898.	242,898.		
c CONTRACT FEES			541700	111,834.	111,834.		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				1,014,257.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,009,028.		1,009,028.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real		294,978.			
		(ii) Personal					
		b Less: rental expenses		22,127.			
		c Rental income or (loss)		272,851.			
	d Net rental income or (loss)			272,851.		272,851.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		17,534,092.			
		(ii) Other					
		b Less: cost or other basis and sales expenses		15,991,466.	3,115,683.		
		c Gain or (loss)		1,542,626.	-3,115,683.		
	d Net gain or (loss)			-1,573,057.		-1,573,057.	
	8 a Gross income from fundraising events (not including \$ 245,652. of contributions reported on line 1c). See Part IV, line 18	a		147,911.			
		b Less: direct expenses		251,317.			
c Net income or (loss) from fundraising events				-103,406.		-103,406.	
9 a Gross income from gaming activities. See Part IV, line 19	a		7,000.				
	b Less: direct expenses		0.				
	c Net income or (loss) from gaming activities			7,000.		7,000.	
10 a Gross sales of inventory, less returns and allowances	a		398,351.				
	b Less: cost of goods sold		274,218.				
	c Net income or (loss) from sales of inventory			124,133.		124,133.	
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS			900099	68,822.	68,822.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				68,822.		
12 Total revenue. See instructions.				5,253,243.	1,083,079.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	319,501.	128,527.	118,894.	72,080.
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	2,929,818.	1,730,924.	815,912.	382,982.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,805.	37,647.	14,498.	7,660.
9 Other employee benefits	248,519.	138,057.	97,178.	13,284.
10 Payroll taxes	238,119.	136,421.	68,696.	33,002.
11 Fees for services (non-employees):				
a Management				
b Legal	92,274.		92,274.	
c Accounting	29,097.		29,097.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	62,240.			62,240.
f Investment management fees	120,242.		120,242.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,878,121.	229,069.	1,590,689.	58,363.
12 Advertising and promotion	114,145.	8,171.		105,974.
13 Office expenses	372,257.	135,796.	93,779.	142,682.
14 Information technology				
15 Royalties				
16 Occupancy	331,190.	54,367.	276,823.	
17 Travel	113,659.	79,053.	23,222.	11,384.
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	786,631.	649,975.	136,656.	
23 Insurance	97,936.	55,158.	31,749.	11,029.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	342,433.	210,879.	118,919.	12,635.
b EQUIPMENT	184,268.	98,998.	84,455.	815.
c RENTALS	129,101.	72,904.	56,197.	
d ALLOCATION OF INDIRECT	4,243.	1,089,737.	-940,672.	-144,822.
e All other expenses	-2,121,409.	3,888.	-2,125,297.	
25 Total functional expenses. Add lines 1 through 24e	6,332,190.	4,859,571.	703,311.	769,308.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,039,412.	1	712,646.	
	2 Savings and temporary cash investments	1,503,717.	2	3,394,076.	
	3 Pledges and grants receivable, net	453,130.	3	2,484,055.	
	4 Accounts receivable, net	11,914.	4	10,483.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	79,672.	8	87,687.	
	9 Prepaid expenses and deferred charges	124,274.	9	86,529.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,372,902.			
	b Less: accumulated depreciation	10b 7,888,283.	14,093,344.	10c	12,484,619.
	11 Investments - publicly traded securities	26,475,735.	11	26,440,539.	
	12 Investments - other securities. See Part IV, line 11	11,461,674.	12	13,894,782.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	7,059,091.	15	6,873,824.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	62,301,963.	16	66,469,240.		
Liabilities	17 Accounts payable and accrued expenses	494,142.	17	465,849.	
	18 Grants payable		18		
	19 Deferred revenue	285,936.	19	2,964,426.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	746,431.	21	12,500.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,526,509.	26	3,442,775.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	39,841,308.	27	39,887,485.	
	28 Temporarily restricted net assets	9,968,330.	28	12,005,067.	
	29 Permanently restricted net assets	10,965,816.	29	11,133,913.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	60,775,454.	33	63,026,465.	
34 Total liabilities and net assets/fund balances	62,301,963.	34	66,469,240.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,253,243.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,332,190.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,078,947.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,775,454.
5	Net unrealized gains (losses) on investments	5	2,718,054.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	611,904.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	63,026,465.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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 (2013)

