

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

# 2010

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

### A For the 2010 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>SANTA BARBARA MUSEUM OF NATURAL HISTORY</b>		<b>D</b> Employer identification number <b>95-1643378</b>
	Doing Business As		<b>E</b> Telephone number <b>805-682-4711</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>23,016,462.</b>
	<b>2559 PUESTA DEL SOL</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 <b>SANTA BARBARA, CA 93105-2936</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>KARL L. HUTTERER</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J</b> Website: ▶ <b>SBNATURE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1916</b>
			<b>M</b> State of legal domicile: <b>CA</b>

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MUSEUM INSPIRES A THIRST FOR DISCOVERY AND A PASSION FOR THE NATURAL WORLD.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>155</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>833</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,849,286.</b>	<b>3,513,374.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>824,899.</b>	<b>683,676.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-2,967,257.</b>	<b>-182,413.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>464,549.</b>	<b>372,128.</b>
		<b>1,171,477.</b>	<b>4,386,765.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,000.</b>	<b>1,000.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,507,320.</b>	<b>3,367,723.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>35,000.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>522,749.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>2,688,288.</b>	<b>3,053,069.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,201,608.</b>	<b>6,456,792.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-5,030,131.</b>	<b>-2,070,027.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>58,328,630.</b>	<b>60,673,386.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>545,428.</b>	<b>873,305.</b>
	<b>57,783,202.</b>	<b>59,800,081.</b>	

### Part II Signature Block

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

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

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

4a (Code: ) (Expenses \$ 2,255,846. including grants of \$ 1,000. ) (Revenue \$ 76,362. ) 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 \$ 1,729,610. including grants of \$ ) (Revenue \$ 449,469. ) EXHIBITS & VISITOR SERVICES: THE MUSEUM HAS TWO SITES, ITS MISSION CREEK CAMPUS AND THE TY WARNER SEA CENTER LOCATED ON STEARNS WHARF.

AT THE MISSION CREEK CAMPUS:

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

4c (Code: ) (Expenses \$ 988,359. including grants of \$ ) (Revenue \$ 212,488. ) EDUCATION: THE MUSEUM'S RICH ARRAY OF EDUCATIONAL PROGRAMS SERVED APPROXIMATELY 59,000 INDIVIDUALS IN 2010 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 2010, 19,500 SCHOOLCHILDREN PARTICIPATED IN ALMOST 32,500 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 4,973,815.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, 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 where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 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 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does 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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CFO - 805-682-4711 2559 PUESTA DEL SOL, SANTA BARBARA, CA 93105

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS ALLEN TRUSTEE	1.00	X					0.	0.	0.	
GEORGE BURTNESSE TRUSTEE	1.00	X					0.	0.	0.	
PATTY BRYANT TRUSTEE	1.00	X					0.	0.	0.	
AARON BUDGOR TRUSTEE	1.00	X					0.	0.	0.	
CAROLYN CHANDLER VP FOR DEVELOPMENT	3.00	X		X			0.	0.	0.	
BRUCE CULVER TRUSTEE	1.00	X					0.	0.	0.	
DOUGLAS DREIER TRUSTEE	1.00	X					0.	0.	0.	
ELISABETH FOWLER TRUSTEE	1.00	X					0.	0.	0.	
STEPHEN HICKS CHAIRMAN	4.00	X		X			0.	0.	0.	
PALMER JACKSON JR TRUSTEE	1.00	X					0.	0.	0.	
PAUL RUSSELL SECRETARY	3.00	X		X			0.	0.	0.	
KATHLEEN KALP TRUSTEE	1.00	X					0.	0.	0.	
BOBBIE KINNEAR TRUSTEE	1.00	X					0.	0.	0.	
PATTY MACFARLANE TRUSTEE	1.00	X					0.	0.	0.	
ANGEL MARTINEZ TRUSTEE	1.00	X					0.	0.	0.	
MIKE MAYFIELD TRUSTEE	1.00	X					0.	0.	0.	
GLEN MITCHEL VP FOR AUDIT	2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT KNIGHT VP FOR FINANCE	3.00	X		X				0.	0.	0.
JANET SANDS VP FOR GOVERNANCE	3.00	X		X				0.	0.	0.
BRIAN SARVIS TRUSTEE	1.00	X						0.	0.	0.
JAY SMITH TRUSTEE	1.00	X						0.	0.	0.
NORMAN SPRAGUE TRUSTEE	1.00	X						0.	0.	0.
BRUCE TIFFNEY TRUSTEE	1.00	X						0.	0.	0.
KARL HUTTERER EXECUTIVE DIRECTOR	60.00	X		X		X		143,380.	0.	52,135.
LUCIE GREER TRUSTEE	1.00	X						0.	0.	0.
RENEE GRUBB TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								143,380.	0.	52,135.
<b>c Total from continuation sheets to Part VII, Section A</b>								194,554.	0.	9,894.
<b>d Total (add lines 1b and 1c)</b>								337,934.	0.	62,029.

