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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SANTA BARBARA MUSEUM OF NATURAL HISTORY Name change 95-1643378 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 805-682-4711 2559 PUESTA DEL SOL termin-ated 21,029,163. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return SANTA BARBARA, CA 93105-2936 H(a) Is this a group return Applica-F Name and address of principal officer: LUKE SWETLAND Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► SBNATURE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Association Other > L Year of formation: 1916 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE MUSEUM INSPIRES A THIRST FOR Activities & Governance DISCOVERY AND A PASSION FOR THE NATURAL WORLD. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 140 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 233 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 5,157,706. 1,400,367. 4,681,682. Contributions and grants (Part VIII, line 1h) Revenue 510,958. Program service revenue (Part VIII, line 2g) 2,164,375. 1,780,019. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -73,878. 276,832. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,999,280. 6,898,781. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 105,293. 111,297. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 4,863,543. 4,668,856. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,423,592 3,188,213. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,392,428. 7,968,366**.** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,069,585. 606,852. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 85,740,438. 82,023,915. 20 Total assets (Part X, line 16) 1,162,718. 1,736,201. 21 Total liabilities (Part X, line 26) 84,577,720. 80,287,714. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign DIANE WONDOLOWSKI, CFO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid VANESSA M. GARCIA P01255292 Firm's EIN ▶ 95-2835976 Firm's name MACFARLANE, FALETTI & CO. LLP Preparer Firm's address 3757 STATE STREET, SUITE 3B Use Only

X Yes

Phone no. 805 966-4157

May the IRS discuss this return with the preparer shown above? See instructions

SANTA BARBARA, CA 93105

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE FOLLOWING THREE GUIDING PRINCIPLES ARE THE FOUNDATION FOR ALL OF	
	THE SANTA BARBARA MUSEUM OF NATURAL HISTORY'S ACTIVITIES: INSPIRING AN	1
	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?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue if any far each program contine reported	
42	(Code:) (Expenses \$1 , 876 , 543 • including grants of \$111 , 297 •) (Revenue \$ 75 , 574	1 . \
Tu	COLLECTIONS & RESEARCH:	
	THIS PROGRAM ENCOMPASSES THE ACTIVITIES OF SIX RESEARCH DEPARTMENTS	
	WITH A STAFF OF CURATORS AND ASSISTANTS. EACH DEPARTMENT IS CONTINUALI	īV
	INVOLVED IN DEVELOPING AND CONSERVING EXTENSIVE COLLECTIONS OF	
	SPECIMENS, ARTIFACTS, BOOKS AND MANUSCRIPTS, ETC., THAT NUMBER OVER 3.	5
	MILLION ITEMS, AS WELL AS MAKING THESE RESOURCES ACCESSIBLE TO	
	RESEARCHERS, EITHER DURING ACTUAL VISITS OR THROUGH WEB-BASED SERVICES	
	EXPENSES INCLUDE STAFF SALARIES, COLLECTION ACQUISITION, CONSERVATION,	
	BIODIVERSITY AND ARCHAEOLOGICAL RESEARCH, PRODUCTION OF PUBLICATIONS,	
	ECOLOGICAL FIELD SURVEYS, PUBLIC EXHIBIT DEVELOPMENT AND COMMUNITY	
	OUTREACH.	
	OUTREACH.	
41-	(Code:) (Expenses \$2, 597, 860including grants of \$) (Revenue \$359, 950	<u>, </u>
4D	(Code:) (Expenses \$2,597,860 • including grants of \$) (Revenue \$359,950 • EXHIBITS & VISITOR SERVICES:	, •)
	THE MUSEUM HAS TWO SITES, ITS MISSION CREEK CAMPUS AND THE SEA CENTER	
	LOCATED ON STEARNS WHARF.	
	BOCKIED ON BIEMMO WIMMI:	
	AT THE MISSION CREEK CAMPUS:	
	WITH THE REQUIRED CLOSURES, ATTENDANCE AT BOTH LOCATIONS WAS SHARPLY	
	REDUCED. GATE ATTENDANCE AT THE MISSION CANYON CAMPUS 2020 WAS 33,883	-
	IN ADDITION, 6,095 CHILDREN AND ADULTS ATTENDED EDUCATIONAL PROGRAMS,	<u> </u>
	2,971 ATTENDED COMMUNITY RELATED EVENTS, 2,872 CAME AS VOLUNTEERS AND	
	134 CAME SPECIFICALLY FOR RESEARCH OR PROFESSIONAL SYMPOSIA, FOR A	
	TOTAL ATTENDANCE AT THE MISSION CANYON CAMPUS OF 45,955.	
4c	(Code:) (Expenses \$ 1,087,432 • including grants of \$) (Revenue \$ 75,434	1.)
	EDUCATION:	— ′
	THE MUSEUM'S RICH ARRAY OF EDUCATIONAL PROGRAMS SERVED OVER 33,000	
	INDIVIDUALS IN 2020 AND ARE ON THE CUTTING EDGE OF CURRENT EDUCATIONAL	
	PRACTICE, ESPECIALLY WITH REGARD TO INQUIRY-BASED SCIENCE EDUCATION	
	WITH PROGRAMMING FOR EVERY MAJOR AGE GROUP, INCLUDING PRE-SCHOOLERS,	
	K-12 STUDENTS, TEENAGERS, ADULTS, AND SENIORS.	
	THE MUSEUM PARTICIPATES IN THE "NO CHILD LEFT INSIDE" MOVEMENT AND IS	Α
	REGIONAL LEADER OF THE NATIONAL CHILDREN AND NATURE NETWORK.	
	THE MUSEUM ALSO RUNS A NATIONALLY RECOGNIZED TEEN PROGRAM, QUASARS TO	
	SEA STARS, WHICH OFFERS FOUR YEARS OF EDUCATION AND WORK EXPERIENCES	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 5,561,835.	
	Form 990 (2	2020)
	CEE CCHEDIILE O FOD CONTINIETON (C)	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۰		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	۱		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da:	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fal	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Constitute O contains a response of note to any line in this Part v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 43			1.15
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

032004 12-23-20

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

2a 140 b If a least one is reported on ine 2a, did the organization file all required federal employment tax returns? b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is grater than 250, you may be required to efficie per instructions? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, *has it filed a Form 990T for this year? If Ye? to line 3b, provide an exploration on Schedule O 3c If Yes, *has it filed a Form 990T for this year? If Ye? to line 3b, provide an exploration on Schedule O 3c If Yes, *has it filed a Form 990T for this year? If Ye? to line 3b, provide an exploration on Schedule O 3c If Yes *to line the name of the foreign country year in the year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accountry (FBAR). 5c If Yes *to line 16 are 5c 5b, did the organization that If was or is a party to a prohibitote tax shelter transaction? 5c If Yes *to line 16 are 5c 5b, did the organization that If was or is a party to a prohibitote tax shelter transaction? 5c If Yes *to line 16 are 5c 5b, did the organization that If was or is a party to a prohibitote tax shelter transaction? 5c If Yes *to line 16 are 5c 5b, did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of carbitable contributions? 5c If Yes *to line 16 are 5c 5b, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles a charitable contribution? 5c If Yes *to line 16 are 4 ar				Yes	No
b If a least one is reported on line 2a, did the organization file air equired federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3a X b lif Yes; has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? I control to country (such as a bank account; securities account, or other financial account)? 4a Y 5b lif Yes, "enter the name of the foreign country See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "did the organization file Form 8888 17? 6c Does the organization and around gross receipted that are normally greater than \$100,000, and did the organization shell were not tax deductible as charitable contributions and express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 If Yes," did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 If Yes," did the organization ordity the denor of the value of the goods or services provided? 9 If Yes," did the organization ordity the denor of the value of the goods or services provided? 10 If Yes," did the organization ordity the denor of the value of the goods or services provided? 11 If Yes," did the organization ordity the denor of the value of the goods or services provided? 12 If If Yes, "did the organization ordity the year year year primary many the year? 13 If If If I we application receive any funds, directly or indirectly, to pay premiums on a		filed for the calendar year ending with or within the year covered by this return 2a 140			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b X bif Yes, 'has tifled a Form 9907 for this yeard 'Not' to itin 8d, your outled an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5b If Yes, 'note the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In Yes 'to line Sar of Sb, did the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In Yes 'to line Sar of Sb, did the organization file Form 88867 is a party to a prohibited tax whether transaction? 5c In Yes, 'did the organization the organization file Form 88867 is any contributions that were not tax deductible? 6c In Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes, 'did the organization include with every solicitation and express statement that such contributions or gifts were not tax expressed to the party as a contribution of a promise state of the solicitation or gifts of the organization selection or solicit the solicitation or gifts of the solicitation or gifts of the solicitation or gifts of the solic	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts? 5b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8c Were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8c Was the organization notify the doner of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8c Was the organization notify the doner of the value of the goods or services provided? 7 Organizations that may receive deductible contribution and party for goods and services provided to the payor? 7a X 8b Was did the organization notify the doner of the value of the goods or services provided? 7b Was, "Indicate the number of Forms 8282? Tiled during the year 8 Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file from 899 as required? 9 If the organization received a contribution of will deduce the payor will be organization file of the will be organization make any taxishided intellectual property, did the organization file of the Were th		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) in foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 56 Was the organization for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). 58 Was the organization have profitly the organization the FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 59 Land any textable party notify the organization the Fine M886F7 or 16 Land any time during the tax year? 50 Land any textable party notify the organization the Fine M886F7 or 16 Land any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 50 Land Mark the organization include with every solicitation an express statement that such contributions or gitts were not itax deductible? 50 Lif "Yes," idid the organization include with every solicitation an express statement that such contributions or gitts were not itax deductible? 50 Lif "Yes," idid the organization include with every solicitation an express statement that such contributions or gitts were not itax deductible? 50 Lif "Yes," idid the organization include with every solicitation and express statement that such contributions or gitts were not itax deductible? 50 Lif "Yes," inclinate the number of forms 8828 filed during the year 51 Lif "Yes," inclinate the number of forms 8828 filed during the year 62 Lif "Yes," inclinate the number of forms 8828 filed during the year 63 Lif the organization received a contribution of qualified intellectual property, did the organization file Form 1989 as required? 63 Lif the organization received a contribution of qualified intellectual property, did the organization file Form 1989 as required? 64 Lif the organization received a contribution of account profit property is during the year sponsoring organizations	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		
the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'return the name of the foreign country	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b IV and any taxable party notify the organization file Form 8868-77. 5c If "Yes" to line Sar of Sb, of the organization file Form 8868-77. 5c If "Yes" to line Sar of Sb, of the organization file Form 8868-77. 5c Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization norify the donor of the value of the goods or services provided? 9d If "Yes," did the organization norify the donor of the value of the goods or services provided? 10d If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10d If "Yes," included no multiple to goods or services provided? 11d Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 11d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 11d If the organization received a contribution of cars, botts, airplanes, or other vehicles, did the organization file a Form 1098-C? 12d If the organization received a contribution of cars, botts, airplanes, or other vehicles, did the organization file a Form 1098-C? 12d If the organization received a contribution of cars, botts, airplanes, or other vehicles, did the organization file a Form 1098-C? 12d If the organization have excess business holdings at a	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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c Enter the amount of reserves on hand 13c	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b		14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	15				.,
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		Α.
		It "Yes," complete Form 4720, Schedule O.	Fe:	000	(2022)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, trustees, or key employees to a management company or other person?		з		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$		10k		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	n? 11 a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12k	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	in Schedule O how this was done		120		
13	Did the organization have a written whistleblower policy?				
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official				1
b	Other officers or key employees of the organization		15k	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			١
	taxable entity during the year?		16a	4	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's			
	exempt status with respect to such arrangements?		16k		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501	(c)(3)s or	ly) ava	ilable
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy	, and fin	ancial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records			
	DIANE WONDOLOWSKI, CFO - 805-682-4711 2559 PUESTA DEL SOL, SANTA BARBARA, CA 93105				
	AND LUEDIA DEU DOU, DANIA DANDARA, CA 33103				

