

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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.

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2559 PUESTA DEL SOL

City or town, state or province, country, and ZIP or foreign postal code
SANTA BARBARA, CA 931052936

D Employer identification number
95-1643378

E Telephone number
(805) 682-4711

G Gross receipts \$ 36,572,545

F Name and address of principal officer:
AMAL ZALATIMO
2559 PUESTA DEL SOL
SANTA BARBARA, CA 931052936

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: SBNATURE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1916

M State of legal domicile: CA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MUSEUM INSPIRES A THIRST FOR DISCOVERY AND A PASSION FOR THE NATURAL WORLD.		
	2 Check this box ☐		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	184
	6 Total number of volunteers (estimate if necessary)	6	577
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Revenue	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,045,407	6,438,191
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,970,372	2,593,981
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,719,125	965,119
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	216,406	-476,633
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,951,310	9,520,658
	14 Benefits paid to or for members (Part IX, column (A), line 4)	15,104	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,707,385	6,155,389
	b Total fundraising expenses (Part IX, column (D), line 25) 1,021,145	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,411,221	4,885,774
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,133,710	11,041,163
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-1,182,400	-1,520,505
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	88,940,025	94,420,904
	22 Net assets or fund balances. Subtract line 21 from line 20	3,993,365	4,132,330
		84,946,660	90,288,574

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

Sign Here

Signature of officer
AMAL ZALATIMO BUSINESS DEVELOPMENT OFFICER
Type or print name and title

2024-11-15
Date

Paid Preparer

Print/Type preparer's name
Firm's name MCGOWAN GUNTERMANN

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00025230
Firm's EIN 95-3680171

Use Only

Firm's address 200 E CARRILLO ST STE 300	Phone no. (805) 962-9175
SANTA BARBARA, CA 93101	

May the IRS discuss this return with the preparer shown above? See Instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE FOLLOWING THREE GUIDING PRINCIPLES ARE THE FOUNDATION FOR ALL OF THE SANTA BARBARA MUSEUM OF NATURAL HISTORY'S ACTIVITIES: INSPIRING AN AWE FOR NATURE AND A THIRST FOR DISCOVERY; PROMOTING SUSTAINABILITY; AND CONNECTING OUR COMMUNITIES. THROUGH THESE PRINCIPLES WE STRIVE TO FOSTER A COMMUNITY THAT EXPLORES, UNDERSTANDS, AND PROTECTS THE NATURAL WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **2,723,389** including grants of \$) (Revenue \$ **106,175**)

COLLECTIONS & RESEARCH: THIS PROGRAM ENCOMPASSES THE ACTIVITIES OF SIX RESEARCH DEPARTMENTS WITH A STAFF OF CURATORS AND ASSISTANTS. EACH DEPARTMENT IS CONTINUALLY INVOLVED IN DEVELOPING AND CONSERVING EXTENSIVE COLLECTIONS OF SPECIMENS, ARTIFACTS, BOOKS AND MANUSCRIPTS, ETC., THAT NUMBER OVER 3.5 MILLION ITEMS, AS WELL AS MAKING THESE RESOURCES ACCESSIBLE TO RESEARCHERS, EITHER DURING ACTUAL VISITS OR THROUGH WEB-BASED SERVICES. EXPENSES INCLUDE STAFF SALARIES, COLLECTION ACQUISITION, CONSERVATION, BIODIVERSITY AND ARCHAEOLOGICAL RESEARCH, PRODUCTION OF PUBLICATIONS, ECOLOGICAL FIELD SURVEYS, PUBLIC EXHIBIT DEVELOPMENT AND COMMUNITY OUTREACH. LIBRARY: THIS WAS A YEAR OF CHANGE FOR THE LIBRARY. IT BEGAN WITH STAFF PREPARING FOR A BOOK SALE, SPACE PLANNING FOR A MOVE, AND WEEDING PERIODICALS IN PREPARATION FOR LIBRARY CONSTRUCTION. THE LIBRARY BUILDING WAS TO GAIN A NEW ROOF, REINFORCEMENT OF THE CEILING TRUSSES, HEATING AND AIR CONDITIONING IN THE MAIN READING ROOM, LIBRARIAN'S AND ARCHIVES & MANUSCRIPTS OFFICES, UPDATED STAIR TREADS, AND NEW FLOORING IN THE BASEMENT. BY THE SECOND WEEK OF APRIL, LIBRARY STAFF HAD VACATED THE LIBRARY BUILDING AND SET UP NEW WORK AREAS ON THE SECOND FLOOR OF THE INVERTEBRATE ZOOLOGY LAB. THIS BECAME THEIR PRIMARY WORK SPACE FOR THE REST OF 2023. THE LIBRARY STAFF CONTINUED ITS WORK ON COLLECTION PROCESSING, LIMITED REFERENCE ASSISTANCE AND MUSEUM-WIDE SUPPORT. ATTENDING TO A BACKLOG OF UNCATALOGUED BOOKS, DIGITIZING RESEARCH NOTES, HOSTING LOCAL HIGH STUDENTS FOR A RESEARCH PROJECT, RESTORATION OF ANTIQUE COURTYARD TILES AS WELL AS PROCESSING GIFTS OF NATURE PRINTS FROM VARIOUS ESTATES WERE SOME OF THE PROJECTS ENGAGING THE LIBRARY STAFF.