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACADEMY STUDIOS 70 GALLI DRIVE, NOVATO, CA 94949	EXHIBIT DESIGN & CONSTRUCTION	282,062.
DONN ROBERTS CONSTRUCTION, INC 3028 DE LA VINA, SANTA BARBARA, CA 93105	CONSTRUCTION	184,497.
GENERATION GRAPHICS, 31142 VIA CRISTAL, SAN JUAN CAPISTRANO, CA 92675	DIGITALIZATION OF MAPS	173,185.
SCHACHT ASLANI ARCHITECT 506 2ND AVE #700, SEATTLE, WA 98104	ARCHITECTURAL SERVICES	173,149.
CHALLENGE ASPHALT 118 NOPALITAS WAY, SANTA BARBARA, CA 93103	REPAVING PARKING LOT	120,835.

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues	394,275.				
	c	Fundraising events	281,716.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	2,837,383.				
	g	Noncash contributions included in lines 1a-1f: \$	28,426.				
	h	<b>Total.</b> Add lines 1a-1f	3,513,374.				
	Program Service Revenue	2 a	<b>ADMISSION FEES</b>	900099 484,965.	484,965.		
b		<b>EDUCATION PROGRAM TUIT</b>	900099 156,364.	156,364.			
c		<b>CONTRACT FEES</b>	541700 42,347.	42,347.			
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f	683,676.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		619,151.		619,151.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real 284,939.				
		Less: rental expenses	(ii) Personal 37,330.				
		Rental income or (loss)	247,609.				
	d	Net rental income or (loss)		247,609.		247,609.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 17268538				
		Less: cost or other basis and sales expenses	(ii) Other 18070102				
		Gain or (loss)	-801564.				
		Net gain or (loss)		-801,564.		-801,564.	
	8 a	Gross income from fundraising events (not including \$ 281,716. of contributions reported on line 1c). See Part IV, line 18	a 140,676.				
		Less: direct expenses	b 275,127.				
		Net income or (loss) from fundraising events		-134,451.		-134,451.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a 451,465.					
	Less: cost of goods sold	b 247,138.					
	Net income or (loss) from sales of inventory		204,327.		204,327.		
Miscellaneous Revenue		Business Code					
11 a	<b>MISCELLANEOUS</b>	900099 54,643.	54,643.				
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		54,643.				
12	<b>Total revenue.</b> See instructions.		4,386,765.	738,319.	0.	135,072.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	1,000.	1,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	220,097.	81,727.	116,863.	21,507.
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 .....	2,614,454.	1,678,868.	591,837.	343,749.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	54,910.	30,919.	17,071.	6,920.
9 Other employee benefits .....	271,685.	173,645.	68,892.	29,148.
10 Payroll taxes .....	206,577.	133,142.	45,891.	27,544.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	15,486.	2,545.	12,941.	
c Accounting .....	16,000.		16,000.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	35,000.			35,000.
f Investment management fees .....				
g Other .....	1,334,780.	859,580.	447,847.	27,353.
12 Advertising and promotion .....	111,723.	11,393.		100,330.
13 Office expenses .....	349,713.	137,201.	75,265.	137,247.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	193,315.	44,044.	149,271.	
17 Travel .....	95,930.	55,429.	37,655.	2,846.
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 .....	744,007.	626,222.	117,785.	
23 Insurance .....	106,652.	7,327.	99,325.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>REPAIRS AND MAINTENANCE</b> .....	56,780.	21,318.	35,462.	
b <b>DUES &amp; SUBSCRIPTION</b> .....	23,138.	7,462.	10,885.	4,791.
c <b>ANIMAL SUPPLIES</b> .....	3,248.	3,248.		
d <b>MEALS AND ENTERTAINMENT</b> .....	2,297.	2,297.		
e <b>ALLOCATION OF INDIRECT</b> .....	0.	1,096,448.	-882,762.	-213,686.
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	6,456,792.	4,973,815.	960,228.	522,749.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,175,777.	<b>1</b>	646,215.	
	<b>2</b> Savings and temporary cash investments .....	419,528.	<b>2</b>	1,254,108.	
	<b>3</b> Pledges and grants receivable, net .....	321,304.	<b>3</b>	203,562.	
	<b>4</b> Accounts receivable, net .....	232,373.	<b>4</b>	64,780.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	59,118.	<b>8</b>	74,227.	
	<b>9</b> Prepaid expenses and deferred charges .....	134,311.	<b>9</b>	110,256.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 18,548,742.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,699,720.	12,371,436.	<b>10c</b>	12,849,022.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	37,791,102.	<b>12</b>	38,453,121.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	5,823,681.	<b>15</b>	7,018,095.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	58,328,630.	<b>16</b>	60,673,386.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	291,528.	<b>17</b>	643,297.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	253,900.	<b>19</b>	230,008.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	545,428.	<b>26</b>	873,305.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	38,676,784.	<b>27</b>	39,489,252.	
	<b>28</b> Temporarily restricted net assets .....	11,506,473.	<b>28</b>	9,225,784.	
	<b>29</b> Permanently restricted net assets .....	7,599,945.	<b>29</b>	11,085,045.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	57,783,202.	<b>33</b>	59,800,081.	
<b>34</b> Total liabilities and net assets/fund balances .....	58,328,630.	<b>34</b>	60,673,386.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,386,765.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,456,792.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,070,027.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,783,202.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,086,906.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	59,800,081.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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
2b	Were the organization's financial statements audited by an independent accountant?	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