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

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

The organization is not a private foundation because it is: (For lines 1 through 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 - Non-functionally integrated
- 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3411004.	2670374.	3987138.	2443457.	4433616.	16945589.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3411004.	2670374.	3987138.	2443457.	4433616.	16945589.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						316,054.
6 Public support. Subtract line 5 from line 4.						16629535.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3411004.	2670374.	3987138.	2443457.	4433616.	16945589.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	827,301.	904,090.	1114811.	1032385.	1304007.	5182594.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	104,112.	54,643.	64,186.	134,380.	68,821.	426,142.
11 Total support. Add lines 7 through 10						22554325.
12 Gross receipts from related activities, etc. (see instructions)					12	5,903,655.
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	73.73	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	73.40	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

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, total 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 total 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>290,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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	35,700,613.	33,300,522.	36,356,101.	35,526,381.	30,475,410.
b Contributions	982,894.	27,500.	154,350.	105,675.	1,313,606.
c Net investment earnings, gains, and losses	4,765,590.	4,697,315.	-1,239,853.	3,185,635.	6,932,063.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,370,342.	2,324,724.	1,970,076.	2,461,590.	3,194,698.
f Administrative expenses					
g End of year balance	37,078,755.	35,700,613.	33,300,522.	36,356,101.	35,526,381.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 61.00 %
 - b Permanent endowment 21.00 %
 - c Temporarily restricted endowment 18.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		309,388.		309,388.
b Buildings		16,903,120.	7,801,433.	9,101,687.
c Leasehold improvements				
d Equipment				
e Other		3,160,394.	86,850.	3,073,544.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,484,619.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) NONMARKETABLE AND OTHER		
(B) INVESTMENTS	13,894,782.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,894,782.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS HELD UNDER CHARITABLE AGREEMENTS	6,243,824.
(2) REAL PROPERTY HELD FOR INVESTMENT	630,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,873,824.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,462,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,718,054.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	611,904.
e	Add lines 2a through 2d	2e	3,329,958.
3	Subtract line 2e from line 1	3	5,133,001.
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	120,242.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	120,242.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,253,243.

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

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

1	Total expenses and losses per audited financial statements	1	6,211,948.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,211,948.
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	120,242.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	120,242.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,332,190.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

EXPLANATION: 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 2.6 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

Part XIII Supplemental Information (continued)

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:

EXPLANATION: 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 2.6 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 IV, LINE 2B:

EXPLANATION: AS OF DECEMBER 31, 2012, THE BALANCE OF FUNDS HELD BY THE MUSEUM FOR THE CONDOR SURVIVAL FUND TO SUPPORT THE CALIFORNIA CONDOR RECOVERY PROGRAMS' CONSERVATION MEASURES OF \$746,431 WAS THE RESULT OF AN AGENCY TRANSACTION. BECAUSE OF THE CHANGE IN THE MUSEUM'S AUTHORITY OVER THE FUNDS, THE BALANCE WAS REPORTED AS RESTRICTED CONTRIBUTION REVENUE IN

Part XIII Supplemental Information (continued)

2013. NO AGENCY LIABILITY REMAINS FOR THIS FUND.

IN 2013, THE MUSEUM BEGAN SERVING AS A FISCAL AGENT FOR THE RAY STRONG PROJECT, A COOPERATIVE PROJECT PUBLISHING A BOOK ON RAY STRONG AND HIS ART. FUNDS FOR THE PUBLICATION HAVE BEEN DONATED BY COMMUNITY MEMBERS. THE BALANCE OF \$12,500 AT DECEMBER 31, 2013 IS THE UNEXPENDED PORTION OF THESE FUNDS.