4b (Code:) (Expenses \$ **2,866,606** including grants of \$) (Revenue \$ **2,168,114**)

B. EXHIBITS AND VISITOR SERVICES: THE MUSEUM HAS TWO SITES. ITS MISSION CANYON CAMPUS AND THE SEA CENTER LOCATED ON STEARNS WHARF. GATE ATTENDANCE AT THE MISSION CANYON CAMPUS IN 2023 WAS 108,000. IN ADDITION, 8506 CHILDREN AND ADULTS ATTENDED EDUCATIONAL PROGRAMS, 20 CAME FOR COMMUNITY USES AND 28 CAME SPECIFICALLY FOR RESEARCH, FOR A TOTAL ATTENDANCE AT THE MISSION CANYON CAMPUS OF 116554. (NOT COUNTING THE NATURE ADVENTURES CAMPER - SEE BELOW) GATE ATTENDANCE AT THE SEA CENTER IN 2023 WAS OVER 113,000. IN ADDITION, OVER 2000 CHILDREN AND ADULTS ATTENDED EDUCATIONAL PROGRAMS AND OVER 1400 ATTENDED COMMUNITY EVENTS (FESTIVALS AND BEACH CLEAN UP) FOR A TOTAL ATTENDANCE AT THE SEA CENTER OF 116,400+. BUTTERFLIES ALIVE! THE MUSEUM OPENED ITS OUTDOOR BUTTERFLY PAVILION IN A WAY THAT ALLOWS GUESTS TO EXPERIENCE AN UP-CLOSE INTERACTION. GUESTS ARE ABLE TO MOVE THROUGH A BEAUTIFUL GARDEN WHILE APPROXIMATELY 1000 LIVE BUTTERFLIES FLUTTER FREELY. THE EXHIBIT FEATURES DAZZLING VARIETIES OF BUTTERFLIES FROM COSTA RICA AND FLORIDA. VISITORS LEARN ABOUT THE LIFE CYCLE AND BEHAVIOR OF THESE SPECTACULAR INVERTEBRATES WHILE OBSERVING THEM 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 4000 MILES OF UNDERWATER ADVENTURE. THE MUSEUM BACKYARD AND NATURE CLUB HOUSE: THE MUSEUM BACKYARD AND NATURE CLUBHOUSE IS AN ADA ACCESSIBLE PLAY AREA NESTLED IN THE OAK WOODLAND ALONG MISSION CREEK. GUESTS CAN RELAX, EXPLORE AND PLAY ALONG THE BACKYARD CREEK. ACTIVITIES (MYSTERY BOX, NATURE STORIES, AND ROCKS IN A BOX) SUPPORTED BY FRIENDLY NATURALISTS ENGAGE VISITORS IN NATURE PLAY. THE CLUBHOUSE IS STAFFED WITH NATURALISTS THAT ANSWER QUESTIONS, SHARE ACTIVITIES ABOUT THE NATURAL WORLD AND WHAT MAKES THE SANTA BARBARA REGION UNIQUE. THEY SUPPORT THE POPULAR NATURE EXCHANGE PROGRAM, CREEPY CRAWLY ENCOUNTERS, AND ALLOW FOR NATURAL CURIOSITY THROUGH TACTILE INTERACTIONS. MAXIMUS GALLERY: THE JOHN AND PEGGY MAXIMUS GALLERY, LOCATED AT THE MISSION CANYON CAMPUS, IS DEDICATED TO THE PRESERVATION AND DISPLAY OF ANTIQUE PRINTS AND PRESENTS TWO TO THREE ORIGINAL EXHIBITS A YEAR WHICH HIGHLIGHT THE HISTORY AND DEVELOPMENT OF THE SCIENCES. TWO ORIGINAL EXHIBITS WERE CREATED BY IN-HOUSE CURATOR AND STAFF EXHIBIT DESIGNER FOR THE MAXIMUS GALLERY IN 2023. DRAWN BY A LADY PROVIDED A FASCINATING LOOK AT GENDER ISSUES IN THE HISTORY OF SCIENCE. THE SPRING EXHIBIT SHED LIGHT ON THE LIVES OF EIGHT WOMEN AUTHORS AND ILLUSTRATORS WHOSE CONTRIBUTIONS TO BOTANICAL SCIENCE WERE DIMINISHED BY THE PREVAILING CULTURE IN THE 18TH AND 19TH CENTURIES. THESE WOMEN DEFIED CONVENTION IN AN ERA WHEN IT WAS SOCIALLY UNACCEPTABLE FOR THEM TO EARN A LIVING. DENIED ACCESS TO FORMAL EDUCATION, THEY USED THEIR SKILLS IN DRAWING AND PAINTING TO MAKE MEANINGFUL CONTRIBUTIONS TO THE EMERGING FIELD OF BOTANY. THEY WROTE AND ILLUSTRATED BOOKS, SOMETIMES PUBLISHED ANONYMOUSLY, USING THEIR HUSBAND'S NAME, OR CREDITED SIMPLY "BY A LADY." VOYAGES OF DISCOVERY, A NATURAL HISTORY EXPLORATION OPENED IN THE MAXIMUS GALLERY ON OCTOBER 13 AND CONTINUES UNTIL MARCH 10, 2024. THE IMAGES ON DISPLAY IN THIS EXHIBIT ARE A VISUAL RECORD OF FASCINATING DISCOVERIES MADE DURING NATURAL SCIENCE EXPLORATION. RECENTLY ADDED TO THE MAXIMUS ART COLLECTION, THEY WERE PUBLISHED IN REPORTS OF 18TH- AND 19TH-CENTURY SAILING VOYAGES. MANY HAVE BEEN PRESERVED FOR OVER 300 YEARS-A REFLECTION OF HOW MUSEUMS AND LIBRARIES HAVE LONG VALUED THESE METICULOUS OBSERVATIONS. AT THE SEA CENTER: GUESTS TO THE SEA CENTER ARE ABLE TO LOOK AND LEARN MORE ABOUT SEA HORSES, CORAL REEF INHABITANTS, JELLIES, AND SIMILARLY ELEGANT ANIMALS. VISITORS GET THEIR HANDS WET AS THEY EXPLORE THE WONDERS AND BEAUTY OF LOCAL MARINE LIFE IN THE INTERTIDAL WONDERS TOUCH POOLS. TRAINED NATURALISTS GUIDE EXPLORERS IN THE DISCOVERY OF A VARIETY OF MARINE ANIMALS THAT CALL SANTA BARBARA COAST THEIR HOME. ALONG WITH THE NATURALISTS, THERE WERE 114 VOLUNTEERS WHO DONATED OVER 10,000 HOURS OF SERVICE TO INTERPRET THE INTERACTIVE STATIONS FOR VISITORS. 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 THE WHITE ABALONE AND PARTICIPATE IN COLLABORATIVE EFFORTS SUCH AS SPAWNING ATTEMPTS AND JUVENILE RELEASES. IN 2023, THE SEA CENTER RELEASED TWO JUVENILE COHORTS INTO THE WILD. WET DECK REFRESH: THE SEA CENTER COMPLETED THE REFRESH OF THE WET DECK IN NOVEMBER. THE POPULAR EXHIBIT AREA WAS THE LAST SPACE TO BE REFRESHED. THE SPACE WAS PAINTED, NEW MOON POOL WALLS AND GRAPHICS WERE INSTALLED WITH A VIEW PORT FOR LITTLE ONES. NEW CABINETRY AND A DEDICATED QUARANTINE AREA WERE INTRODUCED. THE SPACE RETAINS ITS ESSENCE BUT IS MUCH MORE INVITING TO VISITORS.