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 - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4270922.	3007237.	3288198.	3411004.	2670374.	16647735.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4270922.	3007237.	3288198.	3411004.	2670374.	16647735.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						107,279.
<b>6 Public support.</b> Subtract line 5 from line 4.						16540456.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	4270922.	3007237.	3288198.	3411004.	2670374.	16647735.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	729,298.	1236624.	1369021.	827,301.	904,090.	5066334.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	74,338.	124,579.	95,078.	104,112.	54,643.	452,750.
<b>11 Total support.</b> Add lines 7 through 10						22166819.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	888,003.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	74.62	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	77.80	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:**

**ESTATE GIFT**

DATE: 12/31/06 AMOUNT: 225000.

**ESTATE GIFT**

DATE: 12/31/07 AMOUNT: 5924.

**BEQUEST**

DATE: 12/31/07 AMOUNT: 1450000.

**BEQUEST**

DATE: 12/31/08 AMOUNT: 50000.

**BEQUEST**

DATE: 12/31/09 AMOUNT: 6309.

**CHARITABLE REMAINDER TRUST DISTRIBUTION**

DATE: 12/31/06 AMOUNT: 2997800.

**CHARITABLE REMAINDER TRUST DISTRIBUTION**

DATE: 12/31/07 AMOUNT: 10373.

**TRUST GIFT**

DATE: 12/31/10 AMOUNT: 800000.

**ESTATE GIFT**

DATE: 12/31/10 AMOUNT: 43000.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

SANTA BARBARA MUSEUM OF NATURAL HISTORY

95-1643378

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 81,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

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

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	35,526,381.	30,475,410.	50,313,800.		
<b>b</b> Contributions	105,675.	1,313,606.	160,723.		
<b>c</b> Net investment earnings, gains, and losses	3,185,635.	6,932,063.	-17,299,133.		
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	2,461,590.	3,194,698.	2,487,257.		
<b>f</b> Administrative expenses			212,723.		
<b>g</b> End of year balance	36,356,101.	35,526,381.	30,475,410.		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  62.00 %
  - b** Permanent endowment  21.00 %
  - c** Term endowment  17.00 %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                                 | No                                  |
|------------------------------------|-------------------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>(ii)</b> 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?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		309,388.		309,388.
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		18,239,354.	5,699,720.	12,539,634.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,849,022.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>MUTUAL FUNDS</b>	35,759,776.	END-OF-YEAR MARKET VALUE
(B) <b>OTHER INVESTMENTS</b>	2,693,345.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>38,453,121.</b>	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) <b>ASSETS HELD UNDER CHARITABLE AGREEMENTS</b>	6,388,095.
(2) <b>PROPERTY HELD FOR INVESTMENT</b>	630,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	<b>7,018,095.</b>

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,386,765.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,456,792.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,070,027.
4	Net unrealized gains (losses) on investments	4	3,622,087.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	464,819.
9	Total adjustments (net). Add lines 4 through 8	9	4,086,906.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,016,879.