PART V, LINE 4:

EXPLANATION: INCOME FROM ENDOWMENT FUNDS IS 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 X, LINE 2:

EXPLANATION: THE MUSEUM IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2013, OR FOR ANY PERIOD FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE TRUSTS 611,904.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	WINE FESTIVAL (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	247,532.	71,907.	74,124.	393,563.
	2 Less: Contributions	238,462.	7,190.	0.	245,652.
	3 Gross income (line 1 minus line 2)	9,070.	64,717.	74,124.	147,911.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	29,069.	332.	3,751.	33,152.
	8 Entertainment				
	9 Other direct expenses	39,879.	21,469.	156,817.	218,165.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				251,317.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-103,406.

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. Subtract line 7 from line 1, column (d)					

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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NETZEL GRIGSBY ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: 9696 CULVER BLVD, #105, CULVER CITY, CA 90232

(I) NAME OF FUNDRAISER: THE KELLOGG ORGANIZATION, INC.

(I) ADDRESS OF FUNDRAISER: 825 EAST SPEER BLVD, DENVER, CO 80218

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input 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)		
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	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	X	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<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		
4 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:		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 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:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 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:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 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	7	X
8 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LUKE SWETLAND PRESIDENT & CEO	(i)	156,025.	0.	0.	0.	39,267.	195,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: 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 L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number 95-1643378

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JANET SANDS	FORMER TRUSTEE	13,500.	THE ORGANIZ		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JANET SANDS

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PAID RENT TO A FORMER TRUSTEE'S COMPANY FOR A RESIDENCE OWNED BY THE FORMER TRUSTEE TO BE USED BY THE ORGANIZATION'S CEO.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **SANTA BARBARA MUSEUM OF NATURAL HISTORY** Employer identification number **95-1643378**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	5	0.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	20,432.	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	31	0.	
24 Archeological artifacts	X	3	0.	
25 Other ▶ (<u>BOOKS / PUBLICA</u>)	X	258	0.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **3**

	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

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

SCHEDULE M, LINE 33:

EXPLANATION: IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MUSEUMS,
COLLECTION OBJECTS DONATED ARE NOT INCLUDED IN REVENUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

PART I LINE 19 REVENUE LESS EXPENSES

EXPLANATION: FOR GAAP PURPOSES, THE MUSEUM HAD REVENUES LESS EXPENSES OF \$2.2 MILLION. THE MUSEUM'S UNREALIZED GAINS IN ITS INVESTMENT PORTFOLIO AND CHARITABLE TRUSTS TOTALING OVER \$3.3 MILLION ARE NOT CONSIDERED "REVENUE" FOR PURPOSES OF THE 990, ALTHOUGH THEY RESULTED IN AN OVERALL INCREASE IN THE MUSEUM'S NET WORTH.

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:

HIGHLIGHTS FROM THE ANTHROPOLOGY COLLECTION. TWO RARE ITEMS FEATURED ARE A LAKOTA WINTER COUNT DEPICTING SIGNIFICANT EVENTS IN THE YEARS 1788-89 THROUGH 1904-05, AND A UNIQUE CHEYENNE COAT PAINTED WITH DEPICTIONS OF A HORSE RAID. THEY ARE JOINED BY MANY COLORFUL BEADED BAGS, MOCCASINS AND OTHER ARTIFACTS FROM THE 19TH AND EARLY 20TH CENTURIES.

THE OWL & THE WOODPECKER:

AWARD-WINNING PHOTOGRAPHER AND ENVIRONMENTAL CONSERVATIONIST PAUL BANNICK EXAMINES THE INTERTWINED LIFE HISTORIES OF OWLS AND WOODPECKERS AND THE UNIQUE ROLE THEY HAVE PLAYED IN DEFINING AND ENRICHING THEIR OFTEN-THREATENED HABITATS. BASED ON BANNICK'S CRITICALLY ACCLAIMED BOOK OF THE SAME TITLE, THE OWL & THE WOODPECKER: ENCOUNTERS WITH NORTH AMERICA'S MOST ICONIC BIRDS, THIS BEAUTIFUL EXHIBIT EXPLORED NORTH

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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AMERICA'S MOST SPECIALIZED SPECIES OF OWLS AND WOODPECKERS AND THE ECOSYSTEMS UPON WHICH THESE BIRDS DEPEND.