032006 12-23-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LUKE SWETLAND	40.00	1		,,				202 240	0	60 105
PRESIDENT & CEO	40.00			Х				202,248.	0.	69,125.
(2) CAROLINE GRANGE	40.00	4				,,		127 526	•	17 600
DIRECTOR OF DEVELOPMENT	20.00					Х		137,536.	0.	17,689.
(3) DIANE WONDOLOWSKI COO/CFO	38.00			х				99,080.	0.	12,430.
(4) BOBBIE KINNEAR	4.00									
TRUSTEE		X		Х				0.	0.	0.
(5) CHRIS BLAU	8.00									
VC DEVELOPMENT		Х		Х				0.	0.	0.
(6) CHRIS KNOWLTON	10.00									_
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(7) ELAINE GIBSON	4.00									
SECRETARY		Х		Х				0.	0.	0.
(8) PAUL RELIS	6.00									
TRUSTEE		Х		Х				0.	0.	0.
(9) TERRY VALESKI	10.00							_	_	_
CHAIR		Х		Х				0.	0.	0.
(10) BRAD WILLIS	10.00								_	
TRUSTEE/AT LARGE		Х						0.	0.	0.
(11) CAROLYN CHANDLER	6.00								_	_
VICE CHAIR FOR GOVERNANCE		Х						0.	0.	0.
(12) DENNIS ALLEN	10.00	ļ								•
CHAIR FOR MPC	1000	Х						0.	0.	0.
(13) DOUG DREIER	10.00	۱								•
TRUSTEE		Х						0.	0.	0.
(14) FRANK DAVIS	8.00	۱							•	•
TRUSTEE	10.00	Х						0.	0.	0.
(15) HANK MITCHEL	10.00	١,,							•	•
TRUSTEE	10.00	Х	_	\vdash	<u> </u>	_	_	0.	0.	0.
(16) MATT ADAMS	10.00	Į.,							_	_
CHAIR FOR INVESTMENT	10.00	Х						0.	0.	0.
(17) PAUL RUSSELL	10.00	x						0.	0.	0.
VICE CHAIR FOR AUDIT		Λ			<u> </u>			<u> </u>	0.	Form 990 (2020)

								URAL HISTORY		<u>643</u> 3	<u> 378</u>	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	ees (continued)				
(A) Name and title	(B) Average hours per week	(do	not c	Posi heck ss pe	ition more rson i		one h an	(D) Reportable	(E) Reportable compensatio	on	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed
(18) SHARON BRADFORD TRUSTEE	6.00	х						0.		0.			0.
(19) STEVE WOODWARD	6.00												
TRUSTEE		х						0.		0.			0.
(20) SUE PARKER	10.00												
TRUSTEE	10.00	Х						0.	1	0.			0.
(21) TORY MILAZZO VICE CHAIR FOR FINANCE	10.00	х						0.		0.			0.
(22) VENESA FACIANE	10.00												
TRUSTEE		Х						0.		0.			0.
(23) VINCENT CABALLERO	8.00												
TRUSTEE	4 00	Х						0.		0.			0.
(24) WAYNE ROSING	4.00									ا ہ			_
TRUSTEE		Х						0.		0.	•		0.
dh Cubbatal		<u> </u>						438,864.		0.	a	9 2	44.
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		7,4	0.
d Total (add lines 1b and 1c)								438,864	,	0.	9	9.2	$\frac{34}{44}$.
Total number of individuals (including but n								· · · · · · · · · · · · · · · · · · ·				- , =	
compensation from the organization													2
										г		Yes	No
3 Did the organization list any former officer,	,	,	,		,	,	_		. ,		_		v
line 1a? If "Yes," complete Schedule J for s	uch individual								Al		3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	х	
5 Did any person listed on line 1a receive or a									vidual for services		7		
rendered to the organization? If "Yes," com					-		Ciai	ica organization of man	ridual for Scrvices	`	5		Х
Section B. Independent Contractors	,			,									
	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from												
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)													
(A) Name and business								(B) Description of	services	Co		nsatio	n
SCHIPPER CONSTRUCTION, 63		CC)TZ	7				CONCUDITORION	T		3 7	E /	12

STREET, SANTA BARBARA, CA 93103

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

Form 990 (2020) SANTA B. Part VIII Statement of Revenue

1			Check if Schedule O	contai	ins a respons	e or note to any lin	ne in this Part VIII			
Tale Federated campaigns 1a			CHOOK II CONCUAIO C	Jointai	ino a respons	ic or note to arry in	(A)	(B)	(C)	
1 a Faderated campaigns 1a							Total revenue			
1 a Foderated campaigns 1a 1a 467,872. 1b 467,872. 1c 440,842. 1c 461,842. 1c 461,84								function revenue	business revenue	
Business Code 900099 301,055 301,055	S S	4	- Cadaratad campaigns		140					000000000000000000000000000000000000000
Business Code 900099 301,055	unt					167 872				
Business Code 900099 301,055	اعٌ ق					-				
Business Code 900099 301,055 301,055	r A					440,042.				
Business Code 900099 301,055 301,055	ig,̈⊑					020 112				
Business Code 900099 301,055 301,055	Sin					938,112.				
Business Code 900099 301,055 301,055	e ti	1			1 1	0 004 056				
Business Code 900099 301,055 301,055	ēş				· · ·	2,834,856.				
Business Code 900099 301,055 301,055	ng p		=							
2 a ADMISSION FEES 900099 301,055. 301,055.	9 B		n Total. Add lines 1a-1f			D	4,681,682.			
DONTRACT FEES SUDCATION PROGRAM FEES 900099 52,060. 52,060.						+				
Total. Add lines 2a·2f	<u>ic</u>	2					· · · · · · · · · · · · · · · · · · ·	· · · · · ·		
Total. Add lines 2a-2f	e S	ı	-					· · · · · ·		
Total. Add lines 2a-2f	n S	•	·				· · · · · · · · · · · · · · · · · · ·	· · · · · ·		
Total. Add lines 2a·2f	Jev Sev	•	MISC PROGRAM REVENU	E		900099	32,549.	32,549.		
Total. Add lines 2a-2f	og T	(e							
3 Investment income (including dividends, interest, and other similar amounts)	۱ ۵		· •							
Other similar amounts							510,958.			
1		3	Investment income (include	ding d	lividends, inte	erest, and				
The second of			other similar amounts)				769,333.			769,333.
10		4	Income from investment of	of tax-	exempt bond	proceeds				
6 a Gross rents 6a 225,847. 6b 28,075. 6c 197,772. 197,772. 197,77		5	Royalties							
B Less: rental expenses C Rental income or (loss) Gc 197,772. 197,772. 197,772. 197,772. 197,772. 197,772. 197,772. 197,77					(i) Real	(ii) Personal				
Rental income or (loss) Gc 197,772.		6	Gross rents	6a	225,84	7.				
The standard of the standard		- 1	Less: rental expenses	6b	28,07	5.				
Taliforn Figure Taliforn			Rental income or (loss)	6с	197,77	2.				
assets other than inventory b Less: cost or other basis and sales expenses			d Net rental income or (loss))			197,772.			197,772.
b Less: cost or other basis and sales expenses		7 :	Gross amount from sales of		(i) Securities	(ii) Other				
and sales expenses 7b 11,782,034. 1,812,993. c Gain or (loss) 7c 973,679. 37,007. d Net gain or (loss) 1,010,686. 1,010,			assets other than inventory	7a	12,755,71	1,850,000.				
8 a Gross income from fundraising events (not including \$ 440,842. of contributions reported on line 1c). See Part IV, line 18 8 a 85. b Less: direct expenses Residual See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 10 a Gross from sales of inventory 10 a Sales of inventory		-	Less: cost or other basis							
8 a Gross income from fundraising events (not including \$ 440,842. of contributions reported on line 1c). See Part IV, line 18 8 a 85. b Less: direct expenses Residual See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 10 a Gross from sales of inventory 10 a Sales of inventory	ne		and sales expenses		11,782,03	1,812,993.				
8 a Gross income from fundraising events (not including \$ 440,842. of contributions reported on line 1c). See Part IV, line 18 8 a 85. b Less: direct expenses Residual See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 10 a Gross from sales of inventory 10 a Sales of inventory	Ven			7c	973,67	37,007.				
8 a Gross income from fundraising events (not including \$ 440,842. of contributions reported on line 1c). See Part IV, line 18 8 b Less: direct expenses 8 b 223,864. c Net income or (loss) from fundraising events Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 b 5,425. b Less: direct expenses 9 b 0. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a Stusiness Code Rusiness Code Rusiness Code Rusiness Code Rusiness Code Rusiness Code	Re		d Net gain or (loss)				1,010,686.			1,010,686.
including \$	her									
Part IV, line 18			including \$	440,8	842. of					
Part IV, line 18			contributions reported on	line 1	Ic). See					
b Less: direct expenses 8b 223,864. c Net income or (loss) from fundraising events -223,779. 9 a Gross income from gaming activities. See Part IV, line 19 9a 5,425. b Less: direct expenses 9b 0. c Net income or (loss) from gaming activities 5,425. 10 a Gross sales of inventory, less returns and allowances 10a 230,120. b Less: cost of goods sold 10b 283,416. c Net income or (loss) from sales of inventory -53,296.			Part IV, line 18		la	85.				
9 a Gross income from gaming activities. See Part IV, line 19 9 a 5,425. b Less: direct expenses 9 b 0. c Net income or (loss) from gaming activities 5,425. 10 a Gross sales of inventory, less returns and allowances 10 a 230,120. b Less: cost of goods sold 10 b 283,416. c Net income or (loss) from sales of inventory Pusiness Code Part IV, line 19 9 a 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 6 C Net income or (loss) from sales of inventory Pusiness Code		-	Less: direct expenses		Ε	b 223,864.				
9 a Gross income from gaming activities. See Part IV, line 19 9 a 5,425. 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 9 c Net income or (loss) from sales of inventory			Net income or (loss) from	fundra	aising events		-223,779.			-223,779.
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b 283,416. c Net income or (loss) from sales of inventory Pusiness Code 0. 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 5,425. 6,753,296.										
c Net income or (loss) from gaming activities 5,425. 10 a Gross sales of inventory, less returns and allowances 10a 230,120. b Less: cost of goods sold 10b 283,416. c Net income or (loss) from sales of inventory 5,425.			Part IV, line 19		g	a 5,425.				
10 a Gross sales of inventory, less returns and allowances		-	Less: direct expenses		9	b 0.				
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 10 a 230,120. 10 b 283,416. -53,296. -53,296.			Net income or (loss) from	gamir	ng activities		5,425.			5,425.
and allowances										
b Less: cost of goods sold 10b 283,416. c Net income or (loss) from sales of inventory ► -53,296. -53,296.)a 230,120.				
c Net income or (loss) from sales of inventory >						Db 283,416.				
Rusiness Code					_		-53,296.			-53,296.
11 a	"		,		•					
9 ž b	ğ a	11 :	a							
	ane									
	e še									
d All other revenue	Aisc									
e Total. Add lines 11a-11d	2									
							6,898,781.	510,958.	0.	1,706,141.