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

1	Total revenue, gains, and other support per audited financial statements	1	8,473,672.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,622,088.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	464,819.
e	Add lines 2a through 2d	2e	4,086,907.
3	Subtract line 2e from line 1	3	4,386,765.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,386,765.

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

1	Total expenses and losses per audited financial statements	1	6,456,792.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,456,792.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,456,792.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 1A: IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MUSEUMS,**

COLLECTION OBJECTS PURCHASED AND DONATED ARE NOT INCLUDED IN THE ASSETS OF THE ORGANIZATION.

THE MUSEUM IS CONTINUALLY DEVELOPING THE COLLECTIONS, WHICH CURRENTLY INCLUDE MORE THAN THREE MILLION SPECIMENS, ARTIFACTS, OTHER CULTURAL OBJECTS, BOOKS, AND MANUSCRIPTS. THESE HOLDINGS ARE USED BY MUSEUM SCIENTISTS AND A WORLDWIDE NETWORK OF RESEARCHERS FROM A VARIETY OF

**Part XIV** Supplemental Information (continued)

DISCIPLINES. THEIR USAGE FORMS THE BASIS OF PUBLISHED FINDINGS, AS WELL AS PROGRAMS IN EDUCATION AND MUSEUM EXHIBITIONS. THE COLLECTION IS KEPT UNDER CURATORIAL CARE INCLUDING CONSERVATION PRACTICES, AND IS SUBJECT TO THE MUSEUM'S POLICY THAT REQUIRES PROCEEDS FROM THE SALE OF COLLECTION ITEMS TO BE USED ONLY FOR ACQUISITION OF ADDITIONAL COLLECTIONS. THE MUSEUM DOES NOT RECOGNIZE AS A CONTRIBUTION ANY INCOME FROM DONATED COLLECTION ITEMS, AS ITS COLLECTIONS ARE NOT CAPITALIZED.

PART III, LINE 4: IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MUSEUMS, COLLECTION OBJECTS PURCHASED AND DONATED ARE NOT INCLUDED IN THE ASSETS OF THE ORGANIZATION.

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

PART V, LINE 4: INCOME FROM ENDOWMENT FUNDS 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 XIV** Supplemental Information (continued)

PART X, LINE 2: PART X, QUESTION 2

FIN 48 DISCLOSURE:

AT DECEMBER 31, 2010, THE SANTA BARBARA MUSEUM OF NATURAL HISTORY WAS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE TRUSTS 464,819.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE TRUSTS 464,819.



**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	ART WALK	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	279,811.	69,423.	51,515.	400,749.
	2	Less: Charitable contributions	278,216.		3,500.	281,716.
	3	Gross income (line 1 minus line 2)	1,595.	69,423.	48,015.	119,033.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	3,000.	657.		3,657.
	8	Entertainment				
	9	Other direct expenses	85,660.	52,770.	20,390.	158,820.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 162,477 )
	11	Net income summary. Combine line 3, column (d), and line 10				-43,444.

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

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

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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  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.** Complete this part to 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: TOWNSEND PUBLIC AFFAIRS, INC.

(I) ADDRESS OF FUNDRAISER: 2699 WHITE ROAD, SUITE 251, IRVINE, CA 92614



**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KARL HUTTERER	(i)	143,380.	0.	0.	0.	52,135.	195,515.	174,780.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN POWELL	(i)	14,105.	0.	0.	0.	0.	14,105.	30,483.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III** Supplemental Information

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

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions 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	45		
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		0.	
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	2	28,426.	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 .....	X	1	0.	
22 Historical artifacts .....				
23 Scientific specimens .....	X	12,506	0.	
24 Archeological artifacts .....	X	17	0.	
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** 0

	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) (2010)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 33: IN CONFORMITY WITH THE PRACTICE FOLLOWED BY  
MUSEUMS, COLLECTION OBJECTS DONATED ARE NOT INCLUDED IN REVENUE.

Multiple horizontal lines for supplemental information.