TINKERTOY(R): BUILD YOUR IMAGINATION(TM):

TINKERTOY(R): BUILD YOUR IMAGINATION(TM) IS AN EXHIBIT THAT FEATURES THE TIMELESS TINKERTOY CONSTRUCTION SET IN FUN AND EDUCATIONAL ACTIVITIES INSPIRED BY GE TECHNOLOGIES THAT ENRICH OUR LIVES AND OUR GLOBAL COMMUNITY. UNIQUE ACTIVITY STATIONS INVITE YOU TO EXPLORE RENEWABLE ENERGY AND CLEAN WATER TECHNOLOGY, CREATE YOUR OWN INVENTIONS AS YOU EXPERIMENT WITH DESIGN & ENGINEERING, AND WORK AS COLLABORATORS IN THIS EXHIBIT'S HANDS-ON ENVIRONMENT. CONSTRUCT AND TEST A WIND-POWERED TINKERTOY MODEL, EXPERIMENT WITH FILTRATION, COLLABORATE ON A DESIGN USING LINKED COMPUTERS, CREATE A TINKERTOY STRUCTURE USING NATURE AS INSPIRATION, AND SO MUCH MORE! THE TINKERTOY(R): BUILD YOUR IMAGINATION(TM) EXHIBIT WAS DEVELOPED BY THE BETTY BRINN CHILDREN'S MUSEUM IN COLLABORATION WITH PLAYSCHOOL(R) AND GE. TINKERTOY(R) IS A TRADEMARK OF HASBRO, INC. AND IS USED WITH PERMISSION. (R)2010 HASBRO. ALL RIGHTS RESERVED.

SEAWEED, SALMON & MANZANITA CIDER: A CALIFORNIA FEAST

A DELICIOUS AND INFORMATIVE LOOK AT NATIVE FOODS, THIS EXHIBITION IS FILLED WITH HISTORIC AND CONTEMPORARY PHOTOGRAPHS OF CALIFORNIA INDIAN PEOPLES GATHERING, PREPARING, AND ENJOYING TRADITIONAL FOOD. ALSO INCLUDED ARE BASKETS AND OTHER ARTIFACTS, FOOD SPECIMENS, AND RECIPES IMPORTANT TO THE LIVES OF NATIVE CALIFORNIANS. THE EXHIBITION WAS CURATED BY DR. SHERRIE SMITH-FERRI (DRY CREEK POMO/BODEGA BAY MIWOK) AND BASED ON THE 2008 HEYDAY BOOKS PUBLICATION SEAWEED, SALMON, AND MANZANITA CIDER: A CALIFORNIA INDIAN FEAST BY MARGARET DUBIN AND

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SARA-LARUS TOLLEY. IT WAS ORGANIZED BY THE GRACE HUDSON MUSEUM & SUN HOUSE OF UKIAH, CA. A TRAVELING EXHIBITION FROM THE GRACE HUDSON MUSEUM AND EXHIBIT ENVOY WITH SUPPORT FROM THE DRY CREEK RANCHERIA BAND OF POMO INDIANS, THE MENDOCINO COUNTY OFFICE OF EDUCATION, THE SUN HOUSE GUILD, AND THERESA HANLEY.

BEE CELL: A VIDEO ENVIRONMENT BY JONATHAN SMITH AND ETHAN TURPIN AT ONCE ALIEN AND FAMILIAR, THE WORLD OF BEES, WITH ITS INTRICATE SYSTEMS OF COMMUNICATION, ARCHITECTURE, AND ORGANIZATION, CAN'T HELP BUT FEEL IN SOME WAYS SIMILAR TO OUR OWN. THE BEE CELL INVITES MUSEUM VISITORS TO IMMERSE THEMSELVES IN A PROXY HIVE WHERE SCALE AND VIEWPOINT ARE ALTERED FOR A NEW PERSPECTIVE ON BEES AND OUR RELATIONSHIP TO THEM.

THE JOHN AND PEGGY MAXIMUS GALLERY LOCATED AT THE MISSION CANYON CAMPUS IS DEDICATED TO PRESERVATION AND DISPLAY OF ANTIQUE PRINTS PRESENTS THREE ORIGINAL EXHIBITS A YEAR WHICH HIGHLIGHT THE HISTORY AND DEVELOPMENT OF THE SCIENCES.