4c (Code:) (Expenses \$ **1,456,444** including grants of \$) (Revenue \$ **319,692**)

C. EDUCATION: THE MUSEUM'S EDUCATIONAL PROGRAMS PROMOTE SCIENTIFIC LITERACY AND INSTILL A PASSION FOR NATURE AND A COMMITMENT TO LEARNING. THESE RICH EDUCATIONAL EXPERIENCES ARE PROVIDED TO SCHOOL CHILDREN AND COMMUNITY MEMBERS. THE MUSEUM PARTICIPATES IN THE "NO CHILD LEFT INSIDE" MOVEMENT AND A REGIONAL LEADER OF THE NATIONAL CHILDREN AND NATURE NETWORK. TEEN PROGRAMS - QUASARS TO SEA STARS: THE MUSEUM RUNS A NATIONALLY RECOGNIZED PROGRAM, QUASARS TO SEA STARS, WHICH OFFER FOUR YEARS OF YEAR-ROUND EDUCATION AND WORK EXPERIENCES FOR 16 HIGH SCHOOL STUDENTS. THROUGH MENTORSHIP, RESEARCH OPPORTUNITIES, WORK SHIFTS AND VOLUNTEER ACTIVITIES, THE TEENS LEARN AND DEVELOP TIME MANAGEMENT, PUBLIC SPEAKING, PROJECT MANAGEMENT, AND SCIENTIFIC RESEARCH SKILLS THROUGHOUT THE YEAR. TEENS