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

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:

BEYOND: VISIONS OF PLANETARY LANDSCAPES

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

THE ROBOT ZOO

THE ROBOT ZOO REVEALS NATURE AS A MASTER ENGINEER. THE MACHINERY IN  
THREE LARGER-THAN-LIFE-SIZE ANIMATED ROBOT ANIMALS - A CHAMELEON, FLY,  
AND PLATYPUS - SIMULATES THE ANATOMY AND BEHAVIORS OF THEIR REAL LIFE  
COUNTERPARTS. IN THESE ROBOT ANIMALS MUSCLES ARE PISTONS, INTESTINES  
ARE FILTERING PIPES, AND BRAINS ARE COMPUTERS. HANDS-ON EDUCATIONAL  
ACTIVITIES AND EXPLORATION OF THE BIOMECHANICS OF COMPLEX ANIMAL ROBOTS  
HELP VISITORS DISCOVER HOW REAL ANIMALS IN NATURE LIVE.

COFFEE: THE WORLD IN YOUR CUP

THE BURKE MUSEUM TRAVELING EXHIBITION "COFFEE: THE WORLD IN YOUR CUP"  
TOLD THE STORY OF ONE OF THE WORLD'S MOST WIDELY TRADED COMMODITIES AND  
HOW IT HAS AFFECTED CULTURES, ECONOMIES, AND ENVIRONMENTS ACROSS THE  
GLOBE. THE EXHIBIT EXPLORED THE PHYSICAL EFFECTS OF CAFFEINE, THE  
WORLD'S MOST COMMONLY-USED DRUG, COFFEE'S EARLY CONTROVERSIAL

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

REPUTATION AS A "REVOLUTIONARY DRINK," AND THE CULTURE AND GLOBAL SOCIAL IMPACTS THAT SURROUND COFFEE IN THE 21ST CENTURY.

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

EMPIRE ELEGANCE: THE AGE OF REDOUTE'

THIS EXHIBITION FOCUSED ON AN AGE WHEN ART AND SCIENCE HAD NOT YET DIVERGED AND DOCUMENTING THE VISUAL WORLD WAS STILL AN ARTIST'S CRUCIAL ROLE, AND FRENCH PRINTING WAS PREEMINENT. IN THE TURBULENT POLITICAL ENVIRONMENT OF THE LATE 18TH AND EARLY 19TH CENTURIES, NATURAL HISTORY ARTISTS AND SKILLED PRINTERES IN PARIS CREATED WORKS OF UNPARALLELED REFINEMENT.

DRAWN FROM THE SEA

THE POWER OF ART TO CONVEY TRUTHS ABOUT THE NATURAL WORLD IS NOWHERE IN EVIDENCE AS MUCH AS IN DEPICTING CREATURES LIVING IN THE SEA. NATURAL HISTORY BOOKS OF THE 18TH AND 19TH CENTURIES WERE ILLUSTRATED BY ARTISTS WHOSE TASK WAS TO CONVINCINGLY TRANSLATE THE IMAGE OF A MOVING ANIMAL ONTO A FLAT SHEET OF PAPER. AMONG THE CLASSIC PUBLICATIONS OF THE ERA WERE THOSE DEVOTED TO INVERTEBRATE ZOOLOGY. FROM LAVISH EXPEDITION REPORTS TO LATER SCIENTIFIC JOURNALS THAT FOCUSED ON CLASSIFICATION AND IDENTIFICATION, THE DIVERSITY OF PORTRAYING LIFE FROM THE SEA WAS ON DISPLAY IN THE MAXIMUS GALLERY.

ALEXANDER WILSON: FATHER OF AMERICAN ORNITHOLOGY

THIS EXHIBITION HELPED VISITORS LEARN ABOUT THE ORIGINS OF ORNITHOLOGY

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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IN AMERICA. IN ALEXANDER WILSON'S SHORT AND INTENSELY PRODUCTIVE LIFE, HE RECORDED THROUGH DRAWINGS, PROSE, AND POETRY, HIS IMPRESSIONS OF AMERICA'S BIRDS. AMERICAN ORNITHOLOGY WAS PUBLISHED IN NINE VOLUMES, FROM 1808-1814, AND WAS A LANDMARK WORK OF EARLY AMERICAN NATURAL HISTORY. ON DISPLAY WAS A RARE 19TH CENTURY PORTRAIT OF THE AUTHOR, AND HIS ORIGINAL AND CHARMING ILLUSTRATIONS.

AT THE TY WARNER SEA CENTER:

CAMOUFLAGE

MARINE PREDATORS AND PREY ALIKE CLOAK THEMSELVES IN CAMOUFLAGE TO HIDE IN PLAIN SIGHT. THIS EXHIBITION HIGHLIGHTED THE SECRETS OF BACKGROUND MATCHING, DISRUPTIVE COLORATION, AND MIMICRY. VISITORS COULD SHARPEN THEIR OBSERVATION SKILLS AND SEE IF THEY COULD FIND THE CLEVERLY HIDDEN CRITTERS THAT DECEIVE TO SURVIVE.

SUPERPOWERS!

THIS EXHIBITION HIGHLIGHTING VARIOUS MARINE ANIMALS IS BEST DESCRIBED AS FOLLOWS:

FASTER THAN A SPEEDING BULLET! MORE POWERFUL THAN AN OCEAN WAVE! ABLE TO DISAPPEAR BEFORE YOUR EYES! LOOK! IN THE TANK! IT'S AN EEL?! IT'S A FISH?! IT'S...SUPERPOWERS! YES, SEA CREATURES WITH SUPER, EXTRAORDINARY ADAPTATIONS, FAR BEYOND THOSE OF MORTAL HUMANS! YET DESPITE THEIR INCREDIBLE POWERS AND ABILITIES, THESE AMAZING MARINE ANIMALS RELY ON THE REAL SUPER HEROES - HUMANS DISGUISED AS EVERYDAY PEOPLE - TO PROTECT THEM FROM THE MOST DANGEROUS VILLIANS. HUMANS HAVE THE POWER TO CHANGE THE COURSE OF GHASTLY HARMFUL HABITS, AND TO FIGHT THE NEVER-ENDING BATTLE FOR GOOD OCEAN HEALTH, NOBLE STEWARDSHIP, AND THE SUSTAINABLE WAY ON LAND AND SEA! WILL YOU BE THE NEXT SUPER HERO?

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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THE TY WARNER SEA CENTER SERVED APPROXIMATELY 62,000 VISITORS TO ITS EXHIBITS. THE MISSION CREEK CAMPUS SERVED 73,000 VISITORS TO ITS EXHIBITS.

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

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

THE MUSEUM HAS A SPECIMEN LOAN PROGRAM, THE NATURE COLLECTION. IN 2010, APPROXIMATELY 45,000 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 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.

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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FORM 990, PART VI, SECTION B, LINE 11: AN ELECTRONIC VERSION OF THE FORM 990 WAS SENT TO ALL FINANCE COMMITTEE AND BOARD MEMBERS FOR REVIEW AND WAS REVIEWED AT THE FINANCE COMMITTEE MEETING PRIOR TO FILING.

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

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

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	3,622,087.
CHANGE IN VALUE OF CHARITABLE TRUSTS	464,819.
TOTAL TO FORM 990, PART XI, LINE 5	4,086,906.

FORM 990, PART XI, LINE 2C

RESPONSIBILITY OF AUDITED FINANCIALS AND INDEPENDENT ACCOUNTANT  
THE MUSEUM HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY OF THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED SINCE LAST YEAR.



Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
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## PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE

## EXECUTIVE COMMITTEE

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.

## PART I, LINES 10, 12, AND 19

## CHANGE IN INVESTMENT PORTFOLIO

IN 2010, THE MUSEUM'S INVESTMENT PORTFOLIO INCREASED BY \$3.3 MILLION WHICH INCLUDED AN UNREALIZED INCREASE IN MARKET VALUE OF \$3.6 MILLION. IT ALSO INCLUDED A \$0.8 MILLION REALIZED LOSS AS THE MUSEUM REPOSITIONED CERTAIN INVESTMENTS THAT HAD DECREASED IN VALUE IN 2008 TO TAKE ADVANTAGE OF THE CHANGING MARKET. AS PER THE IRS INSTRUCTIONS, THE \$3.6 MILLION IN UNREALIZED GAINS ARE EXCLUDED FROM REVENUE IN PART I. HAD IT BEEN INCLUDED AS REQUIRED BY GAAP, THE MUSEUM'S REVENUE LESS EXPENSES WOULD HAVE TOTALED \$2 MILLION, THE AMOUNT REPORTED ON ITS AUDITED FINANCIAL STATEMENTS. SEE PARTS XI AND XII FOR THE

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

RECONCILIATION OF THE 990 TO THE AUDITED FINANCIAL STATEMENTS.

PART I, LINE 15

EXPENSE REDUCTION

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



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

▶ **File a separate application for each return.**

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

**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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2010** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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