032009 12-23-20

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	111 000	111 000		
	and domestic governments. See Part IV, line 21	111,297.	111,297.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	241 005	150 544	152 722	25 (10
	trustees, and key employees	341,885.	152,544.	153,722.	35,619
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 554 000	0 566 005	462 005	
7	Other salaries and wages	3,554,280.	2,566,905.	463,825.	523,550
8	Pension plan accruals and contributions (include	01 400	64 004	14 637	14 04 5
	section 401(k) and 403(b) employer contributions)	91,423.	61,871.	14,637.	14,915
9	Other employee benefits	419,688.	309,529.	79,838.	30,321
0	Payroll taxes	261,580.	204,057.	17,776.	39,747
1	Fees for services (nonemployees):				
а	Management				
b	Legal	8,666.		4,666.	4,000
С	Accounting	19,913.		19,913.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	79,455.		79,455.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	335,626.	189,522.	112,263.	33,841
12	Advertising and promotion	116,258.	90,568.	6,950.	18,740
13	Office expenses	117,091.	83,116.	23,440.	10,535
14	Information technology				
15	Royalties				
16	Occupancy	237,116.	209,564.	14,040.	13,512
17	Travel	13,182.	10,428.	1,915.	839
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,357,068.	787,207.	563,510.	6,351
23	Insurance	341,634.	292,597.	33,833.	15,204
.o 24	Other expenses. Itemize expenses not covered	,	- ,	, , , , , ,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	210,249.	179,011.	24,285.	6,953
a h	REPAIRS AND MAINTENANCE	206,061.	184,260.	12,099.	9,702
C	EQUIPMENT	77,838.	62,700.	9,656.	5,482
d	RENTALS	34,512.	33,115.	508.	889
_		33,544.	33,544.	300.	
e	All other expenses	7,968,366.	5,561,835.	1,636,331.	770,200
25	Total functional expenses. Add lines 1 through 24e	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J,JUI,UJJ.	±,000,00±•	110,200
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (20
001	0 10 00 00				

Part X | Balance Sheet

Part /	^_	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			875,213.	1	1,665,011
2	2	Savings and temporary cash investments			1,108,415.	2	1,272,441
3	3	Pledges and grants receivable, net			1,119,108.	3	557,087
4	4	Accounts receivable, net			6,633.	4	11,823
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
6	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sed	ction 4958(c)(3)(B)		6	
2 7	7	Notes and loans receivable, net		7			
STACE A	8	Inventories for sale or use			101,068.	8	90,056
۶ ۲	9	Prepaid expenses and deferred charges			144,256.	9	356,832
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,434,311.			00 161 06
	b	Less: accumulated depreciation		14,272,343.	23,084,044.	10c	22,161,968
1.	1	Investments - publicly traded securities			33,286,164.	11	35,822,921
12	2	Investments - other securities. See Part IV, line			9,521,210.	12	11,708,665
13	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets	10 000	14	10 000 60		
15	5	Other assets. See Part IV, line 11			12,777,804.	15	12,093,634
16		Total assets. Add lines 1 through 15 (must equ			82,023,915.	16	85,740,438
17		Accounts payable and accrued expenses			836,351.	17	611,525
18		Grants payable	420,602.	18	242,381		
19		Deferred revenue			420,002.	19	242,30
20		Tax-exempt bond liabilities		10 1 1 1 5		20	
2		Escrow or custodial account liability. Complete				21	
	2	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs				22	
ة ₂₃	2	controlled entity or family member of any of the Secured mortgages and notes payable to unrela		_		23	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, pa				27	
``	•	parties, and other liabilities not included on lines					
		of Schedule D	, ,, ,,	. Complete Fart X	479,248.	25	308,812
26	6	Total liabilities. Add lines 17 through 25			1,736,201.	26	1,162,718
		Organizations that follow FASB ASC 958, che					
8		and complete lines 27, 28, 32, and 33.		·			
27	7	Net assets without donor restrictions			48,782,717.	27	53,438,489
28	8	Net assets with donor restrictions			31,504,997.	28	31,139,231
2		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current funds				29	
ğ 30	0	Paid-in or capital surplus, or land, building, or ed				30	
27 28 29 30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1	Retained earnings, endowment, accumulated in	come,	or other funds		31	
32	2	Total net assets or fund balances			80,287,714.	32	84,577,720
33	3	Total liabilities and net assets/fund balances	<u></u>		82,023,915.	33	85,740,438

Form	n 990 (2020)	SANTA	BARBARA	MUSEUM	OF	NATURAL	HISTORY	95-164	13378	Pa	ge 12
Pa	rt XI Reconciliat	ion of Net A	ssets								
	Check if Sched	lule O contains a	a response or no	te to any line i	n this	Part XI					X
1 2 3 4 5 6 7 8 9	Total revenue (must of Total expenses (must of Total expenses (must of Total expenses expenses or fund by the terminal of Total expenses o	t equal Part IX, of ses. Subtract line alances at begin (losses) on invest duse of facilities sents	column (A), line 2 2 from line 1 ning of year (mu stments	5) st equal Part X	(, line (32, column (A))		2 3 - 4 8 5 6 7	6,89 7,96 1,06 30,28 4,29	8,3 9,5 7,7 0,6	66. 85. 14. 88.
10	Net assets or fund ba		-	-				10 8	84,57	7 7	20.
Pa	column (B)) rt XII Financial S	tatements a	nd Reporting	<u></u>				1101	, 1, 5,	, , ,	
					n this	Part XII					X
			-	•						Yes	No
1	Accounting method (used to prepare	the Form 990:	Cash	X	Accrual	Other				
	If the organization ch	anged its metho	d of accounting	from a prior ye	ear or	checked "Other	r," explain in Schedu	le O.			
2a	Were the organization		•		-	-			. 2a		X
	If "Yes," check a box separate basis, cons Separate basis	olidated basis, o				or the year were	·	ed on a			
b	Were the organization	n's financial stat	ements audited	by an indepen	dent a	accountant?			. 2b	X	
	If "Yes," check a box consolidated basis, o X Separate basis	or both: Cons	solidated basis	☐ Both	consc	olidated and sep	parate basis				
С	If "Yes" to line 2a or 2					•	•			v	
	review, or compilation								. 2c	X	
0.5	If the organization ch	-			-	-	• • •				
зa	As a result of a federa		-	-	-			-	3a		x
h	Act and OMB Circula If "Yes," did the orga								3d		
J	or audits, explain why	-	· · · · · · · · · · · · · · · · · · ·			-	-		. 3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.					
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative		· ·			ii).					
4	一	A medical research organiz					•	the hospital's name				
•		city, and state:	anon operated in col	njarrotion with a ricopital	GOOGIIDO			the hoopital o haine,				
5		<u> </u>	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in				
3		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	v	A federal, state, or local gov										
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C										
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or				
		university:										
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	•	· · · ·	•		•					
		lines 12a through 12d that	•									
а		Type I. A supporting orga				•	, ,	, aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·								
		organization. You must o						, app 69				
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	avina				
~		control or management o	•					-				
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	pported				
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	od with				
·		its supported organization					•	ea with,				
d		Type III non-functionally		•				ization(a)				
u								• •				
		that is not functionally int	-		-		-	iveriess				
		requirement (see instruct	•	-								
е		☐ Check this box if the orga					ı Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.						
f		er the number of supported of										
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(11) 2.114	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)				
				above (see instructions))	162	NO	,	, , , , , , , , , , , , , , , , , , ,				
Γota	11							I				

Schedule A (Form 990 or 990-EZ) 2020 SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-1643378 Page 2

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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8137852.	6256331.	4477117.	5157706.	4541477.	28570483.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		40-4004				
4	Total. Add lines 1 through 3	8137852.	6256331.	4477117.	5157706.	4541477.	28570483.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						606 505
	column (f)						686,527.
	Public support. Subtract line 5 from line 4.						27883956.
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2016 8137852.	(b) 2017 6256331.	(c) 2018 4477117.	(d) 2019 5157706.	(e) 2020	(f) Total 28570483.
	Amounts from line 4	013/032.	0430331.	44//11/	313//00.	45414//.	203/0403.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1250512	1923725.	1078651.	1027417.	005 100	6202406
_	and income from similar sources	1258513.	1943/45.	10/0031.	102/41/.	995,180.	6283486.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						34853969.
11	Total support. Add lines 7 through 10	ata (aga inatuusti	-no)			12 8	,658,660.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth tox			,030,000.
13	organization, check this box and stor	•		•	•		ightharpoonup
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		14	80.00 %
15	Public support percentage from 2019					15	79.56 %
							, -
	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b							
	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances tes	_			-		
_	more, and if the organization meets the	-					
	organization meets the facts-and-circ		·		•		ightharpoons
18	Private foundation. If the organization						ns
	Schedule A (Form 990 or 990-EZ) 2020						

Schedule A (Form 990 or 990-EZ) 2020 SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-1643378 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picase com	picte r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	\	, ,	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4							
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5					1	
/ 6	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			<u>l</u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	tourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves		<u>~</u> _			11	
17						17	%
18	1 3					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio						N

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

	dule A (Form 990 or 990-EZ) 2020 SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-16	4337	8 _{Pa}	ıge 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported	•		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installable).	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020 SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-1643378 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-1643378 Page 7

Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accompl	ish exempt purposes	1				
2 Amounts paid to perform activity that directly furthers	exempt purposes of supported					
organizations, in excess of income from activity		2				
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organizations	3				
4 Amounts paid to acquire exempt-use assets		4				
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part VI)	5				
6 Other distributions (describe in Part VI). See instruction	Other distributions (describe in Part VI). See instructions.					
7 Total annual distributions. Add lines 1 through 6.		7				
8 Distributions to attentive supported organizations to v	which the organization is responsive					
(provide details in Part VI). See instructions.	(provide details in Part VI). See instructions.					
9 Distributable amount for 2020 from Section C, line 6	Distributable amount for 2020 from Section C, line 6					
Line 8 amount divided by line 9 amount		10				
·	(i)	(ii)	(iii)			

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
C	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-E	Z) 2020 SA	NTA BAR	BARA	MUSEUM	OF N	ATURAL	HISTORY	95-1643378 Page	e 8
Part VI	Supplementa Part IV, Section A	I Informat , lines 1, 2, 3t ction D, lines 2 , 6, and 8; and	i on. Provide to, 3c, 4b, 4c, 5 2 and 3; Part I	the explantia, 6, 9a, 9 V, Section	ations requir 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part 11b, and 1 2a, 2b, 3a,	t II, line 10; P 1c; Part IV, S , and 3b; Par	art II, line 17a or section B, lines 1 t V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,	
	(OCC IIISTI OCTOTIS.)									

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

SANTA BARBARA MUSEUM OF NATURAL HISTORY

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

95-1643378

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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) (2020)

Name of organization Employer identification number

SANTA BARBARA MUSEUM OF NATURAL HISTORY

95-1643378

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 695,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>119,850.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SANTA BARBARA MUSEUM OF NATURAL HISTORY

95-1643378

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

SANTA	BARBARA MUSEUM OF NATU	RAL HISTORY		95-1643378		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
-	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
		(e) Transfer of gif				
<u>-</u>	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held		
	(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held		
						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number 95-1643378

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring			
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea		storically important land area			
	Protection of natural habitat	Preservation of a ce	ertified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Total acreage restricted by conservation easements		•			
	Number of conservation easements on a certified historic str		. 2c			
a	Number of conservation easements included in (c) acquired					
•	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax			
4	year	coment is leasted				
4 5	Number of states where property subject to conservation ea					
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year			
-	\$		caseee adming and year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)			
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •				
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footi	-				
	organization's accounting for conservation easements.					
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works			
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		·			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide			
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1		·			
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020			

032051 12-01-20

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

Complete if the digalization and world the control of the control								
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value				
	basis (investment)	basis (other)	depreciation					
1a Land		314,388.		314,388.				
b Buildings		32,726,785.	13,565,621.	19,161,164.				
c Leasehold improvements								
d Equipment		173,632.	85,338.					
e Other		3,219,506.	621,384.	2,598,122.				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 SANTA BARBA	ARA MUSEUM OF	NATURAL HISTORY 95	5-1643378 Page 3
Part VII Investments - Other Securities.			5
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) NONMARKETABLE AND OTHER			
(B) INVESTMENTS	11,708,665.	END-OF-YEAR MARKET	' VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	11 -00 11-		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,708,665.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	11d Soc Form 000 Part V line 15	
	Description	Tru. See Form 990, Fart A, line 15.	(b) Book value
(1) ASSETS HELD UNDER CHARITA	•	S	12,093,634.
(2)	IDDD IIONDDIIDINI	-	12/033/0310
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	>	12,093,634.
Part X Other Liabilities.	,		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CHARITABLE GIFT ANNUITIES	5		92,803.
(3) AGENCY FUNDS			64,230.