ASSIST IN THE BUTTERFLY PAVILION, MUSEUM BACKYARD, SEA CENTER INTERPRETATIONS AND AQUARIUM DUTIES. DURING THE SUMMER, FRESHMEN QUASARS TOOK WEEKLY CLASSES OF MUSEUM 101, TAUGHT BY DEPARTMENT HEADS THROUGHOUT THE MUSEUM. THE FORMER USED THEIR GAINED KNOWLEDGE OF MUSEUM OPERATIONS AND HISTORY TO CONSTRUCT THEIR OWN HYPOTHETICAL MUSEUM. QUASARS LOGGED A TOTAL OF 2,452 VOLUNTEER HOURS DURING THE YEAR: 481 IN SPRING, 1,531 OVER SUMMER, AND 440 DURING FALL. TEEN PROGRAMS - COUNSELORS-IN-TRAINING IN 2023, TEEN PROGRAMS SERVED 62 TEENS IN THE COUNSELORS-IN-TRAINING (CIT) PROGRAM WHERE PARTICIPANTS VOLUNTEER TO SERVE AS COUNSELORS FOR THE NATURE ADVENTURES SUMMER CAMPS. THIS YEAR, THE CITs LOGGED 2580 HOURS OF SERVICE. NATURE ADVENTURES - AFTER SCHOOL CLASSES AND CAMPS THE MUSEUM OFFERED IN PERSON CAMPS AND CLASSES IN 2023 AND UNDERWENT PERSONNEL CHANGES THROUGHOUT THE YEAR. CLASS THEMES FOR THE WINTER AND SPRING SESSIONS INCLUDED WINTER SCIENCE AND ART AND CORALS AND CORAL HABITATS, RESPECTIVELY. THE CLASSES ENROLLED 47 PARTICIPANTS IN THE WINTER SESSION AND 34 IN THE SPRING SESSION. CAMP THEMES FOR THE SPRING SESSION INCLUDED KITCHEN LAB, GROSS SCIENCE, MYSTERY SOLVING AND KELP FOREST HABITAT STUDY FOR 60 CAMPERS, AGES 4-12 YEARS. SUMMER CAMP THEMES VARIED FROM ASTRONOMY TO WIZARDRY AND EVERYTHING NATURAL HISTORY, OFFERING 25 CAMPS FOR 644 ENROLLEES, AGES 4-14 OVER A TEN WEEK PERIOD. SCHOOL AND TEACHER SERVICE THE MUSEUM'S SCHOOL AND TEACHER SERVICES (STS) PROGRAM PROVIDES GRADE SPECIFIC, STANDARDS ALIGNED FIELD TRIPS FOR VISITING SCHOOL GROUPS AT TWO SITES (MISSION CANYON CAMPUS AND SEA CENTER). MANY OF THE FIELD TRIP VISITS ARE FACILITATED BY MEMBERS OF THE MUSEUM EDUCATOR PROGRAM WHO GUIDE STUDENTS THROUGH THE SUBJECT MATTER. THE MUSEUM EDUCATOR PROGRAM PROVIDES MATERIALS, INFORMATION AND TEACHING TECHNIQUES TO THESE DOCENTS WHO ENGAGE KIDS IN FUN LEARNING EXPERIENCES. AFTER MORE THAN A YEAR OF ADJUSTED PROGRAMMING DUE TO COVID WHERE WE WENT FULLY VIRTUAL FOR A FULL YEAR AND THEN HYBRID 2022-23, WE REESTABLISHED OUR FULL COMPLEMENT OF SCHOOL PROGRAMS SOLIDLY IN THE FALL OF 2023, BRINGING BACK ALL OF OUR ORIGINAL PROGRAMMING AND SUNSETTING THE VIRTUAL OFFERINGS. TOPICS INCLUDED GEODYSSEY, MEET THE TEETH, CONNECTING WITH THE CHUMASH AND DINOSAUR CSI. FOR THE 2022-2023 SCHOOL YEAR, 8506 STUDENTS WERE SERVED ACROSS THE TWO CAMPUS SITES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,046,439

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Part IV Checklist of Required Schedules

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

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	55	Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	184	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		6b		
7 Organizations that may receive deductible contributions under section 170(c).			7a	Yes	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7c		No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d				
d If "Yes," indicate the number of Forms 8282 filed during the year			7e		No
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7f		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			8		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.			9a		
a Did the sponsoring organization make any taxable distributions under section 4966?			9b		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess					

parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.	17		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 22		
b Enter the number of voting members included in line 1a, above, who are independent	1b 22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

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

policy, and financial statements available to the public during the tax year.

- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
THE ORGANIZATION 2559 PUESTA DEL SOL SANTA BARBARA, CA 93105 (805) 682-4711

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOBBIE KINNEAR TRUSTEE	6.00	X						0	0	0
(2) TERRY VALESKI IMMEDIATE PAST CHAIR	10.00	X		X				0	0	0
(3) BRAD WILLIS CHAIR	10.00	X		X				0	0	0
(4) DOUG DREIER VICE CHAIR GOVERNANCE	6.00	X						0	0	0
(5) HANK MITCHEL SECRETARY	10.00	X		X				0	0	0
(6) MATT ADAMS TRUSTEE	10.00	X						0	0	0
(7) SHARON BRADFORD TRUSTEE	6.00	X						0	0	0
(8) SUE PARKER TRUSTEE	10.00	X						0	0	0
(9) TORY MILAZZO VICE CHAIR FINANCE	10.00	X						0	0	0
(10) MELISSA FASSETT TRUSTEE	4.00	X						0	0	0
(11) LAVERTY CORINNE TRUSTEE	4.00	X						0	0	0
(12) LOREN BOOTH TRUSTEE	4.00	X						0	0	0
(13) JOHN L DEMOURKAS TRUSTEE	4.00	X						0	0	0
.....	4.00									

(14) JULIE HEIDER-GRAY TRUSTEE	4.00	X							0	0	0
(15) BARBARA HOLZMAN TRUSTEE	4.00	X							0	0	0
(16) TIM KOCHIS TRUSTEE	4.00	X							0	0	0
(17) KEITH REICHEL VICE CHAIR MASTER PLAN	4.00	X							0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SARAH SHESHUNOFF VICE CHAIR DEVELOPMENT	4.00	X						0	0	0
(19) LOTUS VERMEER PHD TRUSTEE	4.00	X						0	0	0
(20) HIROKO BENKO TRUSTEE	4.00	X						0	0	0
(21) KENDRA EPLEY TRUSTEE	4.00	X						0	0	0
(22) AMANDA LEE TRUSTEE	40.00	X						0	0	0
(23) LUKE SWETLAND PRESIDENT & CEO	40.00			X				232,870	0	74,734
(24) DIANE WONDOLOWSKI CHIEF FINANCIAL OFFICER	38.00			X				143,391	0	14,682
(25) CAROLINE BAKER DIRECTOR OF DEVELOPMENT	40.00					X		155,726	0	12,878
(26) AMY CARPENTER CHIEF OPERATING OFFICER	40.00					X		133,241	0	41,352
(27) AMAL ZALATIMO BUSINESS DEVELOPMENT OFFIC	40.00					X		136,334	0	9,990
(28) ANDREA MCFARLING PHILANTHROPY OFFICER	40.00					X		114,240	0	7,128
(29) PHILLIP MORONES IS SENIOR MANAGER	40.00					X		104,304	0	9,249
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								1,020,106	0	170,013

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SCHIPPER CONSTRUCTION 610 EAST COTA STREET SANTA BARBARA, CA 93103	CONSTRUCTION	1,355,719
EVANS & SUTHERLAND COMPUTER CORP 770 KOMAS DRIVE SALT LAKE CITY, UT 84108	IT	447,853
MITHUN INC 1201 ALASKAN WAY SUITE 200 SEATTLE, WA 98101	ARCHITECTURE	189,341
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3		

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Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
 Federated campaigns	1a			
Contributions, Gifts, Grants, and				
b Membership dues	1b			
Other Amt 739,796 Similar				
c Fundraising events	1c			
Amounts 637,962				
d Related organizations	1d			
e Government grants (contributions)	1e			
244,290				
f All other contributions, gifts, grants, and similar amounts not included above	1f			
4,816,143				
g Noncash contributions included in lines 1a - 1f:\$	1g			
119,591				
h Total. Add lines 1a-1f	6,438,191			

		Business Code			
Program Service Revenue	2a	ADMISSION FEES	900099	1,773,549	1,773,549
		MISC PROGRAM REVENUE	900099	415,483	415,483
		EDUCATION PROGRAM FEES	900099	282,445	282,445
		CONTRACT FEES	541700	122,504	122,504
f All other program service revenue.					
9 Total. Add lines 2a-2f.				2,593,981	

3 Investment income (including dividends, interest, and other similar amounts)			893,966		893,966
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	6a	(i) Real	231,788		
		(ii) Personal			
	6b	Less: rental expenses	85,851		

Other Revenue	c	Rental income or (loss)	cc	145,937				
	d	Net rental income or (loss)			145,937			145,937
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
				25,593,807				
	b	Less: cost or other basis and sales expenses	7b	25,478,101	44,553			
	c	Gain or (loss)	7c	115,706	-44,553			
	d	Net gain or (loss)			71,153			71,153
	a	Gross income from fundraising events (not including \$ 637,962 of contributions reported on line 1c). See Part IV, line 18	8a	94,354				
	b	Less: direct expenses	8b	935,702				
	c	Net income or (loss) from fundraising events			-841,348			-841,348
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a	726,458				
	b	Less: cost of goods sold	10b	507,680				
c	Net income or (loss) from sales of inventory			218,778			218,778	
11a	Business Code							
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions			9,520,658	2,593,981	0	488,486	