THE BISHOP AND THE APOTHECARY; AN ILLUSTRATED GARDEN

FEBRUARY 8 - APRIL 28, 2013

IN EARLY 17TH CENTURY GERMANY, THE PRINCE BISHOP OF EICHSTATT CREATED A GRAND GARDEN & COMMISSIONED A MONUMENTAL PICTURE BOOK OF ALL THE PLANTS. THIS EXHIBITION CELEBRATING THE 400TH ANNIVERSARY OF THE MAGNIFICENT GERMAN GARDEN FEATURED RARE WORKS FROM THIS MASTERPIECE OF BOTANICAL ILLUSTRATION AS WELL AS ORIGINALLY COLORED PRINTS AND INCLUDED A GALLERY GUIDE WHICH CAN BE FOUND AT [HTTP://WWW.SBNATURE.ORG/CONTENT/372/FILE/BESLER%20PDF%20WEB.PDF](http://www.sbnature.org/content/372/file/BESLER%20PDF%20WEB.PDF).

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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IMAGES FROM THE SEASHORE

JUNE 7 - OCTOBER 6, 2013

A SNAPSHOT OF THE SEASHORE WAS ON DISPLAY IN THE MAXIMUS GALLERY FEATURING NINETEENTH CENTURY BIRD PRINTS FROM THE MUSEUM'S COLLECTION PLUS PANELS ABOUT CURRENT RESEARCH BY MUSEUM SCIENTISTS ON BIRDS AND MARINE ANIMALS. A LARGE SAND CASE EXPLAINED THE HAZARDS OF BEACH GROOMING TO LOCAL BIRDS. A DRAWING KIOSK WAS AVAILABLE FOR DRAWING SPECIMENS OF BIRDS AND CRABS AND SHELLS.

PEOPLE OF THE SKY: BIRD SPIRITS IN AMERICAN INDIAN LIFE

NOVEMBER 8, 2013 - MARCH 30, 2014

THROUGHOUT HUMAN HISTORY, BIRDS HAVE PROVIDED PEOPLE WITH FOOD, MATERIALS FOR TOOL MAKING, AND FEATHERS FOR CEREMONY. LINKING THE TERRESTRIAL REALM WITH THE SKY, BIRDS ALSO SERVE AS POWERFUL SYMBOLS IN MYTH, RELIGION, AND ART. SCIENTIFIC ILLUSTRATIONS WERE PAIRED WITH ARTIFACTS FROM THE MUSEUM'S ANTHROPOLOGY COLLECTION TO DEMONSTRATE THE CROSS-CULTURAL IMPORTANCE OF BIRDS IN BOTH WESTERN ART AND AMERICAN INDIAN LIFE.

AT THE SEA CENTER:

GATE ATTENDANCE IN 2013 WAS 84,855. IN ADDITION, 7,808 CHILDREN AND ADULTS ATTENDED EDUCATIONAL PROGRAMS, 450 ATTENDED COMMUNITY RELATED EVENTS, AND 415 PERSONS CAME TO PARTICIPATE IN MUSEUM PROGRAMS/OPERATIONS AS VOLUTNEERS, FOR A TOTAL ATTENDANCE AT THE LOCATION OF 93,528.

JELLIES

ENTER THE MESMERIZING WORLD OF JELLIES AND WATCH THESE ELEGANT ANIMALS AS THEY UNDULATE, PULSE, AND MOVE GRACEFULLY THROUGH THE WATER. WITHOUT

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BONES OR HEARTS, THEY MAY SEEM OTHERWORLDLY BUT THESE FASCINATING
CREATURES HAVE BEEN ON EARTH FOR HUNDREDS OF MILLIONS OF YEARS.

EXPERIENCE THE BEAUTY AND WONDER OF OUR LOCAL JELLIES - MADE MOSTLY OF
WATER, THEY ARE 100% CAPTIVATING.