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

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

Schedule D (Form 990) 2020

THE MUSEUM IS CONTINUALLY DEVELOPING THE COLLECTIONS, WHICH CURRENTLY

INCLUDE MORE THAN 3.5 MILLION SPECIMENS, ARTIFACTS, OTHER CULTURAL

OBJECTS, BOOKS, AND MANUSCRIPTS. THESE HOLDINGS ARE USED BY MUSEUM

SCIENTISTS AND A WORLDWIDE NETWORK OF RESEARCHERS FROM A VARIETY OF

DISCIPLINES. THEIR USAGE FORMS THE BASIS OF PUBLISHED FINDINGS, AS WELL AS

PROGRAMS IN EDUCATION AND MUSEUM EXHIBITIONS. THE COLLECTION IS KEPT UNDER

CURATORIAL CARE INCLUDING CONSERVATION PRACTICES, AND IS SUBJECT TO THE

MUSEUM'S POLICY THAT REQUIRES PROCEEDS FROM THE SALE OF COLLECTION ITEMS

032054 12-01-20

Part XIII Supplemental Information (continued)

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 3.5 MILLION SPECIMENS, ARTIFACTS, OTHER CULTURAL

OBJECTS, BOOKS, AND MANUSCRIPTS. THESE HOLDINGS ARE USED BY MUSEUM

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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, PUBLIC

PROGRAMS, GEOLOGY, PALEONTOLOGY, INTERNSHIPS, THE MAXIMUS GALLERY FOR

ANTIQUE NATURAL HISTORY PRINTS, INNOVATIVE EDUCATION, ENTOMOLOGY, THE

LIBRARY AND THE SEA CENTER.

PART X, LINE 2:

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CANTA DADDADA MIICEIIM OF MATIDAL UTCTODV

Employer identification number

SANTA B	ARBARA MUSEUM OF N	A'I'U	RAL	HISTORY	95-1643	378
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments 	e Solicitat f Solicitat g Special or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-gover gover ising o ding of	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
- otal			•			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-1643378 Page 2

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.	-		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	ARTIST TABLE		col. (c))
en			(event type)	(event type)	(total number)	(,
Revenue	1	Gross receipts	400,877.	40,050.		440,927.
	2	Less: Contributions	400,792.	40,050.		440,842.
	3	Gross income (line 1 minus line 2)	85.			85.
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages	29,807.	504.		30,311.
	8	Entertainment	500.			500.
	9	Other direct expenses	100,108.	18,654.		118,762.
	10	Direct expense summary. Add lines 4 through			>	149,573.
D	11 art l			000 Dort IV line 10 or		-149,488.
ГС	41 L I	\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
		Ţ.c,ccc c c ccc <u></u> , cc.	(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
enne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue			5,425.	5,425.
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % X No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	5,425.
9	Ent	ter the state(s) in which the organization condu	icts gaming activities. C	!A		
a	ls t	the organization licensed to conduct gaming and No," explain:	_			X Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-	year?	Yes X No
0320	82 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-1		Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes	No 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	X No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a 25	.00 %
b An outside facility		.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name DIANE WONDOLOWSKI		
Address ▶ 2559 PUESTA DEL SOL - SANTA BARBARA, CA 93105		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X 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	LXJ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	SANTA	BARBARA	MUSEUM	OF	NATURAL	HISTORY	95-1643378	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (co	ontinued)						
	• • • • • • • • • • • • • • • • • • • •	(
-									
•									

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 95-1643378 SANTA BARBARA MUSEUM OF NATURAL HISTORY Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) VENTANA WILDLIFE SOCIETY 19045 PORTOLA DRIVE SUITE F1 94-2795935 501(C)3 CONDOR SURVIVAL PROGRAMS SALINAS, CA 93908 48,320 0 PINNACLES NATIONAL PARK 5000 HIGHWAY 146 PAICINES, CA 95043 501(C)3 76-0849623 43,799 CONDOR SURVIVAL PROGRAMS HOPPER MOUNTAIN NATIONAL WILDLIFE REFUGE CALIFORNIA - 2493 PORTOLA ROAD SUITE A - VENTURA, CA 93003 84-1024566 19,178 0 CONDOR SURVIVAL PROGRAMS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2020

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	tion required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
EACH GRANTEE MUST PROVIDE A DE	FAIL BUDGET (OF THE USI	E OF FUNDS.	THE CONDOR	
SURVIVAL COMMITTEE REVIEWS AND	APPROVES TH	E GRANTS.	IN MANY C	ASES THE	
BUDGETED EXPENSES ARE PAID DIR					
APPROVED GRANT BUDGET BEFORE P	AYMENT. IN A	ALL CASES	A REPORT O	N THE USE OF	
THE FUNDS AND OUTCOMES IS REQU	IRED AT THE	END OF THI	E GRANT PER	IOD.	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number 95-1643378

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel		·		Yes	No
First-class or charter travel Travel for companions First-class or charter travel First-class or companions First-class or charter travel First-class	1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment for change-of-control payment? 4 Dearticipate in or receive payment from an equity-based compensation arrangement? 4 Dearticipate in or receive payment from a supplemental nonqualified retirement plan? 5 Participate in or receive payment from an equity-based compensation arrangement? 6 Participate in or receive payment from an equity-based compensation arrangement? 7 Per persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Participate in or second payment from a supplemental model of the payment from a supplemental payment from a supplement		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel X Housing allowance or residence for personal use			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Por persons listed on F		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 16 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 16 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 16 Por person		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant X Ompensation survey or study X Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 During section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 The organization? 5 A Y 5 A Y 5 A Y 5 A Y The organization? 5 A Y 5 A Y The organization? 6 A X The organization? 6 A X The organization? 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 8 The organization? 1 The organization? 1 The organization? 1 The organization? 3 The organization? 5 A The organization pay or accrue any compensation contingent on the	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee			2	Х	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A X Ay related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X 6 A X 6 B X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X 6 B X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X 6 B X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A X Ay related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X 6 A X 6 B X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X 6 B X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X 6 B X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment or change-of-control payment? 4a					
Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? fi "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Propersons listed or Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Propersons listed or Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5b X If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		— · · · · · · · · · · · · · · · · · · ·			
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? for persons listed on Form 990, Part VII. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	а		4a		Х
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					Х
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	•				
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5				
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	а	•	5a		Х
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	6	,			
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	а		6a		Х
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	b				
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	If "Yes" on line 6a or 6b, describe in Part III.			
	7				
	-		7	Х	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8				
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	_		8		Х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9				
	•		9		
- · · · · · · · · · · · · · · · · · · ·		Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) LUKE SWETLAND	(i)	198,248.	4,000.	0.	6,144.	62,981.	271,373.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) CAROLINE GRANGE	(i)	137,536.	0.	0.	4,114.	13,575.		
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
AS A PART OF THE EMPLOYMENT CONTRACT WITH THE CEO, THE MUSEUM PROVIDES
HOUSING ON MUSEUM PROPERTY. THIS PROVIDES AN ADDITIONAL LAYER OF SECURITY
FOR TEH MUSEUM. THE CEO IS ON CALL FOR MUSEUM EMERGENCIES AS WELL AS
OCCASSIONALLY USES THE RESIDENCE FOR MUSEUM FUNCTIONS.
PART I, LINE 7:
TOTAL COMPENSATION INCLUDES A DISCRETIONARY BONUS RECOMMENDED BY THE
EXECUTIVE COMMITTEE BASED ON THE MUSEUM'S STRONG PERFORMANCE IN 2019 AND
PAID IN 2020.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number 95-1643378

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributed items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ınts
1	Art - Works of art	X	5				
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	6	55,614.	MARKET VALU	E	
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 20	Food inventory						
21	Drugs and medical supplies						
22	Taxidermy Historical artifacts						
23	Scientific specimens	X	15				
24	Archeological artifacts	X	9				
25	Other						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part V, [Donee Acknowledg	gement 29			
					_	Ye	s No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat						
	exempt purposes for the entire holding period	?				30a	<u> </u>
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance					31 X	
32a	Does the organization hire or use third parties contributions?		_	cit, process, or sell noncash		32a	x
b	If "Yes," describe in Part II.				•		
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.	()	71 1 11-11	, (,,	ŕ		

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Schedule M (Form 990) 2020

032142 11-23-20

Schedule M (Form 990) 2020

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

2020
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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LIBRARY:

THIS LIBRARY YEAR BEGAN AS ANY OTHER. THE LIBRARY HOSTED 1,462 GUESTS WITH 91 SERIOUS RESEARCH VISITS BEFORE THE PANDEMIC REQUIRED ITS CLOSURE. LIBRARY STAFF ASSISTED IN-HOUSE RESEARCHERS WITH TOPICAL SCHOLARSHIP THAT COVERED SUBJECTS FROM PREHISTORIC ZOOLOGY, GEOLOGY, GEOGRAPHY, AND HUMAN ENVIRONMENTAL ADAPTATIONS TO NATURAL HISTORY TOPICS PERTAINING TO THE HISTORIC PERIOD OF CALIFORNIA AND THE SANTA BARBARA REGION USING PUBLISHED LIBRARY COLLECTIONS. MORE ADVANCED RESEARCHERS REQUESTED PRIMARY SOURCE MATERIALS AVAILABLE IN THE ARCHIVE COLLECTIONS INCLUDING, HAZARD FAMILY PAPERS, SBMNH CORRESPONDENCE FILES (1922-1942), SBMNH PHOTOGRAPHIC COLLECTION, THE CHANNEL ISLANDS ARCHIVE, AND THE DAWSON FAMILY PAPERS. IN MID-MARCH THE PANDEMIC CHANGED OUR APPROACH TO INFORMATION ACCESS. RESEARCHERS IN NEED OF PRIMARY SOURCE MATERIALS WERE RESTRICTED TO SHORT-LENGTH SCANS THAT COULD BE PROVIDED DURING BRIEF LIBRARY OFFICE VISITS BY STAFF, AND LIBRARY WALK-IN VISITS WERE CURTAILED. EVEN SO, STAFF MANAGED TO PROVIDE IMAGES FOR THE NATIONAL PARK SERVICE,

UNPUBLISHED THESIS MATERIAL, AND ANSWER A NUMBER OF REFERENCE QUESTIONS

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

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Schedule O (Form 990 or 990-EZ) 2020

USING THE LIBRARY.

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-1643378

BUTTERFLIES ALIVE!

THE MUSEUM REOPENED ITS OUTDOOR BUTTERFLY PAVILION IN A WAY THAT

ALLOWED SOCIAL DISTANCING AND STILL, AN INTIMATE EXPERIENCE WITH

BUTTERFLIES. GUESTS WERE ABLE TO MOVE THROUGH A BEAUTIFUL GARDEN WHILE

ABOUT 1,000 LIVE BUTTERFLIES FLUTTERED FREELY ABOUT THEM. THE EXHIBIT

FEATURED A DAZZLING VARIETY OF BUTTERFLIES FROM LOCAL FAVORITE TO

EXOTIC TROPICAL VARIETIES. VISITORS LEARNED ABOUT THE LIFE CYCLE AND

BEHAVIOR OF THESE SPECTACULAR INVERTEBRATES WHILE OBSERVING THE UP

CLOSE.

0 TO 60: AN UNDERWATER ADVENTURE FROM THE EQUATOR TO ALASKA. A PHOTOGRAPHIC EXHIBIT BY RICHARD SALAS:

AN EXHIBIT OF UNDERWATER PHOTOGRAPHY DOCUMENTING 4,000 MILES OF

UNDERWATER ADVENTURE. THE EXHIBIT IS SHOWING SIMULTANEOUSLY AT TWO

VENUES: THE MISSION CREEK CAMPUS AND THE SEA CENTER.

CURIOSITY LAB:

THE CURIOSITY LAB ALLOWS VISITORS TO EXPLORE THE NATURAL WORLD THROUGH

HANDS-ON ACTIVITIES IN A DYNAMIC LEARNING LAB. VISITORS CAN BECOME

NATURAL ARTISTS, TAKE AN UP-CLOSE LOOK AT OBJECTS, ASK QUESTIONS, AND

PARTICIPATE IN A VARIETY OF SCIENTIFIC ACTIVITIES, INCLUDING THE NATURE

EXCHANGE. THE CURIOSITY LAB HAD 8,550 VISITORS BETWEEN JANUARY 2 AND

MARCH 12. IT STAYED CLOSED FOR THE REMAINDER OF THE YEAR DUE TO THE

PANDEMIC.

THE MUSEUM BACKYARD

THE MUSEUM'S BACKYARD IS THE PLACE FOR OUTDOOR NATURE EXPLORATION.

GUESTS CAN BUILD AN OUTDOOR FORT; SEARCH FOR INVERTEBRATES IN THE MULCH

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

PILE, EXPLORE A RECIRCULATING OUTDOOR WATERWAY, CREATE A MUDPIE,

OBSERVE AUDUBON SOCIETY'S "EYES IN THE SKY" BIRDS OF PREY, AND LEARN

AND PLAY IN OUR INVITING OAK WOODLAND CORRIDOR.

NATURE CLUB HOUSE AND BASECAMP:

THE NATURE CLUB HOUSE IS A SPACE WHERE GUESTS GET HANDS-ON WITH LIVE

ANIMALS, INSECTS AND SPECIMENS FOUND IN THE OAK WOODLAND. WITH THE

PANDEMIC, THE MUSEUM NATURALISTS MOVED THOSE ACTIVITIES OUTDOORS INTO

THE BACKYARD.

THE JOHN AND PEGGY MAXIMUS GALLERY LOCATED AT THE MISSION CANYON CAMPUS

IS DEDICATED TO PRESERVATION AND DISPLAY OF ANTIQUE PRINTS PRESENTS

THREE ORIGINAL EXHIBITS A YEAR WHICH HIGHLIGHT THE HISTORY AND

DEVELOPMENT OF THE SCIENCES.

MAXIMUS GALLERY

THE MAXIMUS GALLERY CELEBRATED ITS 25TH ANNIVERSARY IN 2020 AND THE

YEAR OPENED WITH A TIMELY AND THOUGHT-PROVOKING EXHIBIT ABOUT SPECIES

THAT VANISHED OVER THE PAST 150 YEARS, BENEATH A WILD SKY, STORIES OF

AMERICA'S LOST BIRDS. FIRST-HAND OBSERVATIONS BY ARTISTS AND

NATURALISTS SUCH AS MARK CATESBY, ALEXANDER WILSON, AND JOHN JAMES

AUDUBON WERE FEATURED. IN PROPHETIC WORDS, THEY WITNESSED CHANGES

WITHIN THEIR LIFETIMES AND SPECULATED ON WHAT A FUTURE IN A DIMINISHED

WILDERNESS MIGHT BE LIKE. THE PRINTS IN THIS EXHIBIT WERE ORIGINAL AND

MADE FROM THE ARTIST'S 18TH AND 19TH CENTURY DRAWINGS. IN SOME CASES,

THEIR ILLUSTRATIONS ARE THE ONLY FAITHFUL IMAGES WE HAVE OF THESE LOST

BIRDS.

DUE TO THE COVID SHUT-DOWN, HUMMINGBIRDS AND WHAT'S IN OUR DRAWERS, THE

Name of the organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number 95-1643378

SUMMER AND FALL EXHIBITS, WERE POSTPONED.

AT THE SEA CENTER:

AFTER CLOSING FOR THE PANDEMIC IN MARCH 2020, THE SEA CENTER REOPENED

TO THE PUBLIC ON JULY 23, 2020 BY BRINGING THE AQUARIUM'S TANKS OUTSIDE

TO THE GUESTS.

SEA HORSES AND CORAL REEF HABITATS

IN JULY, SEAHORSES AND CORAL REEF HABITATS WERE ADDED TO THE SECOND

FLOOR EXHIBIT SPACE. SIX PACIFIC SEAHORSES (HIPPOCAMPUS INGENS) WERE

ACQUIRED FROM CABRILLO MARINE AQUARIUM AND 10 INDIVIDUAL CORAL

FRAGMENTS OF ALL DIFFERENT SPECIES WERE DONATED BY THE AQUARIUM OF THE

PACIFIC. WHILE THE SEA CENTER WAS OPERATING OUTDOORS THE SEAHORSES WERE

FEATURED ON LIVE CAM SO THAT VISITORS COULD GET A SENSE OF THE NEW

EXHIBIT. THE CORAL HABITAT CONTINUES TO EXPAND WITH THE REGULAR

ADDITION OF NEW FRAGMENTS.

WHITE ABALONE CAPTIVE BREEDING PROGRAM

AS A PARTNER IN THE WHITE ABALONE CAPTIVE BREEDING PROGRAM AND A MEMBER

OF THE WHITE ABALONE RECOVERY CONSORTIUM, THE SEA CENTER CONTINUES TO

CARE FOR WHITE ABALONE AND PARTICIPATE IN COLLABORATIVE EFFORTS SUCH AS

SPAWNING ATTEMPTS. THE 2014 COHORT DISPLAY OF WHITE ABALONE WAS TAKEN

OFFLINE IN MARCH, AS 50 OF THE 2014 ANIMALS WERE OUTPLANTED IN APRIL.

THIS EXCITING DEVELOPMENT WAS THE FIRST OUTPLANTING OF WHITE ABALONE

REARED AT THE SEA CENTER.

JELLIES & FRIENDS

ENTER THE MESMERIZING WORLD OF JELLIES AND WATCH THESE ELEGANT ANIMALS

Name of the organization **Employer identification number** SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-1643378 AS THEY UNDULATE, PULSE, AND MOVE GRACEFULLY THROUGH THE WATER. WITHOUT BONES OR HEARTS, THEY MAY SEEM OTHERWORLDLY BUT THESE FASCINATING CREATURES HAVE BEEN ON EARTH FOR HUNDREDS OF MILLIONS OF YEARS. EXPERIENCE THE BEAUTY AND WONDER OF OUR LOCAL JELLIES - MADE MOSTLY OF WATER, THEY ARE 100% CAPTIVATING.

SHARK COVE

VISITORS CAN COME FACE TO FACE WITH SURPRISINGLY DOCILE MARINE PREDATORS - COASTAL SHARKS AND RAYS, SEE BABY SHARKS STILL IN THEIR TRANSLUCENT EGG CASES, EXPLORE INTERACTIVE EXHIBITS THAT HIGHLIGHT A SHARK'S WORLD AND ENJOY THE EVER-POPULAR SHARK TOUCH POOL.

INTERTIDAL WONDERS

FOR 14 HIGH SCHOOL STUDENTS.

VISITORS GET THEIR HANDS WET AS THEY EXPLORE THE WONDERS AND BEAUTY OF LOCAL MARINE LIFE IN THE NEW INTERTIDAL WONDERS TOUCH POOLS. HERE ONE CAN FEEL THE STICKINESS OF A SEA ANEMONE TENTACLE OR CRADLE A HERMIT CRAB IN THE PALM OF THEIR HAND. TRAINED NATURALISTS HELP GUIDE VISITORS IN THE DISCOVERY OF A VARIETY OF MARINE INVERTEBRATES THAT CALL THE SANTA BARBARA COAST THEIR HOME.

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

QUASARS WORKED TOGETHER TO CREATE AN EDUCATIONAL AND INTERACTIVE CURRICULUM THAT INTRODUCES STUDENTS TO THE BASIC CONCEPTS OF THE WATER IN CLASS PRESENTATIONS WERE SET TO OCCUR MARCH 9 CYCLE AND WATERSHEDS. - APRIL 24, HOWEVER, THEY WERE ONLY ABLE TO PRESENT FOR THE FIRST WEEK IN THE JUNIOR HIGH BEFORE THE FULL SHUT DOWN. DURING THE STAY AT HOME

032212 11-20-20

Name of the organization

SANTA BARBARA MUSEUM OF NATURAL HISTORY

ORDER, QUASARS WORKED ON RESEARCH PROJECTS THAT WERE THEN PRESENTED IN

AUGUST.

THE COMMUNITY EDUCATION DEPARTMENT PROVIDED LIFELONG LEARNING FOR OVER

6,300 COMMUNITY MEMBERS THROUGH THE MUSEUM'S FESTIVALS, LECTURES,

BIRDING CLASSES, ONSITE EXHIBIT THEMED PROGRAMMING, ART BLENDED SCIENCE

WORKSHOPS, AND FREE PUBLIC PROGRAMS LIKE SCIENCE PUBS, AND UNDERWATER

PARKS DAY. IN 2020, THESE WERE A MIX OF IN-PERSON AND VIRTUAL PROGRAMS

AS CIRCUMSTANCES ALLOWED.

PROGRAMS INCLUDED:

COMMUNITY CONVERSATIONS, A PROGRAM FOCUSING ON CLIMATE CHANGE AND

IMPACTS FORM THE THOMAS FIRE AND DEBRIS FLOW 2 YEARS LATER, WAS A

SUCCESSFUL COLLABORATION WITH UCSB, CEC, CHANNELKEEPER AND SB

FOUNDATION WITH 300+ GUESTS IN BOTH ENGLISH AND SPANISH;

A NEW ONLINE ART MEETS SCIENCE SERIES WITH TOPICS ON GEOLOGY, CORALS

AND SEAHORSES; AND THE OUTDOOR HALLOWEEN PROGRAM - MUSEUM MYSTERIES,

WHICH ALLOWED FAMILIES TO CELEBRATE SAFELY BY SOLVING CURIOUS MYSTERIES

OF NATURAL HISTORY IN AN OUTDOOR SETTING.

AFTER SCHOOL CLASSES AND CAMPS

THE MUSEUM OFFERS AFTER SCHOOL CLASSES AND CAMPS FOR CHILDREN. WINTER

2020 CLASSES WERE OCEAN THEMED AND IN PERSON. VIRTUAL CLASSES AND

CAMPS WERE THEN CONCEIVED, CREATED AND DELIVERED IN RESPONSE TO THE

COMMUNITY-WIDE CLOSURES. THE THEMES FOR CAMPS INCLUDED WIZARDING,

ASTRONOMY, PALEONTOLOGY WEATHER, CHEMISTRY, MARINE ENVIRONMENTS AND

NATURE

Name of the organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number 95-1643378

THE MUSEUM'S SCHOOL AND TEACHER SERVICES (STS) PROGRAM PROVIDES GRADE

SPECIFIC, STANDARDS ALIGNED FIELD TRIP PROGRAMS. IN 2020, THE STS

DEPARTMENT HOSTED OVER 4,000 STUDENTS AT OUR TWO CAMPUSES AND ANOTHER

1,700 VIRTUALLY.

THE MUSEUM CREATED THE SBNATURE FROM HOME WEB PAGE

(HTTPS://WWW.SBNATURE.ORG/VISIT/SBNATURE-FROM-HOME/)IN RESPONSE TO THE

COMMUNITY NEEDS TO HAVE INNOVATIVE AT HOME LEARNING OPPORTUNITIES

DURING THE PANDEMIC. THE CONTENT IS ORGANIZED BY ACTIVITIES THAT CAN

BE DONE OUTDOORS INDOORS OR ONLINE AND

INCLUDES A GROUP STARGAZING ACTIVITY, A FOOD WEB ACTIVITY IN WHICH

STUDENTS LEARN HOW ENERGY FROM THE SUN IS TRANSFERRED THROUGH FOOD

CHAINS IN A MARINE ECOSYSTEM, A SUITE OF CHUMASH STORIES AND GAMES AND

A GAME OF ANIMAL CHARADES HIGHLIGHTING THE DIFFERENCE BETWEEN WILD AND

FORM 990, PART VI, SECTION A, LINE 4:

DOMESTICATED ANIMALS.

THE MUSEUM UPDATE THE BYLAWS AS OF SEPTEMBER 22, 2020. AMENDED BYLAWS AVAILABLE UPON REQUEST.

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

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

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

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

032212 11-20-20

Name of the organization **Employer identification number** SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-1643378 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 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF CHARITABLE TRUSTS 1,073,390. CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES -4,487.TOTAL TO FORM 990, PART XI, LINE 9 1,068,903. FORM 990, PART XI, LINE 2C THE MUSEUM HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY OF THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED SINCE LAST YEAR. PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE THE MUSEUM'S BYLAWS CALL FOR THE EXISTENCE OF AN EXECUTIVE COMMITTEE OF THE BOARD, CONSISTING OF NO FEWER THAN SIX TRUSTEES, INCLUDING THE VICE CHAIRS FOR GOVERNANCE, FINANCE, AND DEVELOPMENT, THE SECRETARY, THE IMMEDIATE PAST BOARD PRESIDENT, AND A MEMBER AT LARGE ELECTED FROM THE

TRUSTEES AT THE ANNUAL ORGANIZATIONAL MEETING. THE BOARD CHAIR OF THE

032212 11-20-20

Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer identification number 95-1643378
MUSEUM SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE. TH	IE EXECUTIVE
COMMITTEE SHALL HAVE SUCH POWER AND AUTHORITY AS MAY BE I	ELEGATED TO IT
BY THE BOARD, AND SHALL EXERCISE ITS POWER IN EMERGENCY S	SITUATIONS
BETWEEN MEETINGS OF THE BOARD OR AS OTHERWISE DELEGATED E	BY THE BOARD.
AN EMERGENCY SITUATION SHALL BE DEEMED TO EXIST IF TWO OF	FICERS OF THE
BOARD DECLARE AN EMERGENCY. MINUTES SHALL BE KEPT AND DE	CISIONS
COMMUNICATED TO THE BOARD WITHIN FIVE BUSINESS DAYS.	

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS & IMPROVEMENTS	VARIOUS	NC	.000	НУ		32726785.				32726785.	13565621.		0.	13565621.
	* 990 PAGE 10 TOTAL BUILDINGS						32726785.				32726785.	13565621.		0.	13565621.
	FURNITURE & FIXTURES														
3	FURNITURE AND EQUIPMENT	VARIOUS	NC	.000	НУ		2,889,322.				2,889,322.	621,384.		0.	621,384.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						2,889,322.				2,889,322.	621,384.		0.	621,384.
	MACHINERY & EQUIPMENT														
5	COMPUTER SOFTWARE	VARIOUS	NC	.000	НУ		173,632.				173,632.	85,338.		0.	85,338.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						173,632.				173,632.	85,338.		0.	85,338.
	LAND														
1	LAND	VARIOUS	L				314,388.				314,388.			0.	
	* 990 PAGE 10 TOTAL LAND						314,388.				314,388.	0.		0.	0.
	OTHER														
4	CONSTRUCTION IN PROGRESS	VARIOUS	NC	.000	НУ		330,184.				330,184.			0.	
	* 990 PAGE 10 TOTAL OTHER						330,184.				330,184.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						36434311.				36434311.	14272343.		0.	14272343.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name SANTA BARBARA MUSEUM OF NATURAL HISTORY	Employer Identification 95-164337	Number 8
Based on the information provided with this return, the following are possible carryover amounts to next year.		
CA SECTION 1231 LOSSES		42.
FEDERAL POST-2017 NET OPERATING LOSS - UBIT FROM PART	TNERSHIP _	1,564.
FEDERAL CONTRIBUTION - 50% CASH		5.
CA NET OPERATING LOSS		1,564.
CA CONTRIBUTION - 50% CASH		5.
019341		

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.						
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnershi	ps, REMIC	s, and trusts				
must use	e Form 7004 to request an extension of time to file incom	e tax retu	rns.						
Tuma ar	Name of exampt examination as other files, and instru	otiono		Taynayar	identification numb	or (TINI)			
Type or print	Name of exempt organization or other filer, see instru	Ctions.		Тахрауег	dentification numb	er (IIIV)			
	SANTA BARBARA MUSEUM OF NAT	TURAL	HISTORY		95-164337	8			
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s 2559 PUESTA DEL SOL								
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93105-2936								
Enter the	e Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 7			
Applicat	ion	Return	Application			Return			
Is For		Code	Is For			Code			
	0 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99		02	Form 1041-A			08			
	20 (individual)	03	Form 4720 (other than individual)	09					
Form 99	0-FF 0-T (sec. 401(a) or 408(a) trust)	05	Form 5227 Form 6069			10			
	0-T (trust other than above)	06	Form 8870			12			
	DIANE WONDOLOWS	SKI,	ĈFO	C3 02	105	<u> </u>			
	ooks are in the care of \triangleright 2559 PUESTA DEI hone No. \triangleright 805-682-4711	г рог		CA 93	103				
•	organization does not have an office or place of business	o in the Llr	Fax No. paired States, shook this box						
	is for a Group Return, enter the organization's four digit					hock this			
box >	. If it is for part of the group, check this box		ach a list with the names and TINs o						
1 I re	equest an automatic 6-month extension of time until errorganization named above. The extension is for the orginal calendar year 2020 or	NOVE	MBER 15, 2021 , to file						
>	tax year beginning	, an	nd ending						
2 If t	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	son: Initial return	Final retur	n				
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less						
	y nonrefundable credits. See instructions.			3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069		-			0			
	timated tax payments made. Include any prior year overp			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa	-				0.			
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$				
instruction	: If you are going to make an electronic funds withdrawal	(airect de	טונן with this Form 8868, see Form 8	5453-EU at	na Form 88/9-EO 10	r payment			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021

Form	990-T	l E	Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
			0000		
		For ca	lendar year 2020 or other tax year beginning , and ending		2020
	nent of the Treasury Revenue Service	•	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(:	•	Open to Public Inspection for 501(c)(3) Organizations Only
A _	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmb	oloyer identification number
B Exe	empt under section	Print	SANTA BARBARA MUSEUM OF NATURAL HISTORY	9	95-1643378
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 2559 PUESTA DEL SOL		up exemption number instructions)
=	408A530(a) 529(a)529S		City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93105-2936	F	Check box if
			ok value of all assets at end of year > 85,740,438.		an amended return.
G C	heck organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	able reinsurance entity
H C	heck if filing only to	o >	Claim credit from Form 8941 Claim a refund shown on Form 2439		
			zation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u> ▶□
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.		
			DIANE WONDOLOWSKI, CFO Telephone number	805-	-682-4711
Par			d Business Taxable Income		
	Total of unrelated instructions)	busine	ss taxable income computed from all unrelated trades or businesses (see	. 1	-1,564.
2	Reserved			. 2	
3	Add lines 1 and 2			. 3	-1,564.
4	Charitable contrib	utions	(see instructions for limitation rules)	. 4	0.
5	Total unrelated bu	ısiness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	-1,564.
6	Deduction for net	operat	ing loss. See instructions	. 6	
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line s	5	. 7	-1,564.
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	. 8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	. 9	
	Total deductions			10	1,000.
11	Unrelated busine	ess tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
				. 11	0.
	t II Tax Com	•			
			s corporations. Multiply Part I, line 11 by 21% (0.21)	<u> 1</u>	0.
			rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n: L	Tax rate schedule or Schedule D (Form 1041)	▶ 2	
	Proxy tax. See ins			▶ 3	
-	Other tax amounts				
	Alternative minimu				
	-		cility income. See instructions		
7			h 6 to line 1 or 2, whichever applies	. 7	0.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2020)

Form 9	<u>`</u>	,						P	age 2
Part	Ш	Tax and Payments			_				
1a	Forei	gn tax credit (corporations attach Form 1	118; trusts attach Form 1116)	1a					
b									
С	Gene	ral business credit. Attach Form 3800 (se	ee instructions)	1c					
d	Cred	t for prior year minimum tax (attach Form	8801 or 8827)	1d					
е		credits. Add lines 1a through 1d				1e			
2		and the state of t	······			2			0.
3	Othe	r taxes. Check if from:	P55 Form 8611 Form	m 8697	Form 8866				
		Other (a	ttach statement)			3			
4	Total	tax. Add lines 2 and 3 (see instructions).	Check if includes tax pre	eviously o	deferred under				
	section	on 1294. Enter tax amount here		▶		4			0.
5		net 965 tax liability paid from Form 965-A				. 5			0.
6a	Paym	nents: A 2019 overpayment credited to 20)20 <u>-</u>	6a					
b	2020	estimated tax payments. Check if section	n 643(g) election applies 📖 🕨 🛭	6b					
С	Tax c	leposited with Form 8868		6c					
d	Forei	gn organizations: Tax paid or withheld at	source (see instructions)	6d					
е	Back	up withholding (see instructions)		6e					
f		t for small employer health insurance pre							
g	Othe	r credits, adjustments, and payments:							
		Form 4136	Other Total	▶ 6g					
7	Total	payments. Add lines 6a through 6g			<u>,</u>	_ 7			
8		nated tax penalty (see instructions). Check				」 8_	<u> </u>		
9		lue. If line 7 is smaller than the total of line				9	<u> </u>		
10	Over	payment. If line 7 is larger than the total o	of lines 4, 5, and 8, enter amount ove	erpaid		10	<u> </u>		
11		the amount of line 10 you want: Credite			Refunded >	11			
Part	IV	Statements Regarding Certain	Activities and Other Inform	ation (s	see instructions)				
1		y time during the 2020 calendar year, did	· ·	•		•		Yes	No
		a financial account (bank, securities, or of		-	•				
		EN Form 114, Report of Foreign Bank and	f Financial Accounts. If "Yes," enter	the name	e of the foreign countr	У			37
	here	·							<u> </u>
2		g the tax year, did the organization receiv	, ,	,	•				37
		ın trust?					·····		<u>X</u>
		es," see instructions for other forms the or	,						
3		the amount of tax-exempt interest receiv							37
4a		ne organization change its method of acc					·····		X
b		s "Yes," has the organization described t	the change on Form 990, 990-EZ, 99	0-PF, or I	Form 1128? If "No,"				
David		in in Part V							
Part									
Provide	tne e	xplanation required by Part IV, line 4b. Al	so, provide any other additional infol	rmation.	See instructions.				
	Ιυ	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedules	and stateme	ents, and to the best of my kr	nowledge	and belief, it is tr	ue.	
Sign		orrect, and complete. Declaration of preparer (other than				J	,	,	
Here			▶ CFO			•	RS discuss this r rer shown below		/ith
		Signature of officer	Date Title			ine prepar		·	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PT	, [==]		,
.		Tring Type proparer a flame	Troparor o dignaturo	Date	self- employe		111		
Paid		VANESSA M. GARCIA			John Ghiploye		012552	92	
Prepa			FALETTI & CO. LLP	I .	Firm's EIN		95-2835		5
Use (nly		STREET, SUITE 3B		7 IIIII 3 EIIV				
			ARA, CA 93105		Phone no	805	966-41	.57	
			.,			, - -			

Form **990-T** (2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

C Unrelated business activity code (see instructions)	A N	lame of the organization SANTA BARBARA MUSEUM OF NATURAL	er identification number 643378				
Part Unrelated Trade or Business Income	<u>c</u> .	Unrelated business activity code (see instructions) > 52300	0		D Sequen	ce: 1	of 1
1a Gross receipts or sales b Less returns and allowances c Balance b Less returns and allowances c Capital goan text income (attach Sch D (Form 1041 or Form 1120)) (see instructions) c Capital goan feet income (attach Sch D (Form 1041 or Form 1120)) (see instructions) c Capital loss deduction for trusts l Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 5 1,036. 1,036. 7 Unrelated debt-financed income (Part V) 6 6 7 Unrelated debt-financed income (Part V) 7 8 Interest, annuties, royalties, and rents from a controlled organization (Part V) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI) 10 Exploited exempt activity income (Part VII) 11 Advartaing income (Part IX) 12 Other income (see instructions, attach statement) STMT 2 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 15 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Salaries and wanges 2 Castal respectation (attach Form 4552) (see instructions) 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wanges 3 Castal respectation (attach Form 4552) (see instructions) 5 Taxes and licenses 7 Depreciation (attach Form 4552) (see instructions) 1 Employee benefit programs 10 Contributions to deferred compensation plans 10 Contributions to deferred compensation plans 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Employee benefit programs 12 Excess readers	<u>E 0</u>	Describe the unrelated trade or business ►UBIT FROM PA	RTNE	RSHIP INVEST	MENTS		
b Less returns and allowances	Pai	TI Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
2 Cost of goods sold (Part III, line 8) 2 3 3 Gross profits. Subtract line 2 from line 1c. 3 3 3 3 4	1 a						
3 Gross profit. Subtract line 2 from line 1c. 3	b		1c				
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 7 Interest, amurities, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions, attach statement) STMT 2 13 Total. Combine lines 8 through 12 14 Au 1. 15 August 12 16 August 13 17 August 14 18 August 14 19 Equations Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part XI) 1 Compensation of officers, directors, and trustees (Part XII) 1 Compensation of officers, directors, and trustees (Part XII) 1 Compensation of officers, directors, and trustees (Part XII) 2 Salaries and wages 3 Repairs and wages	2						
1120) (see instructions)			3				
C Capital loss deduction for trusts 46	4 a			10 511			40 844
C Capital loss deduction for trusts 46			4a	10,711.			10,711.
1 Compensation of officers, directors, and trusteed business income Statistic statement Statistic stat		- · · · · · · · · · · · · · · · · · · ·	-	-42.			-42.
STATEMENT 1	С		4c				
Rent Income (Part IV)	5		5	1,036.			1,036.
The lated debt-financed income (Part V)	6		6				
organization (Part VI) 8	7		7				
9	8	Interest, annuities, royalties, and rents from a controlled					
Organizations (Part VII) 9		organization (Part VI)	8				
10	9	Investment income of section 501(c)(7), (9), or (17)					
1		organizations (Part VII)	9				
2	10	Exploited exempt activity income (Part VIII)	10				
Total. Combine lines 3 through 12	11	Advertising income (Part IX)	11				
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8 8 Less depreciation claimed in Part III and elsewhere on return 9 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) SEE STATEMENT 3 14 13,670 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 17 Deduction for net operating loss (see instructions) 17 18 Unrelated business taxable income. Subtract line 16 18 -1,564.	12	Other income (see instructions; attach statement) STMT 2	12				
directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 6 Taxes and licenses 7 Depreciation (attach Form 4562) (see instructions) 7 Depletion 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 9 Contributions to deferred compensation plans 10 Employee benefit programs 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 Other deductions (attach statement) 15 Total deductions (attach statement) 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss (see instructions) 18 Unrelated business taxable income. Subtract line 16 Trom line 16 18 -1,564.	13	Total. Combine lines 3 through 12	13	12,106.			12,106.
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Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement) (see instructions) 5 5 6 7 7 East and licenses 6 7 Depreciation (attach Form 4562) (see instructions) 7 8 Eess depreciation claimed in Part III and elsewhere on return 8 8 8 8 8 8 9 Depletion 9 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 14 13 ,670 • 15 Total deductions (attach statement) SEE STATEMENT 3 14 13 ,670 • 15 Total deductions. Add lines 1 through 14 15 13 ,670 • 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 Unrelated business taxable income. Subtract line 17 from line 16 18 -1,564 • 18 -1,564 •							
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Depletion 9	_	. , , , , , , , , , , , , , , , , , , ,					
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12Excess exempt expenses (Part VIII)1213Excess readership costs (Part IX)1314Other deductions (attach statement)SEE STATEMENT 31413,670.15Total deductions. Add lines 1 through 141513,670.16Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)16-1,564.17Deduction for net operating loss (see instructions)170.18Unrelated business taxable income. Subtract line 17 from line 1618-1,564.							
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Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -1,564. 17 Deduction for net operating loss (see instructions) 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -1,564.		-				1-	
column (C) 17 Deduction for net operating loss (see instructions) 18 Unrelated business taxable income. Subtract line 17 from line 16 19 Column (C) 10 Column (C) 11 Column (C) 12 Column (C) 13 Column (C) 14 Column (C) 15 Column (C) 17 Column (C) 18 Column (C) 18 Column (C) 18 Column (C) 18 Column (C) 19 Column (C) 19 Column (C) 10 Column (C) 10 Column (C) 11 Column (C) 12 Column (C) 13 Column (C) 14 Column (C) 15 Column (C) 16 Column (C) 17 Column (C) 18 C		•				13	10,0101
17Deduction for net operating loss (see instructions)170 •18Unrelated business taxable income. Subtract line 17 from line 1618-1,564 •	10					16	-1.564
18 Unrelated business taxable income. Subtract line 17 from line 16 18 -1,564.	17	Deduction for net operating loss (see instructions)					
			•				

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	ule A (Form 990-1) 2020				Page 2
Part		hod of inventory valua			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	•			T N T N
9	Do the rules of section 263A (with respect to property				Yes No
Part	, , ,				
1	Description of property (property street address, city,	state, ZIP code). Che	ck if a dual-use (see ins	structions)	
	<u>A</u> —				
	B				
	<u> </u>				
	D		1 _		
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er		I, line 6, column (B)	<u></u>	0.
Part					
1	Description of debt-financed property (street address,	city, state, ZIP code)	. Check if a dual-use (s	ee instructions)	
	<u>A</u>				
	B				
	C				_
		Α	В	С	
2	Gross income from or allocable to debt-financed	Α	Ь В		<u> </u>
2					
3	property Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
4	columns A through D) Amount of average acquisition debt on or allocable				
4	- · · · · · · · · · · · · · · · · · · ·				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
•	financed property (attach statement)		(, 04	0/
6	Divide line 4 by line 5		6 %	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		lort Lline 7 only man (A)		0.
8	Total gross income (add line 7, columns A through D)	i. Enter here and on F	arti, iirie 7, column (A)		<u>U •</u> _
0	Allocable deductions Multiply line Calby line C		1	1	_
9	Allocable deductions. Multiply line 3c by line 6	I	1	1	
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter hard a	nd on Part Lling 7 col	ımn (R)	0.

Schedule A (Form 990-T) 2020

Page 3

Part \	/I Interest, Annu	ities, R	oyalties, and R	ents fro	m Contro	lled O	rganization	1S (see instruc	tions)		
						Е	xempt Contro	lled Organizatio	ns		
	1. Name of controlled2. Employer3. Net		3. Net	unrelated	nrelated 4. Total of specified				6. Deductions directly		
	organization		identification	income (loss) pay		payn	nents made	that is included in the controlling organiza-			
			number	(see ins	structions)			tion's gross in		income in column 5	
(1)											
(2)											
(3)											
(4)											
			Noi	nexempt C	Controlled O	rganizati	ions				
7.	Taxable Income	1.8	Net unrelated	9. To	otal of specif	ied	1	of column 9	11.	Deductions directly	
		in	come (loss)	pa	yments mad	е	that is included in the controlling organization's			connected with	
		(see	e instructions)					income	ind	come in column 10	
(1)											
(2)											
(3)											
(4)											
	Add columns 5 and 10.							Add columns 6 and 11.			
	Enter here and on Part I, line 8, column (A)					,		er here and on Part I, ine 8, column (B)			
								* *	'	-	
Totals	///					<u></u>	L	0.		0.	
Part \			of a Section 50	1(c)(7),							
	1. Desc	ription of	income		2. Amou incon		3. Deduction		-asides	5. Total deductions and set-asides	
					1110011	10	(attach state	1 \	itaterriei	(add cols 3 and 4)	
(4)											
(1) (2)											
(3)											
(4)											
(4)					Add amou	unts in				Add amounts in	
					column 2.	Enter				column 5. Enter	
					here and or	,				here and on Part I, line 9, column (B)	
Totals				•	line 9, colu	0 •				0.	
Part	/III Exploited Ex	xempt 4	Activity Income	Other	_ Than Adv		na Income	see instructions	٠)	<u> </u>	
	Description of exploite		moonio	, - 4101		J. 110/1	. 	SCC III SCI GOLIOTIS	<u>,</u> 		
	Gross unrelated busine		e from trade or busi	ness Ente	er here and c	n Part I	line 10 colum	nn (A)	2		
	Expenses directly con						•	()	-		
	line 10, column (B)		•					,	3		
	Net income (loss) from										
	lines 5 through 7								4		
5	Gross income from act	ivitv that i	s not unrelated bus	iness inco	me				5		
	Expenses attributable								6		
	Excess exempt expens										
	4. Enter here and on P								7		

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on	a consolidated bas	is.	
	A 🔲				
	в 📖				
	c 🗀				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	·	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or			<u> </u>	0.
а	, iaa oo ah in oo ga ah ah ah in oo ah ia oo				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or				0.
u	Add coldmins A through b. Enter here and or				
4	Advertising gain (loss). Subtract line 3 from li	ine			
7	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column is	in			
	-				
	line 4 showing a loss or zero, do not complet				
-	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
•	than line 6, enter zero		+		
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7			<u>.</u>	
а	Add line 8, columns A through D. Enter the g			_	0.
Part	X Compensation of Officers, Di	rootore and Trustage	/ ! t +! \	·····	<u></u>
rait	Compensation of Officers, D	rectors, and musices	(see instructions)	2 Dawsontone	4. Commonantian
	4 Name	O T211-		3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Takal	Fisher have and an Dort II line 4				0.
Part					<u> </u>
Part	XI Supplemental Information (se	ee instructions)			

	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL PARTNERS IV, LP - ORDINARY BUSINESS	
INCOME (LOSS)	1,583.
COMMONFUND CAPITAL PARTNERS IV, LP - NET RENTAL REAL ESTATE INCOME	2.
COMMONFUND CAPITAL PARTNERS IV, LP - OTHER NET RENTAL	2 •
INCOME (LOSS)	1.
COMMONFUND CAPITAL PARTNERS IV, LP - INTEREST INCOME COMMONFUND CAPITAL PARTNERS IV, LP - DIVIDEND INCOME	301. 60.
COMMONFUND CAPITAL PARTNERS IV, LP - DIVIDEND INCOME COMMONFUND CAPITAL PARTNERS IV, LP - ROYALTIES	59 .
COMMONFUND CAPITAL PARTNERS IV, LP - OTHER PORTFOLIO	
INCOME (LOSS)	914.
COMMONFUND CAPITAL PARTNERS IV, LP - OTHER INCOME (LOSS) COMMONFUND GLOBAL DISTRESSED INVESTORS LLC - ORDINARY	50.
BUSINESS INCOME (LOSS) AMERICAN SECURITIES PARTNERS VIII LP - INTEREST INCOME	-1. 234.
INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP - ORDINARY	254.
BUSINESS INCOME (LOS	-2,167.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	1,036.
700 m (1)	
FORM 990-T (A) OTHER INCOME	STATEMENT 2
	STATEMENT 2
DESCRIPTION	
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP	AMOUNT
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP	AMOUNT 401.
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP TOTAL TO SCHEDULE A, PART I, LINE 12	AMOUNT 401.
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP TOTAL TO SCHEDULE A, PART I, LINE 12 FORM 990-T (A) OTHER DEDUCTIONS	AMOUNT 401.
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP TOTAL TO SCHEDULE A, PART I, LINE 12 FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION	AMOUNT 401. 401. STATEMENT 3 AMOUNT
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP TOTAL TO SCHEDULE A, PART I, LINE 12 FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION COMMONFUND CAPITAL PARTNERS IV, LP - ROYALTY DEDUCTION COMMONFUND CAPITAL PARTNERS IV, LP - IDC	AMOUNT 401. 401. STATEMENT 3 AMOUNT 15. 316.
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP TOTAL TO SCHEDULE A, PART I, LINE 12 FORM 990-T (A) OTHER DEDUCTIONS COMMONFUND CAPITAL PARTNERS IV, LP - ROYALTY DEDUCTION COMMONFUND CAPITAL PARTNERS IV, LP - IDC COMMONFUND CAPITAL PARTNERS IV, LP - OTHER DEDUCTIONS	AMOUNT 401. 401. STATEMENT 3 AMOUNT 15. 316. 537.
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP TOTAL TO SCHEDULE A, PART I, LINE 12 FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION COMMONFUND CAPITAL PARTNERS IV, LP - ROYALTY DEDUCTION COMMONFUND CAPITAL PARTNERS IV, LP - IDC COMMONFUND CAPITAL PARTNERS IV, LP - OTHER DEDUCTIONS TAX PREPARATION FEES	AMOUNT 401. 401. STATEMENT 3 AMOUNT 15. 316. 537. 500.
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP TOTAL TO SCHEDULE A, PART I, LINE 12 FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION COMMONFUND CAPITAL PARTNERS IV, LP - ROYALTY DEDUCTION COMMONFUND CAPITAL PARTNERS IV, LP - IDC COMMONFUND CAPITAL PARTNERS IV, LP - OTHER DEDUCTIONS TAX PREPARATION FEES AMERICAN SECURITIES PARTNERS VIII LP - INV INT EXP	AMOUNT 401. 401. STATEMENT 3 AMOUNT 15. 316. 537. 500. 828.
DESCRIPTION CANCELLATION OF DEBT - COMMONFUND CAPITAL PARTNERS IV, LP TOTAL TO SCHEDULE A, PART I, LINE 12 FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION COMMONFUND CAPITAL PARTNERS IV, LP - ROYALTY DEDUCTION COMMONFUND CAPITAL PARTNERS IV, LP - IDC	AMOUNT 401. 401. STATEMENT 3 AMOUNT 15. 316. 537. 500.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

SANTA BARBARA MUSE	UM OF NATURAL	HISTORY		95-	1643378
Did the corporation dispose of any investment	nt(s) in a qualified opportu	nity fund during the tax y	/ear?		Yes X No
If "Yes," attach Form 8949 and see its instru	ctions for additional requir	rements for reporting you	ır gain or loss.		
Part I Short-Term Capital Gai	ins and Losses - As	sets Held One Yea	r or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga	ain	(h) Gain or (loss)
	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(9)	result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					585.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	6	(
7 Net short-term capital gain or (loss). Combine				7	585.
Part II Long-Term Capital Gai	ns and Losses - Ass	sets Held More Tha	an One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					10,126.
44 Futur value france Farms 4707 line 7 and				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind				13	
44 One that water disability at a man				14	
15 Net long-term capital gain or (loss). Combine				15	10,126.
Part III Summary of Parts I and					· ·
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)		16	585.
17 Net capital gain. Enter excess of net long-term					10,126.
11 Not capital game Enter exceed of not long term	ı capital gain (line 15) over ne	t short-term capital loss (line	e 7)	17	10,126.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2020

LHA

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Attachment Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification no.

95-1643378

SANTA	BARBARA	MOSFOM	OF I	NATURAL	HISTORY			95
vou check B	Ox A B or C be	low see wheth	ner vou	received any Fo	orm(s) 1099-B	or substitute statement(s) from you	r broker

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term | Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (d) (e) loss. If you enter an amount **Proceeds** Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) (g) see Column (e) in combine the result Amount of Code(s) the instructions with column (g) adjustment COMMONFUND CAPITAL 28. PARTNERS IV, LP **AMERICAN** SECURITIES PARTNERS VIII LP <u>557.</u> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

023011 12-11-20 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2020)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

SANTA BARBARA MUSEUM OF NATURAL HISTORY

95-1643378

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or line for the page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or long-term transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) ot (**E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss. If you enter an amount **Proceeds** Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see Column (e) in combine the result Amount of Code(s) the instructions with column (g) adjustment COMMONFUND CAPITAL PARTNERS IV, LP 10,126. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

2020

Name

Employer identification number

SANTA BAR	BARA MUSEUM	OF NATURAL	HISTORY	95-1643	378	
the corporation dispos	se of any investment(s)) in a qualified opportu	nity fund during the tay year?		Ves X	ZΙN

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. (d) (e) Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, This form may be easier to complete if you round off cents to whole dollars. column (d) and combine the (or other basis) Part I. line 2. column (a) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 585. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 585. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Cost or loss from Form(s) 8949, Proceeds This form may be easier to complete if you round off cents to whole dollars. column (d) and combine the (sales price) (or other basis) Part II, line 2, column (g) result with column (g) **8a** Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 10,126. Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 **14** Capital gain distributions 14 10,126. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 585. 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 10,126. 17 10,711. 18 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2020

I HA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

95-1643378

SANTA BARBARA MUSEUM OF NATURAL HISTORY	95-1643378
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from you	
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was repo	orted to the IRS by your

broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (d) (e) loss. If you enter an amount **Proceeds** Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) (g) see Column (e) in combine the result Amount of Code(s) the instructions with column (g) adjustment COMMONFUND CAPITAL 28. PARTNERS IV, LP **AMERICAN** SECURITIES PARTNERS VIII LP <u>557.</u> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

023011 12-11-20 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2020)

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

SANTA BARBARA MUSEUM OF NATURAL HISTORY

95-1643378

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or line for the page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or long-term transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) ot (**E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss. If you enter an amount **Proceeds** Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see Column (e) in combine the result Amount of Code(s) the instructions with column (g) adjustment COMMONFUND CAPITAL PARTNERS IV, LP 10,126. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

65

Form **8949** (2020)

023012 12-11-20

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

SA	NTA BARBARA MUSEUM	OF NATUR	AL HISTO	RY				95-1643378
11	Enter the gross proceeds from sales o	r exchanges repo	orted to you for 2	2020 on Form(s) 1	099-B or 1099-S		Ì	
((or substitute statement) that you are						1	
Pá	Sales or Exchanges of Than Casualty or The					ary Convei instructions)	sior	ns From Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plus improvements expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
CC	MMONFUND CAPITAL							
PA	ARTNERS IV, LP							-42.
	·							
3	Gain, if any, from Form 4684, line 3	9	•	•	•		3	
4	Section 1231 gain from installment						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from othe						6	
7	Combine lines 2 through 6. Enter th						7	-42.
	Partnerships and S corporations.	Report the gain o	or (loss) followin	g the instructions	for Form 1065, Scl	nedule K,		
	line 10, or Form 1120-S, Schedule I	K, line 9. Skip line	s 8, 9, 11, and 1	2 below.				
	from line 7 on line 11 below and ski 1231 losses, or they were recapture the Schedule D filed with your return	ed in an earlier ye rn and skip lines 8	ear, enter the gains, 9, 11, and 12	n from line 7 as a below.	long-term capital g	ain on		
8	Nonrecaptured net section 1231 lo						8	
9	Subtract line 8 from line 7. If zero o			-				
	line 9 is more than zero, enter the a			-		-		
	capital gain on the Schedule D filed	d with your return.	. See instruction	S			9	
Pá	art II Ordinary Gains and	Losses (see in	structions)					
10	Ordinary gains and losses not inclu	ided on lines 11 tl	hrough 16 (inclu	de property held 1	l vear or less):			
	, ,			<u> </u>				
11	Loss, if any, from line 7						11	(42)
12	Gain, if any, from line 7 or amount f	rom line 8, if appl	icable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, I	lines 31 and 38a					14	
15	Ordinary gain from installment sales						15	
16	Ordinary gain or (loss) from like-kind	d exchanges from	Form 8824				16	
17	Combine lines 10 through 16						17	-42.
18	For all except individual returns, en			e appropriate line	of your return and	skip lines		
	a and b below. For individual return	•						
a	a If the loss on line 11 includes a loss	•	•					
	loss from income-producing propert	•		•	•	· ·	40	I
	as an employee.) Identify as from "F						18a	
	n Hagatarmina tha gain ar (lace) an lin	a i / avaludina th	O LOCK IT ANY OF	UDO IKA LOTOP DO	ara and an Schadu	ו הו		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

18b

(Form 1040), Part I, line 4

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:			(b) Date acquired (mo., day, yr.)		(c) Date sold (mo., day, yr.)
A							
В							
С							
D							
These columns relate to the properties on							
lines 19A through 19D.	>	Property A	Property	В	Property	С	Property D
Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Pepreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
	001						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	26g						
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property: a Applicable percentage of payments excluded							
Applicable percentage of payments excluded from income under section 126. See instructions	29a					-+	
b Enter the smaller of line 24 or 29a. See instructions	29b		<u> </u>		<u> </u>		
ummary of Part III Gains. Complete property of	olumns	A through D through	n line 29b before	going	to line 30.		
, and a second control of the second control						20	
	A 41					30	
	A throu	gh D, line 24					
Total gains for all properties. Add property columns						24	
Total gains for all properties. Add property columns Add property columns A through D, lines 25b, 26g,	27c, 28l	o, and 29b. Enter he	ere and on line 13	3		31	
Total gains for all properties. Add property columns Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from	27c, 28l casualt	o, and 29b. Enter he y or theft on Form 4	ere and on line 13 684, line 33. Ente	3 er the	portion		
Total gains for all properties. Add property columns Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line	27c, 28l casualt	o, and 29b. Enter he	ere and on line 13 684, line 33. Ente	3 er the	portion	32	or Less
Total gains for all properties. Add property columns Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line	27c, 28l casualt	o, and 29b. Enter he	ere and on line 13 684, line 33. Ente	3 er the	portion	32	or Less
Total gains for all properties. Add property columns Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	27c, 28l casualt	o, and 29b. Enter he	ere and on line 13 684, line 33. Ente	3 er the	portion	32 :o 50%	or Less (b) Section 280F(b)(2)
Total gains for all properties. Add property columns Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	27c, 28l casualt 6	o, and 29b. Enter he y or theft on Form 4 and 280F(b)(2	ere and on line 13 684, line 33. Ento	3 er the	Use Drops t	32 :o 50%	(b) Section

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

SANTA BARBARA MUSEUM OF NATURAL HISTORY								95-1643378
1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S								
	or substitute statement) that you are i						1	
Pa	Sales or Exchanges of Than Casualty or Thef	· Property Us t-Most Prope	ed in a Trad erty Held Mo	e or Business ore Than 1 Yea	and Involunta ar (see	ary Conve instructions)		ns From Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	MMONFUND CAPITAL							
PA	RTNERS IV, LP							-42.
_						<u> </u>		
3	Gain, if any, from Form 4684, line 39)	COEO lina OC au				3	
4	Section 1231 gain from installment						<u>4</u> 5	
5 6	Section 1231 gain or (loss) from like Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter th						7	-42.
•	Partnerships and S corporations.							12.
	line 10, or Form 1120-S, Schedule K				101 1 01111 1000, 00	noudio 11,		
	Individuals, partners, S corporation				a loss, enter the a	mount		
	from line 7 on line 11 below and skip				•			
	1231 losses, or they were recapture				long-term capital g	ain on		
	the Schedule D filed with your return							
8	Nonrecaptured net section 1231 los	sses from prior ye	ears. See instruc	tions SE	E STATEME	NT 4	8	
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, er	nter the gain from	line 7 on line 12 be	elow. If		
	line 9 is more than zero, enter the ar			-		-		
	capital gain on the Schedule D filed	with your return.	See instruction	s			9	
Pa	rt II Ordinary Gains and	Losses (see in	structions)					
10	Ordinary gains and losses not include	dod on lines 11 t	arough 16 (inclu	do proporty hold 1	Lyoar or loss):			
	Ordinary gains and losses not includ			Teld	year or less).			
11	Loss, if any, from line 7	1	1	1	1	<u>'</u>	11	(42,
12	Gain, if any, from line 7 or amount fr	rom line 8, if appl	icable				12	7
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, li	nes 31 and 38a					14	
15	Ordinary gain from installment sales						15	
16	Ordinary gain or (loss) from like-kind						16	
17	Combine lines 10 through 16						17	-42.
18	For all except individual returns, ent							
	a and b below. For individual returns	s, complete lines	a and b below.					
а	If the loss on line 11 includes a loss f	from Form 4684,	line 35, column	(b)(ii), enter that p	art of the loss here	. Enter the		
	loss from income-producing property							
	as an employee.) Identify as from "Fo	orm 4797, line 18	a." See instruct	ions			18a	
b	Redetermine the gain or (loss) on line	-	•					
							18b	
1 🗆	Δ For Panerwork Reduction Act N	lation can canal	oto inctruction	•				Form 4797 (2020)

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Part III Gain From Disposition of Proper	ty Unc	ler Sections 124	15, 1250, 125	2, 12	254, and 125	5 (see in	nstructions)
19 (a) Description of section 1245, 1250, 1252, 1254,	or 1255	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α						\rightarrow	
В						\longrightarrow	
C							
D							
These columns relate to the properties on lines 19A through 19D.	•	Property A	Property	В	Property	С	Property D
20 Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24					\longrightarrow	
25 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property of	!	A there is a D there is a	line OOb before	!	to line 00		
Summary of Fart in Gams. Complete property (Columns	A through D through	i iirie 29b beiore	going	to line 30.		
Total gains for all properties. Add property columns	s A throu	ıgh D, line 24				30	
31 Add property columns A through D, lines 25b, 26g.	. 27c. 28	b. and 29b. Enter he	re and on line 13	3		31	
32 Subtract line 31 from line 30. Enter the portion from		·					
from other than casualty or theft on Form 4797, line		•			•	32	
Part IV Recapture Amounts Under Section	ons 17	9 and 280F(b)(2)	When Busir	ness	Use Drops t		or Less
(see instructions)					-		
·					(a) Section 179	n	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation all	owable i	n prior vears		33		$\overline{}$	
		in prior yours		34		$\overline{}$	
35 Recapture amount. Subtract line 34 from line 33. S				35		$\overline{}$	

FORM 4797	STATEMENT 4			
TAX YEAR		SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2015		0.	0.	
2016		0.	0.	
2017		0.	0.	
2018		0.	0.	
2019		704.	0.	704.
TOTAL TO FORM 4797,	LINE 8	704.		704.