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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX ☐				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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, trustees, and key employees	465,677	188,151	214,424	63,102
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,848,690	3,258,700	972,844	617,146
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	112,933	67,752	26,693	18,488
9 Other employee benefits	344,140	267,489	47,608	29,043
10 Payroll taxes	383,949	227,188	91,222	65,539
11 Fees for services (non-employees):				

a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	205,228		205,228	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	756,980	445,057	256,243	55,680
12 Advertising and promotion	138,845	101,366	10,160	27,319
13 Office expenses	307,954	165,819	87,760	54,375
14 Information technology				
15 Royalties				
16 Occupancy	379,007	322,810	36,627	19,570
17 Travel	76,991	48,841	16,536	11,614
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	1,493,848	672,999	814,302	6,547
23 Insurance	596,069	486,813	87,455	21,801
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT	334,831	327,133		7,698
b SUPPLIES	318,559	258,552	47,813	12,194
c REPAIRS AND MAINTENANCE	142,180	106,522	30,619	5,039
d RENTALS	96,382	62,347	28,045	5,990
e All other expenses	38,900	38,900		
25 Total functional expenses. Add lines 1 through 24e	11,041,163	7,046,439	2,973,579	1,021,145
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).				

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Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing			1,059,695	1	531,839
	2 Savings and temporary cash investments				2	
	3 Pledges and grants receivable, net			2,210,790	3	526,342
	4 Accounts receivable, net				4	5,860
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7 Notes and loans receivable, net				7	
	8 Inventories for sale or use			104,092	8	123,151
	9 Prepaid expenses and deferred charges			472,918	9	636,769
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	41,012,688			
	b Less: accumulated depreciation	10b	16,840,332	23,501,868	10c	24,172,356
	11 Investments—publicly traded securities			39,854,487	11	46,128,975
	12 Investments—other securities. See Part IV, line 11			11,164,417	12	10,444,452
	13 Investments—program-related. See Part IV, line 11				13	
	14 Intangible assets				14	
	15 Other assets. See Part IV, line 11			10,571,758	15	11,851,160

Liabilities	16	Total assets. Add lines 1 through 15 (must equal line 33)	88,940,025	16	94,420,904
	17	Accounts payable and accrued expenses	575,827	17	693,965
	18	Grants payable		18	
	19	Deferred revenue	150,404	19	130,398
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,980,990	23	2,962,200
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	286,144	25	345,767
	26	Total liabilities. Add lines 17 through 25	3,993,365	26	4,132,330
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	57,484,099	27	59,039,347
	28	Net assets with donor restrictions	27,462,561	28	31,249,227
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	84,946,660	32	90,288,574
	33	Total liabilities and net assets/fund balances	88,940,025	33	94,420,904

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,520,658
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,041,163
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,520,505
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,946,660
5	Net unrealized gains (losses) on investments	5	5,615,810
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	46,806
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,199,803
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	90,288,574

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Form 990 (2023)

Additional Data

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)						
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,157,706	4,541,477	10,720,809	4,045,407	6,438,191	30,903,590
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						

3	The value of services or facilities furnished by a governmental unit to the organization without charge..					
4	Total. Add lines 1 through 3	5,157,706	4,541,477	10,720,809	4,045,407	30,903,590
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					2,564,317
6	Public support. Subtract line 5 from line 4.					28,339,273

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4.	5,157,706	4,541,477	10,720,809	4,045,407	6,438,191	30,903,590
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,027,417	995,180	1,489,228	1,362,261	1,125,754	5,999,840
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11 Total support. Add lines 7 through 10						36,903,430
12 Gross receipts from related activities, etc. (see instructions)					12	10,213,168
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	76.790 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	76.800 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒		
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐		

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support tests-2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
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.		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
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.		
3c		
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.		
4a		
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.		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
4c		
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).		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI		
6		

7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>			
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>			
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>			

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) :			
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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		
3a		
3b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in **Part VI**.*

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) 2023

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Schedule A (Form 990) 2023

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

Schedule A (Form 990) (2023)

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2023

Software ID:
Software Version:

efile Public Visual Render		ObjectID: 202443209349318789 - Submission: 2024-11-15		TIN: 95-1643378	
Schedule B (Form 990) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2023
Name of the organization SANTA BARBARA MUSEUM OF NATURAL HISTORY				Employer identification number 95-1643378	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% 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, II, and III.
- ☐ 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 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 ▶ \$

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990) (2023)		Page 2	
Name of organization SANTA BARBARA MUSEUM OF NATURAL HISTORY		Employer identification number 95-1643378	
Part I			
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			☐ Person

RESTRICTED			☐ 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.)
(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.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