SUSTAINABLE SEAFOOD

AN EXHIBIT AND COMMUNITY OUTREACH PROGRAM TO INCREASE AWARENESS AND
AVAILABILITY OF SUSTAINABLE SEAFOOD IN LOCAL RESTAURANTS AND MARKETS BY
EDUCATING OUR COMMUNITY ABOUT THE IMPACT OF THEIR SEAFOOD CHOICES ON
THE HEALTH OF THE PLANET. BY INCREASING COMMUNITY SUPPORT FOR
SUSTAINABLE AND LOCAL SEAFOOD, WE DO OUR PART TO ENSURE THAT ALL THE
TASTY SEAFOOD DISHES WE ENJOY TODAY ARE AVAILABLE FOR GENERATIONS TO
COME.

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
COMMUNITY 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 2013,
APPROXIMATELY 63,000 SCHOOLCHILDREN ENCOUNTERED OUR NATURE COLLECTION
ITEMS IN THEIR SCHOOLS.

THE MUSEUM CONTINUES TO FOCUS ON RECONNECTING VISITORS TO NATURE BY
TAKING ADVANTAGE OF ONE OF OUR GREATEST ASSETS, OUR BEAUTIFUL OUTDOOR
ENVIRONMENT, AND IS PART OF A GROWING NATIONAL EFFORT TO GET CHILDREN

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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BACK INTO NATURE. THE MUSEUM BACKYARD IS AN ENHANCED WOODLAND AREA DESIGNED TO ENTICE CHILDREN TO EXPLORE AND PLAY. SPACE ELEMENTS INCLUDE A BOULDER-HOPPING AREA, A FORT-BUILDING ZONE, A PERFORMANCE STAGE AREA, 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. THE MUSEUM OFFERS A NUMBER OF NATURE-BASED PROGRAMS FOR FAMILIES, SCHOOL GROUPS, CAMPERS, AND EDUCATORS IN ITS BACKYARD.

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

EXPLANATION: AN ELECTRONIC VERSION OF THE FORM 990 WAS SENT TO ALL FINANCE COMMITTEE AND BOARD MEMBERS FOR REVIEW.

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

EXPLANATION: SIGNED STATEMENTS REGARDING POTENTIAL CONFLICTS OF INTEREST ARE REQUIRED FROM BOARD MEMBERS ON AN ANNUAL BASIS.

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

EXPLANATION: THE SALARIES OF THE EXECUTIVE DIRECTOR AND CFO ARE SET BY THE BOARD'S EXECUTIVE COMMITTEE AFTER REVIEW OF CURRENT COMPARATIVE DATA OF CALIFORNIA NONPROFITS AND MUSEUMS.

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

EXPLANATION: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

332212
09-04-13

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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ADMINISTRATIVE SERVICES:

PROGRAM SERVICE EXPENSES	9,146.
MANAGEMENT AND GENERAL EXPENSES	974,464.
FUNDRAISING EXPENSES	1,220.
TOTAL EXPENSES	984,830.

OPERATIONAL SERVICES:

PROGRAM SERVICE EXPENSES	219,923.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	57,143.
TOTAL EXPENSES	277,066.

TECHNOLOGY SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	24,113.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,113.

FACILITIES SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	592,112.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	592,112.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,878,121.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF CHARITABLE TRUSTS	611,904.
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Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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FORM 990, PART XI, LINE 2C

EXPLANATION: 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 VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE

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

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
	BUILDINGS							
2	BUILDINGS & IMPROVEMENTS							
		VARIESNC	.000		16,903,120.		7,073,185.	728,248.
	* 990 PAGE 10 TOTAL BUILDINGS							
					16,903,120.	0.	7,073,185.	728,248.
	FURNITURE & FIXTURES							
3	FURNITURE AND EQUIPMENT							
		VARIESNC	.000		1,948,656.		28,467.	58,383.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES							
					1,948,656.	0.	28,467.	58,383.
	LAND							
1	LAND							
	120120L				309,388.			0.
	* 990 PAGE 10 TOTAL LAND							
					309,388.	0.	0.	0.
	OTHER							
4	CONSTRUCTION IN PROGRESS							
		VARIESNC	.000		1,211,738.			0.
	* 990 PAGE 10 TOTAL OTHER							
					1,211,738.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					20,372,902.	0.	7,101,652.	786,631.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number (EIN) or 95-1643378
	Number, street, and room or suite no. If a P.O. box, see instructions. 2559 PUESTA DEL SOL	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93105-2936	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date