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Name of organization
SANTA BARBARA MUSEUM OF NATURAL HISTORYEmployer identification number
95-1643378**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Schedule B (Form 990) (2023)

Page 4

Schedule B (Form 990) (2023)

Page 4

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

Schedule B (Form 990) (2023)

Additional Data

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Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202443209349318789 - Submission: 2024-11-15

TIN: 95-1643378

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

2022Open to Public
Inspection**Name of the organization**

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number

95-1643378

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

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

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☒ Public exhibition d ☒ For scholarly research

☒ Public exhibition

☒ Loan or exchange programs

b ☒ Scholarly research

e ☐ Other

c ☒ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	47,908,342	57,884,237	53,550,800	48,704,765	42,392,508
b Contributions	501,353	205,090	634,931	502,885	145,500
c Net investment earnings, gains, and losses	6,925,216	-7,897,712	5,848,183	6,565,617	8,218,816
d Grants or scholarships					
e Other expenditures for facilities and programs	2,406,221	2,283,273	2,149,677	2,222,467	2,052,059
f Administrative expenses					
g End of year balance	52,928,690	47,908,342	57,884,237	53,550,800	48,704,765

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

- a** Board designated or quasi-endowment ▶ 49.050 %
- b** Permanent endowment ▶ 32.800 %
- c** Term endowment ▶ 18.150 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		314,388		314,388
b Buildings		37,232,149	15,485,552	21,746,597
c Leasehold improvements				
d Equipment		3,257,317	1,354,780	1,902,537
e Other		208,834		208,834
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				24,172,356

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) NONMARKETABLE AND OTHER INVESTMENTS	10,444,452	F
(B)		
(C)		
(D)		

(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	10,444,452	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS HELD UNDER CHARITABLE AGREEMENTS	11,851,160
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	11,851,160

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CHARITABLE GIFT ANNUITIES	133,543
AGENCY FUNDS	67,282
ECONOMIC DISASTER LOAN	144,942
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	345,767

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

Schedule D (Form 990) 2022

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	16,131,043
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,615,810
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,199,803
e	Add lines 2a through 2d	2e	6,815,613
3	Subtract line 2e from line 1	3	9,315,430
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	205,228
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	205,228
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,520,658

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,835,935
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	10,835,935
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	205,228
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	205,228
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,041,163

Part XIII Supplemental Information

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

Return Reference	Explanation
PART III, LINE 1A:	IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MUSEUMS, COLLECTION OBJECTS PURCHASED AND DONATED ARE NOT INCLUDED IN THE ASSETS OF THE ORGANIZATION. THE MUSEUM IS CONTINUALLY DEVELOPING THE COLLECTIONS, WHICH CURRENTLY INCLUDE MORE THAN 3.5 MILLION SPECIMENS, ARTIFACTS, OTHER CULTURAL OBJECTS, BOOKS, AND MANUSCRIPTS. THESE HOLDINGS ARE USED BY MUSEUM SCIENTISTS AND A WORLDWIDE NETWORK OF RESEARCHERS FROM A VARIETY OF DISCIPLINES. THEIR USAGE FORMS THE BASIS OF PUBLISHED FINDINGS, AS WELL AS PROGRAMS IN EDUCATION AND MUSEUM EXHIBITIONS. THE COLLECTION IS KEPT UNDER CURATORIAL CARE INCLUDING CONSERVATION PRACTICES, AND IS SUBJECT TO THE MUSEUM'S POLICY THAT REQUIRES PROCEEDS FROM THE SALE OF COLLECTION ITEMS TO BE USED ONLY FOR ACQUISITION OF ADDITIONAL COLLECTIONS. THE MUSEUM DOES NOT RECOGNIZE AS A CONTRIBUTION ANY INCOME FROM DONATED COLLECTION ITEMS, AS ITS COLLECTIONS ARE NOT CAPITALIZED.
PART III, LINE 4:	IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MUSEUMS, COLLECTION OBJECTS PURCHASED AND DONATED ARE NOT INCLUDED IN THE ASSETS OF THE ORGANIZATION. THE MUSEUM IS CONTINUALLY DEVELOPING THE COLLECTIONS, WHICH CURRENTLY INCLUDE MORE THAN 3.5 MILLION SPECIMENS, ARTIFACTS, OTHER CULTURAL OBJECTS, BOOKS, AND MANUSCRIPTS. THESE HOLDINGS ARE USED BY MUSEUM SCIENTISTS AND A WORLDWIDE NETWORK OF RESEARCHERS FROM A VARIETY OF DISCIPLINES. THEIR USAGE FORMS THE BASIS OF PUBLISHED FINDINGS, AS WELL AS PROGRAMS IN EDUCATION AND MUSEUM EXHIBITIONS. THE COLLECTION IS KEPT UNDER CURATORIAL CARE INCLUDING CONSERVATION PRACTICES, AND IS SUBJECT TO THE MUSEUM'S POLICY THAT REQUIRES PROCEEDS FROM THE SALE OF COLLECTION ITEMS TO BE USED ONLY FOR ACQUISITION OF ADDITIONAL COLLECTIONS. THE MUSEUM DOES NOT RECOGNIZE AS A CONTRIBUTION ANY INCOME FROM DONATED COLLECTION ITEMS, AS ITS COLLECTIONS ARE NOT CAPITALIZED.
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:	THE MUSEUM EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2023, THE MUSEUM HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. THE MUSEUM FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL JURISDICTIONS. THE MUSEUM IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020 AND 2019, RESPECTIVELY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF CHARITABLE TRUSTS 1,199,803.

Schedule D (Form 990) 2022

Additional Data

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Software ID:

Software Version:

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Schedule G (Form 990) 2023

	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
	<u>GALA</u> (event type)	<u>ARTISTS TABLE</u> (event type)	<u>2</u> (total number)	

Revenue					
	1 Gross receipts	496,136	133,305	102,875	732,316
	2 Less: Contributions	496,136	69,591	72,235	637,962
	3 Gross income (line 1 minus line 2)		63,714	30,640	94,354
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	32,717	11,130	23,743	67,590
	7 Food and beverages	52,602	29,255	29,304	111,161
	8 Entertainment				
	9 Other direct expenses	389,001	157,515	210,435	756,951
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				935,702
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				-841,348

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Schedule G (Form 990) 2023 Page 3

11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	100.000 %
b	An outside facility	13b	%

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

Name ▶ AMAL ZALATIMO

Address ▶ 2559 PUESTA DEL SOL SANTA BARBARA, CA 93105

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c If "Yes," enter name and address of the third party:
Name ▶
Address ▶

16 Gaming manager information:
Name ▶
Gaming manager compensation ▶ \$
Description of services provided ▶
☐ Director/officer ☐ Employee ☐ Independent contractor

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
Return Reference	Explanation

Schedule G (Form 990) 2023

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	AS A PART OF THE EMPLOYMENT CONTRACT WITH THE CEO, THE MUSEUM PROVIDES HOUSING ON MUSEUM PROPERTY. THIS PROVIDES AN ADDITIONAL LAYER OF SECURITY FOR THE MUSEUM. THE CEO IS ON CALL FOR MUSEUM EMERGENCIES AS WELL AS OCCASSIONALLY USES THE RESIDENCE FOR MUSEUM FUNCTIONS. AS PART OF THE EMPLOYMENT CONTRACT WITH THE COO, THE MUSEUM PROVIDES DISCOUNTED HOUSING ON MUSEUM PROPERTY. THIS PROVIDES AN ADDITIONAL LAYER OF SECURITY FOR THE MUSEUM. THE COO IS ON CALL FOR MUSEUM EMERGENCIES AND RESPONDING TO AFTER-HOUR CALLS FROM THE ALARM COMPANY.
PART I, LINE 7	TOTAL COMPENSATION INCLUDES A DISCRETIONARY BONUS DETERMINED BY THE CEO FOR STRONG PERFORMANCE.

Schedule J (Form 990) 2023

Additional Data

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Software ID:
Software Version:

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number
95-1643378

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	405		
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	119,591	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29	
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
PART I, LINE 33:	IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MUSEUMS, COLLECTION OBJECTS DONATED ARE NOT INCLUDED IN REVENUE.

Software ID:
Software Version:

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ObjectID: 202443209349318789 - Submission: 2024-11-15

TIN: 95-1643378

OMB No. 1545-0047

SCHEDULE O
(Form 990)

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.

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SANTA BARBARA MUSEUM OF NATURAL HISTORY

Employer identification number
95-1643378

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN ELECTRONIC VERSION OF THE FORM 990 WAS SENT TO ALL FINANCE COMMITTEE AND BOARD MEMBERS FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C	SIGNED STATEMENTS REGARDING POTENTIAL CONFLICTS OF INTEREST ARE REQUIRED FROM BOARD MEMBERS ON AN ANNUAL BASIS.
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:	CHANGE IN VALUE OF CHARITABLE TRUSTS 1,199,803.
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 MUSEUM SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE SUCH POWER AND AUTHORITY AS MAY BE DELEGATED TO IT BY THE BOARD, AND SHALL EXERCISE ITS POWER IN EMERGENCY SITUATIONS BETWEEN MEETINGS OF THE BOARD OR AS OTHERWISE DELEGATED BY THE BOARD. AN EMERGENCY SITUATION SHALL BE DEEMED TO EXIST IF TWO OFFICERS OF THE BOARD DECLARE AN EMERGENCY. MINUTES SHALL BE KEPT AND DECISIONS COMMUNICATED TO THE BOARD WITHIN FIVE BUSINESS DAYS.

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Software Version: