		P	UBLIC DISCLOSURE COPY - STATE REGI	STRAT	ION NO. 622	7
	Ω	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	ept private foundatio	
Depa	rtment	of the Treasury	Do not enter social security numbers on this form a	-	-	Open to Public
Interr	al Rev	enue Service	Go to www.irs.gov/Form990 for instructions and			Inspection
				ending J	UN 30, 2022	
B C a	heck if pplicat	ble: C Name of	organization		D Employer identifi	cation number
	Addr	SANT	A BARBARA HISTORICAL MUSEUM			
	Name Chan		isiness as		95-60057	96
	Initial			Room/suite	E Telephone numbe	
	Final	136	EAST DE LA GUERRA		(805)966	
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,793,169.
	Amer		A BARBARA, CA 93101		H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: WILLIAM REYNOLDS		for subordinates	
	-	SAME	AS C ABOVE		H(b) Are all subordinates in	
		empt status:		r 🛄 527	•	list. See instructions
			SBHISTORICAL.ORG		H(c) Group exemptio	
		of organization:	X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1943	State of legal domicile: CA
Pa	art I					
e	1		e the organization's mission or most significant activities: COLLE ATION OF THE HISTORY OF SANTA BARE		, INIERPREI	ATION, AND
nan			A I I I I I I I I I I I I I I I I I I I		than 05% of its not a	
Activities & Governance	2				1	11
ဗီ	4		ependent voting members of the governing body (Part VI, line 1a)			10
s S	5		of individuals employed in calendar year 2021 (Part V, line 2a)			18
itie	6		of volunteers (estimate if necessary)			41
ctiv			I business revenue from Part VIII, column (C), line 12			0.
4			business taxable income from Form 990-T, Part I, line 11			0.
			, ,		Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		1,183,044.	991,938.
nue	9		ce revenue (Part VIII, line 2g)		9,014.	19,865.
Revenue	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		794,024.	73,607.
щ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		259,684.	461,143.
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,245,766.	1,546,553.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid 1	o or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		395,482.	616,130.
ens	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)      96,17		5,639.	6,760.
Expenses	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	/4.	751 254	044 001
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		751,354. 1,152,475.	944,091.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,093,291.	<u>1,566,981.</u> -20,428.
<u>_s</u>	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or Fund Balances	20	Total acceta (	Part V line 16)		12,046,947.	End of Year 11,048,211.
Asse Bal	20 21	Total assets (F			153,996.	134,695.
Net	21		(Part X, line 26) Jund balances. Subtract line 21 from line 20		11,892,951.	10,913,516.
	art II				,.,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		-	declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of whi			, , , , , , , , , , , , , , , , , , , ,

Sign Here	Signature of officer DACIA HARWOOD, EXECUTI	VE DIRECTOR	Date
Paid	Type or print name and title Print/Type preparer's name GAIL H. ANIKOUCHINE	Preparer's signature	Date Check X PTIN if self-employed P00161999
Preparer Use Only	Firm's name ANIKOUCHINE & AS Firm's address 7127 HOLLISTER A GOLETA, CA 93117	Firm's EIN <b>81-4869549</b> Phone no.805-451-5430	
May the II	RS discuss this return with the preparer shown abo		X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

TO       INSPIRE MEANINGFUL CONNECTIONS TO SANTA BARBARA HISTORY.         2       Dd the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-627       Ives. (#S. (#S. (#S. (#S. (#S. (#S. (#S. (#S		990 (2021) SANTA BARBARA HISTORICAL MUSEUM	95-6005796	Page
Brick describe the organization's mission:         TO INSPIRE MEANINGFUL CONNECTIONS TO SANTA BARBARA HISTORY.         TO INSPIRE MEANINGFUL CONNECTIONS TO SANTA BARBARA HISTORY.         Poor form 990 or 990-027       □ Yes [X         If 'Yes, 'describe these any services during the year which were not listed on the proform 990 or 990-027       □ Yes [X         If 'Yes, 'describe these thanges on Schedule 0.       □ Yes [X         Describe the organization program service accompliatments for each of the three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my for each program service accompliation to Schedule 0.         10 (cost       ) (ligeness 482,753. includes grant of	Par			<b></b>
TO       INSPIRE MEANINGFUL CONNECTIONS TO SANTA BARBARA HISTORY.			<u></u>	[]
prior form 900 r 900-r27         □Yes [X]           If Yes, 'describe these new services on Schedule 0.         if Yes, 'describe these changes on Schedule 0.           3D bit the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.           Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and adlocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.           Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and adlocations to others, the total expenses, and revenue, if any, for each program services structures.         ) (normals its its its its its its its its its it	1		STORY.	
prior form 900 r 900-r27         □Yes [X]           If Yes, 'describe these new services on Schedule 0.         if Yes, 'describe these changes on Schedule 0.           3D bit the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.           Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and adlocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.           Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and adlocations to others, the total expenses, and revenue, if any, for each program services structures.         ) (normals its its its its its its its its its it				
prior form 900 r 900-r27         □Yes [X]           If Yes, 'describe these new services on Schedule 0.         if Yes, 'describe these changes on Schedule 0.           3D bit the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.           Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and adlocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.           Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and adlocations to others, the total expenses, and revenue, if any, for each program services structures.         ) (normals its its its its its its its its its it				
If 'ves.' describe these newservices on Schedule 0.         3 Did the organization cases conducting, or make significant changes in how it conducts, any program services;	2			37
3 Did the organization caese conducting, or make significant changes in how it conducts, any program services?		1	Yes	X
<pre>If 'Ves,' describe these changes on Schedule O. 4 Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section SD1(c)(3) and SD1(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. ii (code:) (reserves 482,753. mouting grants of s) (revenue s) if (code:) (revenue s. ADDTTIONALLY, THE MUSEUM PRESERVES TWO HISTORIC STRUCTURES ON THEIR DOWNTOWN SANTA BARBARA CAMPUS: THE COVARRUBIAS ADOBE IS ONE OF THE OLDEST BUILDINGS IN SANTA BARBARA. ADDTTIONALLY, THE MUSEUM PRESERVES THREE HISTORIC ADOBE (CA. 1836). THE COVARRUBIAS ADOBE IS ONE OF THE OLDEST BUILDINGS IN SANTA BARBARA. ADDTTIONALLY, THE MUSEUM PRESERVES THREE HISTORIC HOM AT 414 EAST MONTECITO STREET: THE TRUSSELL-WINCHESTER ADOBE (1854), CHARLES FERNALD MANSION (1862) AND ADJACENT CARRIAGCE HOUSE. THE COVARRUBIAS ADOBE AND TRUSSELL-WINCHESTER ADOBE ARE CALIFORNIA STATE LANDMARKS</pre>	3		es? Yes	X
Secton 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.         16 (code: ][Courses: 482,753. moduling grants of] (newrows f] (newrows f]) (newrows f] (newrows f]) (newrows f]]) (newrows f_]]) (newrows f]]) (newrows f_]]) (newrows f_				
inverse       482,753.       including grant of s       ) [freemus s         isa       (Come       ) [freemus s       (freemus s       ) [freemus s         iss Conc       ) [freemus s       (freemus s       ) [freemus s       ) [freemus s         iss Conc       183 CONC       THE COVARRUBIAS ADOBE (1817) AND THE HISTORIC ADOBE (CA. 1836). THE COVARRUBIAS ADOBE IS ONE OF THE OLDEST BUILDINGS IN SANTA BARBARA. ADDITIONALLY, THE MUSEUM PRESERVES THERE HISTORIC ADOBE (1854). CHARLES FERNALD MANSION (1862) AND ADJACENT CARRIAGE HOUSE. THE COVARRUBIAS ADOBE AND TRUSSELL-WINCHESTER ADOBE (1854). CHARLES FERNALD MANSION (1862) AND ADJACENT CARRIAGE HOUSE. THE COVARRUBIAS ADOBE AND TRUSSELL-WINCHESTER ADOBE (ALIFORNIA STATE LANDMARKS.         isb       (come       ) [freemus s       354,624.       including grant of s       ) (Reemus s       15,62         pubLIC PROGRAMS	4			
<pre>As (cont) (newwards) (Perenues) (Perenues</pre>			otners, the total expenses, a	and
HISTORIC STRUCTURES         THE MUSEUM PRESERVES TWO HISTORIC STRUCTURES ON THEIR DOWNTOWN SANTA         BARBARA CAMPUS: THE COVARRUBIAS ADOBE IS ONE OF THE OLDEST BUILDINGS IN         SANTA BARBARA. ADDITIONALLY, THE MUSEUM PRESERVES THREE HISTORIC HOM         AT 414 EAST MONTECITO STREET: THE TRUSSELL-WINCHESTER ADOBE (1854),         CHARLES FERNALD MANSION (1862) AND ADJACENT CARRIAGE HOUSE. THE         COVARRUBIAS ADOBE AND TRUSSELL-WINCHESTER ADOBE ARE CALIFORNIA STATE         LANDMARKS.	4a	(Code:) (Expenses \$ 482,753 • including grants of \$) (R	levenue \$	
BARBARA CAMPUS: THE COVARRUBIAS ADOBE (1817) AND THE HISTORIC ADOBE (CA. 1836). THE COVARRUBIAS ADOBE IS ONE OF THE OLDEST BUILDINGS IN SANTA BARBARA. ADDITIONALLY, THE MUSSUM PRESERVES THREE HISTORIC HOM AT 414 EAST MONTECITO STREET: THE TRUSSELL-WINCHESTER ADOBE (1854), CHARLES FERNALD MANSION (1862) AND ADJACENT CARRIAGE HOUSE. THE COVARRUBIAS ADOBE AND TRUSSELL-WINCHESTER ADOBE ARE CALIFORNIA STATE LANDMARKS.		HISTORIC STRUCTURES		
TCA. 1836). THE COVARRUBIAS ADOBE IS ONE OF THE OLDEST BUILDINGS IN SANTA BARBARA. ADDITIONALLY, THE MUSEUM PRESERVES THREE HISTORIC HOM AT 414 EAST MONTECITO STREET: THE TRUSSELL-WINCHESTER ADOBE (1854). CHARLES FERNALD MANSION (1862) AND ADJACENT CARRIAGE HOUSE. THE COVARRUBIAS ADOBE AND TRUSSELL-WINCHESTER ADOBE ARE CALIFORNIA STATE LANDMARKS.         ************************************				
AT 414 EAST MONTECITO STREET: THE TRUSSELL-WINCHESTER ADOBE (1854), CHARLES FERNALD MANSION (1862) AND ADJACENT CARRIAGE HOUSE. THE COVARRUBIAS ADOBE AND TRUSSELL-WINCHESTER ADOBE ARE CALIFORNIA STATE LANDMARKS. 				
CHARLES FERNALD MANSION (1862) AND ADJACENT CARRIAGE HOUSE. THE COVARRUBIAS ADOBE AND TRUSSELL-WINCHESTER ADOBE ARE CALIFORNIA STATE LANDMARKS. (Code				OME
COVARRUBIAS ADOBE AND TRUSSELL-WINCHESTER ADOBE ARE CALIFORNIA STATE LANDMARKS. (Cote: )(Expenses 354,624. including grants of ) (Revenue \$ 15,62 PUBLIC PROGRAMS GUESTS EXPLORED THE MUSEUM TO VISIT THE GALLERIES AND HISTORIC ADOBE COURTYARDS, ATTEND PUBLIC PROGRAMMING AND UTILIZE THE GLEDHILL RESEAR LIBRARY. VIRTUAL AND IN-PERSON PUBLIC PROGRAMMING INCLUDED NEARLY THIRTY EDUCATIONAL EVENTS - HISTORY LECTURES, PERFORMANCES, FILM SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INCLUDED LIFE IN EARLY CALIFORNIA, CONSERVATION, ARCHITECTURE, ART, FILM, AGRICULTURE, AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) (code: )(Expenses 388,439. including grants of ) (Revenues 4,78 COLLECTIONS AND LIBRARY HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES OVER 80,000 OBJECTS - ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS, AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN, SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) (Continued on SCHEDULE O) (Common services (Describe on Schedule 0.) (Expenses including grants of ) (Revens ) ) (Herences ) (Continued on Schedule 0.) (Expenses ) including grants of ) (Revens ) ) (Herences ) (Continued on Schedule 0.) (Expenses ) including grants of ) (Revens ) ) (Herences ) (Continued on Schedule 0.) (Expenses ) including grants of ) (Revens ) ) (Herences ) (Continued on Schedule 0.) (Expenses ) including grants of ) (Revens ) ) (Herence ) (Continued on Schedule 0.) (Expense ) INCOMENT (ASCHEDULE O) (REVENS ) (REVENS ) (REVENS ) ) (HERCE				
LANDMARKS.         bb       (Code:				E
GUESTS EXPLORED THE MUSEUM TO VISIT THE GALLERIES AND HISTORIC ADOBE GUESTS EXPLORED THE MUSEUM TO VISIT THE GALLERIES AND HISTORIC ADOBE COURTYARDS, ATTEND PUBLIC PROGRAMMING AND UTILIZE THE GLEDHILL RESEAR LIBRARY. VIRTUAL AND IN-PERSON PUBLIC PROGRAMMING INCLUDED NEARLY THIRTY EDUCATIONAL EVENTS - HISTORY LECTURES, PERFORMANCES, FILM SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INCLUDED LIFE IN EARLY CALIFORNIA, CONSERVATION, ARCHITECTURE, ART, FILM, AGRICULTURE, AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) 40 (code: _)(Expenses 388,439. including grants of) (Revenue \$4,78 COLLECTIONS AND LIBRARY HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES OVER 80,000 OBJECTS ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS, AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN, SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) 40 Other program services (Describe on Schedule O.) (Expenses				
GUESTS EXPLORED THE MUSEUM TO VISIT THE GALLERIES AND HISTORIC ADOBE GUESTS EXPLORED THE MUSEUM TO VISIT THE GALLERIES AND HISTORIC ADOBE COURTYARDS, ATTEND PUBLIC PROGRAMMING AND UTILIZE THE GLEDHILL RESEAR LIBRARY. VIRTUAL AND IN-PERSON PUBLIC PROGRAMMING INCLUDED NEARLY THIRTY EDUCATIONAL EVENTS - HISTORY LECTURES, PERFORMANCES, FILM SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INCLUDED LIFE IN EARLY CALIFORNIA, CONSERVATION, ARCHITECTURE, ART, FILM, AGRICULTURE, AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) 40 (code: _)(Expenses 388,439. including grants of) (Revenue \$4,78 COLLECTIONS AND LIBRARY HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES OVER 80,000 OBJECTS ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS, AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN, SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) 40 Other program services (Describe on Schedule O.) (Expenses				
GUESTS EXPLORED THE MUSEUM TO VISIT THE GALLERIES AND HISTORIC ADOBE GUESTS EXPLORED THE MUSEUM TO VISIT THE GALLERIES AND HISTORIC ADOBE COURTYARDS, ATTEND PUBLIC PROGRAMMING AND UTILIZE THE GLEDHILL RESEAR LIBRARY. VIRTUAL AND IN-PERSON PUBLIC PROGRAMMING INCLUDED NEARLY THIRTY EDUCATIONAL EVENTS - HISTORY LECTURES, PERFORMANCES, FILM SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INCLUDED LIFE IN EARLY CALIFORNIA, CONSERVATION, ARCHITECTURE, ART, FILM, AGRICULTURE, AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) 40 (code: _)(Expenses 388,439. including grants of) (Revenue \$4,78 COLLECTIONS AND LIBRARY HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES OVER 80,000 OBJECTS ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS, AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN, SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) 40 Other program services (Describe on Schedule O.) (Expenses				
GUESTS EXPLORED THE MUSEUM TO VISIT THE GALLERIES AND HISTORIC ADOBE GUESTS EXPLORED THE MUSEUM TO VISIT THE GALLERIES AND HISTORIC ADOBE COURTYARDS, ATTEND PUBLIC PROGRAMMING AND UTILIZE THE GLEDHILL RESEAR LIBRARY. VIRTUAL AND IN-PERSON PUBLIC PROGRAMMING INCLUDED NEARLY THIRTY EDUCATIONAL EVENTS - HISTORY LECTURES, PERFORMANCES, FILM SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INCLUDED LIFE IN EARLY CALIFORNIA, CONSERVATION, ARCHITECTURE, ART, FILM, AGRICULTURE, AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) 40 (code: _)(Expenses 388,439. including grants of) (Revenue \$4,78 COLLECTIONS AND LIBRARY HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES OVER 80,000 OBJECTS ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS, AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN, SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) 40 Other program services (Describe on Schedule O.) (Expenses	4h	$(Code: ) (Expanses) = 354 \cdot 624$ , including grants of $($		627
COURTYARDS, ATTEND PUBLIC PROGRAMMING AND UTILIZE THE GLEDHILL RESEAR LIBRARY. VIRTUAL AND IN-PERSON PUBLIC PROGRAMMING INCLUDED NEARLY THIRTY EDUCATIONAL EVENTS - HISTORY LECTURES, PERFORMANCES, FILM SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INCLUDED LIFE IN EARLY CALIFORNIA, CONSERVATION, ARCHITECTURE, ART, FILM, AGRICULTURE, AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) <sup>16</sup> C (code:)(Revenues)(Revenues	10	PUBLIC PROGRAMS		<u> </u>
LIBRARY. VIRTUAL AND IN-PERSON PUBLIC PROGRAMMING INCLUDED NEARLY THIRTY EDUCATIONAL EVENTS - HISTORY LECTURES, PERFORMANCES, FILM SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INCLUDED LIFE IN EARLY CALIFORNIA, CONSERVATION, ARCHITECTURE, ART, FILM, AGRICULTURE, AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) <sup>16</sup> (Code: _)(Expenses 388,439. including grants of S COLLECTIONS AND LIBRARY HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES OVER 80,000 OBJECTS ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS, AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN, SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) <sup>16</sup> Other program services (Describe on Schedule 0.) <sup>16</sup> (Continued on Schedule 0.) <sup>16</sup> Total program services (Describe on Schedule 0.) <sup>16</sup> Total program service (Describe on Schedule 0.) <sup>16</sup> Total program service (Describe on Schedule 0.) <sup>17</sup> Total program serv				
THIRTY EDUCATIONAL EVENTS - HISTORY LECTURES, PERFORMANCES, FILM SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INCLUDED LIFE IN EARLY CALIFORNIA, CONSERVATION, ARCHITECTURE, ART, FILM, AGRICULTURE, AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) 4c (Code: )(Expenses 3 388,439. including grants of \$)(Revenue \$4,78 COLLECTIONS AND LIBRARY HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES OVER 80,000 OBJECTS - ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS, AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN, SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES FUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) 4d Other program services (Describe on Schedule 0.) (Expenses \$				ARC
SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INCLUDED LIFE IN EARLY CALIFORNIA, CONSERVATION, ARCHITECTURE, ART, FILM, AGRICULTURE, AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) 40 (Code:)(Expenses \$ 388,439. including grants of \$) (Revenue \$4,78 COLLECTIONS AND LIBRARY HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES OVER 80,000 OBJECTS - ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS, AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN, SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) (Expenses \$				
AND OTHER LOCAL HISTORY TOPICS. THE MUSEUM PROVIDED FREE AFTER-HOURS RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS THURSDAYS," A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O) 4c (Code: )(Expenses 3 388,439. including grants of \$)(Revenue \$4,78 COLLECTIONS AND LIBRARY HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES OVER 80,000 OBJECTS ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS, AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN, SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) 4d Other program services (Describe on Schedule O.) (Expenses \$		SCREENINGS, EXHIBITIONS, AND WALKING TOURS. TOPICS INC	CLUDED LIFE IN	
RECEPTIONS AND FAMILY FRIENDLY ACTIVITIES FOR THE PUBLIC DURING "FIRS         THURSDAYS, " A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH         PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS.         (CONTINUED ON SCHEDULE O)         4c (code:)(Expenses 388,439. including grants of \$) (Revenue \$) (Revenue \$)         4c (code:)(Expenses 388,439. including grants of \$) (Revenue \$				
THURSDAYS, " A COLLABORATIVE ART AND BUSINESS PROMOTION, ALONG WITH         PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS.         (CONTINUED ON SCHEDULE O)         ************************************				
PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGANIZATIONS.         (CONTINUED ON SCHEDULE O)         *c       (code:) (Expenses \$				NO I
Ic       (Code:) (Expenses \$ 388,439. including grants of \$) (Revenue \$) (Rev		PLAYING HOST TO NUMEROUS LIKE-MINDED NON-PROFIT ORGAN		
COLLECTIONS AND LIBRARY         HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES         OVER 80,000 OBJECTS ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS,         AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN,         SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE         MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000         ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH         AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE.         (CONTINUED ON SCHEDULE O)         (Expenses \$ including grants of \$ ) (Revenue \$ )         total program service expenses 1,225,816.				<b>-</b> 00
HELD IN THE PUBLIC TRUST, THE MUSEUM'S EXTENSIVE COLLECTION INCLUDES         OVER 80,000 OBJECTS ARTWORK, FURNITURE, SADDLES, DECORATIVE ARTS,         AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN,         SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE         MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000         ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH         AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE.         (CONTINUED ON SCHEDULE O)         (Expenses \$ including grants of \$ ) (Revenue \$ )         total program service expenses \$ 1,225,816.	4c		ievenue \$ 4 ,	/83
AND COSTUMES THAT REPRESENT OVER 500 YEARS OF CHUMASH, MEXICAN,         SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE         MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000         ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH         AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE.         (CONTINUED ON SCHEDULE O)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ▶ 1,225,816.			ECTION INCLUDE	S
SPANISH, AND AMERICAN HISTORY. THE GLEDHILL LIBRARY, LOCATED ON THE MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000 ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE.         (CONTINUED ON SCHEDULE O)         Id       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         Id       Total program service expenses ▶ 1,225,816.				,
MUSEUM'S DOWNTOWN CAMPUS, PROVIDES PUBLIC ACCESS TO OVER 500,000         ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH         AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE.         (CONTINUED ON SCHEDULE O)         Id       Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         Id       Total program service expenses ▶ 1,225,816.				
ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HISTORIC RESEARCH         AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE.         (CONTINUED ON SCHEDULE O)         Id       Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         Id       Total program service expenses ▶ 1,225,816.		MUSEUM'S DOWNTOWN CAMPUS PROVIDES PUBLIC ACCESS TO ON	VER 500 000	
AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS ALIKE. (CONTINUED ON SCHEDULE O) d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) de Total program service expenses 1,225,816. Form 990 (		ARCHIVAL DOCUMENTS, MAPS, PHOTOGRAPHS AND BOOKS FOR HI	ISTORIC RESEAR	CH,
Id       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         Id       Including grants of \$ ) (Revenue \$ ) (Revenue \$ )         Id       Including grants of \$ ) (Revenue \$ ) (Revenue \$ ) (Re		AN INVALUABLE RESOURCE TO HISTORIANS AND GENEALOGISTS	ALIKE.	
Id       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         Id       Including grants of \$ ) (Revenue \$ ) (Revenue \$ )         Id       Including grants of \$ ) (Revenue \$ ) (Revenue \$ ) (Re		(CONTINUED ON SCHEDULE O)		
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 1,225,816.    Form 990 (				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 1,225,816.    Form 990 (	4d	Other program services (Describe on Schedule Q.)		
Form <b>990</b> (		(Expenses \$ including grants of \$ ) (Revenue \$	)	
	4e	Total program service expenses ► 1,225,816.		00
SEE SCHEDULE O FOR CONTINUATION(S)	32002			<b>JU</b> (2
2 01114 150929 80568 2021.03030 SANTA BARBARA HISTORICAL MU 80568	01		ORTCAL MIT SOSE	58

Eorm	000	(2021)
Form	990	(2021)

Part IV Checklist of Required Schedules

SANTA BARBARA HISTORICAL MUSEUM

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
	Schedule D, Part III	8	X	<u> </u>
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?	•		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	_A	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation or Report IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II.	21		x
132003	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	(2021)
.02003				

132003 12-09-21

08501114 150929 80568

2021.03030 SANTA BARBARA HISTORICAL MU 80568\_\_1

3

		ecklist of Required S	chedules (co	ntinued)
Form 990 (	2021	SANTA	BARBARA	HIST

			Yes	N
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		2
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			Γ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		2
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	240		
b	Schedule K. If "No," go to line 25a	24a 24b		†
	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		Γ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\square$
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		-
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		
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%			,
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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		
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.
34	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		╞
-	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
		01		+
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
	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 Par	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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
Par 1a	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         V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
Par 1a b	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         V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         Inter the number of Forms W-2G included on line 1a. Enter 0- if not applicable			
Par 1a b	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         V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			

Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

SANTA BARBARA HISTORICAL MUSEUM

					Yes	No					
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		18								
	filed for the calendar year ending with or within the year covered by this return	2a			x						
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					v					
				3a 3b		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	At any time during the calendar year, did the organization have an interest in, or a signature or other					v					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X					
	If "Yes," enter the name of the foreign country		(55.4.5)								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		· · · ·	_		v					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		<u> </u>					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v					
	any contributions that were not tax deductible as charitable contributions?			6a		X					
	If "Yes," did the organization include with every solicitation an express statement that such contribu-		-								
	were not tax deductible?			6b							
	Organizations that may receive deductible contributions under section 170(c).			_		v					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_							
	to file Form 8282?			7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		77					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X					
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h							
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			_							
	sponsoring organization have excess business holdings at any time during the year?			8							
	Sponsoring organizations maintaining donor advised funds.										
				9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
	Section 501(c)(7) organizations. Enter:	I	I								
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-							
	Section 501(c)(12) organizations. Enter:	I	I								
	Gross income from members or shareholders	11a		-							
	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-							
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>							
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
	Enter the amount of reserves the organization is required to maintain by the states in which the		l								
	organization is licensed to issue qualified health plans	13b		_							
	Enter the amount of reserves on hand					17					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune										
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.										
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in										
17				17							

Form 990	(2021)
----------	--------

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

X

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

			4	1	Yes	N
	Enter the number of voting members of the governing body at the end of the tax year	1a	1	븬		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		1			
	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				x	
	officer, director, trustee, or key employee?			2		
	Did the organization delegate control over management duties customarily performed by or under the		•			2
	of officers, directors, trustees, or key employees to a management company or other person?					2
	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become away during the year of a significant diversion of the organization's ass					2
	Did the organization become aware during the year of a significant diversion of the organization's ass Did the organization have members or stockholders?			6		2
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		-
	more members of the governing body?			7a		2
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			70		-
				7b		X
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			75		-
		•	•	8a	x	
	The governing body?			8b	X	$\vdash$
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	onea a		9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	N
Da	Did the organization have local chapters, branches, or affiliates?			10a		Σ
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	•	C			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," des	scribe			
	on Schedule O how this was done			12c	Х	
	Did the organization have a written whistleblower policy?			13	X	
1	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a			
	taxable entity during the year?			16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{CA}$					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section 501(c)	3)s onl	y) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Upon request       Other (explain)	on Sch	edule O)			
Э	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and fina	incial	
	statements available to the public during the tax year.		5.			
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records 🕨			
	LORETTA REYNOLDS - (805)966-1601					
	136 EAST DE LA GUERRA ST., SANTA BARBARA, CA 9310	1				

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, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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	(do	(C) Position (do not check more box, unless person				one	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director			lirecto	Highest compensated south and the set of the	tee)	(W-2/1099-NISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DACIA HARWOOD	40.00			x				02 624	0.	10 154
EXECUTIVE DIRECTOR (2) SHARON BRADFORD	4.00			^				83,634.	0.	19,154.
VICE PRESIDENT	4.00	x		x				0.	0.	0.
(3) WILLIAM REYNOLDS	5.00								••	0.
PRESIDENT	5.00	x		x				0.	0.	0.
(4) CHRIS GRECO	4.00									
TREASURER		x		x				0.	0.	0.
(5) MARC APPLETON	3.00									
TRUSTEE		X						0.	0.	0.
(6) H. GERALD BIDWELL	1.00									
TRUSTEE		Х						0.	0.	0.
(7) WARREN MILLER	5.00									_
SECRETARY		х		Х				0.	0.	0.
(8) HILARY BURKEMPER	3.00									•
TRUSTEE	2 00	X						0.	0.	0.
(9) BRETT HODGES	3.00								0	0
TRUSTEE	3.00	X						0.	0.	0.
(10) SHEILA SNOW	3.00	x						0.	0.	0.
TRUSTEE (11) GEORGE LEIS	3.00	^						0.	0.	0.
TRUSTEE	5.00	x						0.	0.	0.
(12) VITO GIOIELLO	3.00									
TRUSTEE		x						0.	0.	0.
		1								
		<b> </b>								
		-	$\vdash$			$\vdash$				
		1								
132007 12-09-21	1							1	1	Form <b>990</b> (2021)

7

132007 12-09-21

	990 (2021) SANTA BAR									95-60	005	796	Pa	ige <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C						
	<b>(A)</b> Name and title	(B) Average hours per week (list any	box, offic	not cl unle	ss per	i <b>tion</b> more rson i	than d is both pr/trust	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related	on J	am o	(F) imate ount o other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	oensat om the anizati I relate nizatio	e on ed
			ū	II	Of	Ke	Hi	G						
1h	Subtotal								83,634.		0.	19	9,1	54.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					 		0. 83,634.		0.		9,1	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	DOVE	e) wh	io re	eceived more than \$100	0,000 of reportab	le			0
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for s</i>	•		-	•	-		Ŭ	phest compensated emp	2		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	e co " <i>coi</i>	ompe mple	ensa ete S	ation Sche	n anc edule	l otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> <b>tion B. Independent Contractors</b>					-			-			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t										pens	ation fr	om	
	(A) Name and business			ONE					(B) Description of s		С	(C omper		ı
								_						
2	Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	thos	se lis	stec	above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	)					Form <b>S</b>	<b>990</b> (2	2021)

132008 12-09-21

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			L
				( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events     1c       Related organizations     1d	53,300. 65,500. 124,302.				
Contribution and Other S	f g h		748,836. 24,751.	991,938.			
	2 a b	PUBLIC PROGRAMS LIBRARY FEES	Business Code 900099 900099	15,082. 4,783.	15,082. 4,783.		
Program Service Revenue	c d e f						
	g 3	Total. Add lines 2a-2f Investment income (including dividends, intere	est, and	19,865.			0.6 0.01
	4 5	other similar amounts) Income from investment of tax-exempt bond p Royalties	oroceeds	86,991.			86,991.
	6a b c		(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other	455,207.			455,207.
Other Revenue	d	and sales expenses     7b 205,521.       Gain or (loss)     7c -13,384.       Net gain or (loss)     Gross income from fundraising events (not	▶ 	-13,384.			-13,384.
Oth		including \$ 65,500. of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	0.				
	с 9 а	Net income or (loss) from fundraising events         Gross income from gaming activities. See         Part IV, line 19         Less: direct expenses	····· ►	0.			
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less returns	► 46,486. 41,095.				
e e	<u>с</u> 11 а	Net income or (loss) from sales of inventory OTHER	Business Code	5,391. 545.	545.		5,391.
Miscellaneous Revenue	b c d						
		Total. Add lines 11a-11d		545. 1,546,553.	20,410.	0.	<b>534,205.</b> Form <b>990</b> (2021

Form 990 (2021)

Part VIII Statement of Revenue

95-6005796

Page 9

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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,	118,536.	59 268	20 634	29,634
~	trustees, and key employees	110,000.	59,268.	29,634.	29,034
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	414,999.	405,278.		9,721
7	Other salaries and wages Pension plan accruals and contributions (include	· / / · · ·	405,270.		5,721
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	44,856.	42,286.	797.	1,773
9 10	Payroll taxes	37,739.	33,384.	1,821.	2,534
11	Fees for services (nonemployees):	5777551	55,5010		2,551
'' a					
b		6,627.		6,627.	
c	•	59,000.		59,000.	
d		,			
e		6,760.			6,760
f		29,093.		29,093.	•
g					
	column (A), amount, list line 11g expenses on Sch 0.)	21,923.	21,923.		
12	Advertising and promotion	17,756.	-	17,644.	112
13	Office expenses	31,069.	1,635.	29,259.	175
14	Information technology	16,751.	5,282.	7,345.	4,124
15	Royalties				
16	Occupancy	79,362.	63,387.	9,999.	5,976
17	Travel	779.	338.	441.	
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	279,470.	237,550.	34,934.	6,986
23	Insurance	44,431.	31,372.	12,351.	708
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		231,651.	227,563.		4,088
b		102,596.	96,550.	6,046.	_,
c	DEVELOPMENT COSTS	23,583.		. ,	23,583
d		· ·			
e					
25	Total functional expenses. Add lines 1 through 24e	1,566,981.	1,225,816.	244,991.	96,174
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)				

132010 12-09-21

08501114 150929 80568

10 2021.03030 SANTA BARBARA HISTORICAL MU 80568\_1

Form **990** (2021)

08501114 150929 80568

SANTA BARBARA HISTORICAL MUSEUM Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response of note to any line in this Part X			······
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	19,993.	1	22,296.
	2	Savings and temporary cash investments		2	750,960.
	3	Pledges and grants receivable, net		3	3,329.
	4	Accounts receivable, net		4	- ,
	5	Loans and other receivables from any current or former officer, director,			
Assets	Ū	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 disgualified persons (as defined		Ŭ	
	Ŭ	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		8	63,410.
	9	Prepaid expenses and deferred charges	93,611.	9	41,113.
		Land, buildings, and equipment: cost or other		Ĵ	,
	100	basis. Complete Part VI of Schedule D   10a   8,152,055	•		
	b	Less: accumulated depreciation 10b 5,499,451	. 2,843,276.	10c	2,652,604.
	11	Investments - publicly traded securities	2,942,676.	11	2,746,947.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,473,212.	15	4,767,552.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,046,947.	16	11,048,211.
	17	Accounts payable and accrued expenses	35,521.	17	85,805.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
.iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	78,700.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	~~ ===		40.000
		of Schedule D	39,775.	25	48,890.
	26	Total liabilities. Add lines 17 through 25	153,996.	26	134,695.
s		Organizations that follow FASB ASC 958, check here $\blacktriangleright$ X			
nce		and complete lines 27, 28, 32, and 33.	F 000 262		
ala	27	Net assets without donor restrictions	5,828,363.	27	5,427,262. 5,486,254.
dB	28	Net assets with donor restrictions	6,064,588.	28	5,486,254.
un:		Organizations that do not follow FASB ASC 958, check here 🕨 🛄			
orF		and complete lines 29 through 33.			
ets (	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ň	32	Total net assets or fund balances	11,892,951.	32	10,913,516.
	33	Total liabilities and net assets/fund balances	12,046,947.	33	11,048,211.

95-6005796 Page 11

Form 990 (2021)

Form 990 (2021)

Part XI         Reconciliation of Net Assets           Check if Schedule O contains a response or note to any line in this Part XI			
Check if Schedule O contains a response or note to any line in this Part XI			
			X
			53.
			81.
			28.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			
5 Net unrealized gains (losses) on investments 5 -	<u>438</u>	, 8	34.
6 Donated services and use of facilities6			
7 Investment expenses 7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O)	<u>520</u>	,1	73.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))	913	, 5	16.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
	<u> </u>	′es	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
,	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
X 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,			1
	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	3a		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
------------	---

Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

Name of the o	organization
---------------	--------------

nui		SANT	A BARBARA	HISTORICAL M	USEUM				5-6005796	
Pa	art I	Reason for Public (					See instruction		0 0000,00	
The	organ	ization is not a private found								
1	Ľ	A church, convention of ch								
2		A school described in sect					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).			
4		A medical research organiz					-	)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or	
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	-							
11	$\square$	An organization organized a	-	•	•					
12		An organization organized a	-	-	-			•		
		more publicly supported or	-						check the box on	
		lines 12a through 12d that				-		-		
a		<b>Type I.</b> A supporting orga		-	•	-				
		the supported organization			a majority	of the aire	ctors or truste	ees of the s	supporting	
Ŀ		organization. You must o	-		tion with it	a aunnart	od organizati	n(c) by ba	vina	
k		Type II. A supporting org control or management o	-				•		-	
		organization(s). You mus			arrie perso			age the sup	ported	
c		Type III functionally inte	-		in connec	tion with	and functiona	llv integrate	ed with	
		its supported organization						iny integration		
c	1 🗌	Type III non-functionally						rted organi	zation(s)	
		that is not functionally int	• •					°.		
		requirement (see instruct			-		-			
e	•	Check this box if the orga						II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
1	Ente	er the number of supported o	organizations							
		vide the following information								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see ii	istructions	support (see instructions)	
Tot	al									

### Schedule A (Form 990) 2021

Part II

### SANTA BARBARA HISTORICAL MUSEUM

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	580,567.	704,446.	617,120.	1,183,044.	991,938.	4,077,115.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	580,567.	704,446.	617,120.	1,183,044.	991,938.	4,077,115.
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)						761,345.
6	Public support. Subtract line 5 from line 4.						3,315,770.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	580,567.	704,446.	617,120.	1,183,044.	991,938.	4,077,115.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	433,212.	437,274.	289,750.	318,192.	542,201.	2,020,629.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		19,300.	49.	785.	545.	20,679.
11	Total support. Add lines 7 through 10						6,118,423.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
_	organization, check this box and stor		•				
	ction C. Computation of Publ						E4 10
	Public support percentage for 2021 (					14	54.19 %
	Public support percentage from 2020					15	55.18 %
<b>1</b> 6a	<b>33 1/3% support test - 2021.</b> If the c	-					
	stop here. The organization qualifies						
k	<b>33 1/3% support test - 2020.</b> If the c	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			•		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circ		-		• • • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

(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.)

	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose <b>3</b> Gross receipts from activities that						
•						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
IDa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b.						
whether or not the business is						
whether or not the business is regularly carried on						
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> </ul>						
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> </ul>	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for th check this box and stop here</li> </ul>	-			•		nization,
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for th check this box and stop here</li> </ul>	-			•		nization,
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for th check this box and stop here</li> <li>Section C. Computation of Publ</li> </ul>	lic Support Pe	rcentage		-		▶
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for th check this box and stop here</li> <li>Section C. Computation of Publ</li> <li>15 Public support percentage for 2021 (</li> </ul>	lic Support Pe line 8, column (f), c	<b>rcentage</b> divided by line 13,	column (f))	-		····· ▶□ 9
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for th check this box and stop here</li> <li>Section C. Computation of Publ</li> <li>15 Public support percentage for 2021 (</li> <li>16 Public support percentage from 2020)</li> </ul>	l <b>ic Support Pe</b> line 8, column (f), c ) Schedule A, Part	rcentage divided by line 13, III, line 15	column (f))	-	15	····· ▶□ 9
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage for 2021 (</li> <li>Public support percentage from 2020</li> <li>Section D. Computation of Investion</li> </ul>	lic Support Pe line 8, column (f), c ) Schedule A, Part stment Incom	rcentage divided by line 13, III, line 15 e Percentage	column (f))	- 	15	▶□ 9 9
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage for 2021 (</li> <li>Public support percentage from 2020</li> <li>Section D. Computation of Investion</li> <li>Investment income percentage for 2021</li> </ul>	lic Support Pe line 8, column (f), c D Schedule A, Part stment Incom D21 (line 10c, colur	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l	column (f))		15	▶□ 9 9 9
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for th check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage for 2021 (</li> <li>Public support percentage from 2020</li> <li>Section D. Computation of Investion</li> <li>Investment income percentage from 2021</li> </ul>	lic Support Pe line 8, column (f), c 0 Schedule A, Part stment Incom 021 (line 10c, colur 2020 Schedule A,	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17	column (f))	-	15 16 17 18	►□ % % %
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for th check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage from 2020</li> <li>Section D. Computation of Investion Investment income percentage from 2021</li> <li>Investment income percentage from 2021</li> <li>Investment income percentage from 2021</li> <li>Investment income percentage from 2021</li> </ul>	lic Support Pe line 8, column (f), co D Schedule A, Part stment Incom D21 (line 10c, colur 2020 Schedule A, e organization did r	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box	column (f)) ine 13, column (f)) on line 14, and line	e 15 is more than 3	15       16       17       18       33 1/3%, and I	• • • • • • • • • • • • • • • • • • •
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage for 2021 (</li> <li>Public support percentage for 2021 (</li> <li>Public support percentage for 2021 (</li> <li>Investment income percentage for 2021</li> <li>Investment income percentage for 2021. If the more than 33 1/3%, check this box a</li> <li>b 33 1/3% support tests - 2020. If the</li> </ul>	lic Support Pe line 8, column (f), c D Schedule A, Part stment Incom D21 (line 10c, colur 2020 Schedule A, e organization did r and stop here. The e organization did r	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a	e 15 is more than 3 upported organiza a, and line 16 is mo	15           16           17           18           33 1/3%, and I           ation           ore than 33 1/3	
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>Section C. Computation of Public</li> <li>15 Public support percentage for 2021 (</li> <li>16 Public support percentage from 2020</li> <li>Section D. Computation of Investing Investment income percentage for 201</li> <li>18 Investment income percentage from 2020</li> <li>19a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box a</li> <li>b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, check</li> </ul>	lic Support Pe line 8, column (f), c Schedule A, Part stment Incom 2021 (line 10c, colur 2020 Schedule A, e organization did r and stop here. The e organization did r eck this box and st	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo	15           16           17           18           33 1/3%, and I           ation           ore than 33 1/3           orted organization	
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for th check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage from 2020</li> <li>Public support percentage from 2020</li> <li>Section D. Computation of Investion Investment income percentage for 2021</li> <li>Investment income percentage from 2021</li> <li>Investment income percentage from 2021</li> <li>Investment income percentage from 2021.</li> <li>If the more than 33 1/3%, check this box a</li> <li>B 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, check</li> <li>Private foundation. If the organization</li> </ul>	lic Support Pe line 8, column (f), c Schedule A, Part stment Incom 2021 (line 10c, colur 2020 Schedule A, e organization did r and stop here. The e organization did r eck this box and st	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo	15           16           17           18           33 1/3%, and I           ation           orre than 33 1/3           orted organization           structions	
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>Section C. Computation of Public</li> <li>15 Public support percentage for 2021 (</li> <li>16 Public support percentage from 2020</li> <li>Section D. Computation of Investing 17 Investment income percentage for 2021</li> <li>18 Investment income percentage from 2020</li> <li>19 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2020. If the</li> </ul>	lic Support Pe line 8, column (f), c Schedule A, Part stment Incom 2021 (line 10c, colur 2020 Schedule A, e organization did r and stop here. The e organization did r eck this box and st	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo	15           16           17           18           33 1/3%, and I           ation           orre than 33 1/3           orted organization           structions	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

132024 01-04-21

16 2021.03030 SANTA BARBARA HISTORICAL MU 80568\_1

Schedule A (Form 990) 2021

dule A (Form 990) 2021 SANTA BARBARA HISTORICAL MUSEUM 95-60	0579	6 Pa	ige <b>5</b>
t IV Supporting Organizations (continued)			
		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
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?	11a		
A family member of a person described on line 11a above?	11b		
A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
tion B. Type I Supporting Organizations			
		Yes	No
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions if any applied to such powers during the tax year	1		
	•		
	2		
	2		
		Yes	No
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	1		
		Voc	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	4		
	-		
	2		
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
supported organizations played in this regard.	3		
	TW         Supporting Organizations (continued)           Has the organization accepted a gift or contribution from any of the following persons?           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?           A family member of a person described on line 11a above?           A 35% controlled entity of a person described on line 11a above?           A 35% controlled entity of a person described on line 11a above?           A 10 the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year?           Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year?           Did the governing body, members of the governing body, officers active organization and what conditions or restrictions, if any, applied to such power during the tax year?           Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.           Did the organization operate for the benefit of any supported organization of the tay ear.           Did the o	Itil       Supporting Organizations (continued)         Has the organization accepted a gift or contribution from any of the following persons?       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?       11a         A family member of a person described on line 11a above?       1335       11a         A 35% controlled entity of a person described on line 11a or 11b above?/If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.       11c         Totion B. Type I Supporting Organizations       11c       11c         Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers, directors, or trustees were allocated armong the supported organization share the power to regularly appoint or elect at least a majority of the organization (s) that operated, supervised, or controlled the organization activates. If the organization fam and what conditions or restrictions, if any, applied to such powers during the tax year.       1         Did the organization sparte for the benefit of any supported organization?       1         Did the organization sparte for the benefit of any supported organization?       1         Supporting Organizations       2         tion C. Type II Supporting Organizations       1	tive       Supporting Organizations (continued)         Has the organization accepted a gift or contribution from any of the following persons?       Yes         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?       11a         A family member of a person described on line 11a above?       11b         A 35% controlled entity of a person described on line 11a or 11b above?/If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.       11c         tion B. Type I Supporting Organizations       Yes         Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations and what controlled the organization's acting in their official capacity, or membership of one or organization of describe how the powers to regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or controlled the organization's difficers, directors, or trustees at all times during the tax year? If "No," describe in Part V how the supported organization of the powers to regularization.       1         Did the organization s and what conditions or restrictions, if any, applied to such powers during the tax year.       1         Did the organization or the benefit of any supported organization(s) that operated, supporting organization.       2         It on C. Type II Supporting Organizations       1       1         Uit or organization's directors or trustees during the tax year also a majority of the directors

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

17

- 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? 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.
- 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.
- 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

За

Yes No

08501114 150929 80568

2021.03030 SANTA BARBARA HISTORICAL MU 80568\_\_1

Schedule A (Form 990) 2021

### SANTA BARBARA HISTORICAL MUSEUM

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	Ÿ
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in <b>I</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check have if the surrout upper is the surrouting's first as a new functional	h a final a surra	te d Turne III europeutine, euro	

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) 2021

132026 01-04-22

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions	Current Year			
_1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

	(Form 990) 2021		BARBARA					95-6005796	
Part VI	Supplemental Info Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b , lines 2 and 3;	o, 4c, 5a, 6, 9a, Part IV, Sectio	9b, 9c, 11a n E, lines 1	a, 11b, and c, 2a, 2b, 3	11c; Part IV, Se a, and 3b; Part	ction B, lines 1 V, line 1; Part V	and 2; Part IV, Secti , Section B, line 1e; I	on C.
	(See instructions.)	,	,						
2028 01-04-2	22				• -			Schedule A (Form	990) 20
01111	150929 80568		2021 0	13030	20 באוויים	BARBARA	ਸ਼ਸ਼ਫ਼੶੶੶ੑੑਗ਼ੑੑੑਗ਼ੑੑਸ਼	CAL MU 805	68

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

Q	5-	6	n	٥	5	7	a	б
9	<u>э</u> –	σ	υ	υ	Э	1	9	o

SANTA	BARBARA	HISTORICAL	MUSEUM	

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Schedule B (Form 990) (2021)

08501114 150929 80568

Name of organization

SANTA	BARBARA	HISTORICAL	MUSEUM

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Turne of constribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>27,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>115,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>202,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Turne of constribution
No.	Name, address, and ZIP + 4		Type of contribution
6		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1-	1-21	• 1	Schedule B (Form 990) (2021

22

2021.03030 SANTA BARBARA HISTORICAL MU 80568\_1

Employer identification number

95-6005796

(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
		   \$	
3453 11-11-21	23 929 80568 2021.03030 SAN	3 NTA BARBARA HISTORICI	Schedule B (Form 990

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

### Schedule B (Form 990) (2021)

SANTA BARBARA HISTORICAL MUSEUM

Name of organization

Part II

Employer identification number

95-6005796

I

Schedule E	3 (Form 990) (2021)			Page 4		
Name of or	rganization			Employer identification number		
SANTA	BARBARA HISTORICAL MUS	EUM		95-6005796		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line e charitable, etc., contributions of \$1,000 c	entry For organizations			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
-		(e) Transfer of g	 ift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
Ī						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of g	   ift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
-		 ift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
123454 11-11				Schedule B (Form 990) (2021)		
		24		. , .=== ,		

08501114 150929 80568 2021.03030 SANTA BARBARA HISTORICAL MU 80568\_\_1

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

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.



Name of the organization

### SANTA BARBARA HISTORICAL MUSEUM

Employer identification number 95-6005796

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(k	<b>b)</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 advi	sed fund	lds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 🛛 N
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used o	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferi	rring
	impermissible private benefit?			Yes 🛛 N
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) 📃 Preservation o	f a histo	prically important land area
	Protection of natural habitat	Preservation o	f a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a co	
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organ	nization during the tax
	year ►			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservatio	on easements during the year
	►			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ea	asements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat	-		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents th	nat describes the
Der	organization's accounting for conservation easements.	f Art Historical Tracquires or	)thor (	Similar Acasta
Par			Juner	Similar Assets.
	Complete if the organization answered "Yes" on Form			
та	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pul			nce of public
h.	service, provide in Part XIII the text of the footnote to its fina			
a	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in tur	inerance	e of public service,
	provide the following amounts relating to these items:			▶ \$ 14,200
	(i) Revenue included on Form 990, Part VIII, line 1			
0	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tree the following amounte required to be reported under EASP.		ai yain,	provide
-	the following amounts required to be reported under FASB A	-		¢
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction			
	10-28-21	3 101 1 0111 330.		301euule D (F0111 330) 20
13203	10-20-21	25		

2021.03030 SANTA BARBARA HISTORICAL MU 80568\_1

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(contruued)         a Using the organization's accussion, and other records, check any of the following that make significant use of its         a III path constraints's accuration, accussion, and other records, check any of the following that make significant use of its         b III organization's accuration, accussion, and other records, check any of the following that make significant use of its         b III organization solution, accussion, and other records, check any of the following that make significant use of its         b III organization's accuration's check and the following that make significant uses of the organization's accuration's checken and the organization's checken and the accuration's checken and the accuratis checken and the accuration's checken and the accurat			ARBARA HIST					6005			ige <b>2</b>
collection fame (check all that apply):       d ∑ Loan or exchange program         b ∑ Scholarly research       c ☐ Other				•				,	continu	ied)	
a ≧ Public schelation de la provide a description of the organization's scelection? c ≧ Provide a description of the organization scelection and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization science 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 exempt purpose in Part XII. 5 During the year, did the organization answered "Ves" on Form 190, Part X  line 20. 1 a Is the organization answered "Ves" on Form 190, Part X  line 20. 1 a Is the organization answered "Ves" on Form 190, Part X  line 20. 1 a Is the organization answered "Ves" on Form 190, Part X  line 20. 2 Beginning balance 2 Beginning balance 2 Beginning balance 3 Control the organization include an amount on Form 190, Part X, line 21, for escrow or custodial account liability? 2 Ves No b If "Ves", regulating the year 1 to 2 During the year 3 During the year 3 During the year 4 During the year	3		on, and other records	s, check any of th	e following that	make sigi	nificant use	of its			
b       Scholarly research       ●       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       5         5       Dring the year, did the organization solic or receive donations of art, historical treasures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 8, or resported an amount on Form 990, Part X, line 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       1a       Image: Complete Time assets not included on form 990, Part X, line 21.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete If the organization solution on Part 9.       3, 229, 786.       3, 926, 788.       3, 926, 788.       3, 926, 788.       3, 928, 786.         1a       Beginning of year balance       4, 912, 242.       3, 972, 493.       3, 966, 503.       3, 977, 198.       3, 229, 786.       0       0       0       0				37							
c			d		• • •						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV. line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account lability?     If Yes, "explain the arrangement In Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part X, line 21, for escrew or custodial account lability?     If Yes, "explain the arrangement In Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part X, line 21, 602, 503, 3, 977, 138, 3, 923, 738, 502, 734, 544, 643, 912, 542, 3, 972, 493, 3, 966, 509, 3, 977, 138, 3, 923, 738, 502, 132, 500, 132, 500, 132, 500, 132, 500, 132, 500, 132, 500, 108, 798, 402, 402, 912, 542, 3, 972, 493, 3, 966, 509, 3, 977, 138, 3, 923, 738, 502, 734, 544, 543, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 912, 544, 544, 914, 714, 717, 712, 156, 208, 6164, 718, 6164, 9164, 9164, 9	b		e	Other							
5       During the year, dt the organization solicit or receive donations of art, historical treasures, or other similar assets!       Yes       X no         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "vis" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       Ives       No         b       If "vise," explain the arrangement in Part XIII and complete the following table:       Amount       Ite       Amount         c       Beginning balance       Ite       Amount       Ite       Ite<	С	-									
to be sold to raise funds rather than to be maintained as part of the organization sciencion?       Yes       X to         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b If 'Yes, ' explain the arrangement in Part XIII and complete the following table:       Amount       Yes       No         c Beginning balance       1d	4		-	-	-			n Part XI	II.		
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.         Ia       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X  line 21.       Image: Contributions of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Contributions of Contributions of the organization and the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Image: Contributions during the year       Image: Contributi	5									37	1
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, line 21.       Yes       No         b       If "Yes." explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complex	Der									Ā	No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "ves," explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       1a       1a         d       Additions during the year       1a       1a         E       Ending balance       1f       1a         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Ves       No         b       If "Yes" explain the arrangement in Part XIII. Check here if the explanation answered "Yes" on Form 990, Part XIII       Intre years back       (e) Four years back       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) 212, 542, 3, 972, 493, 3, 956, 509, 3, 977, 198, 3, 929, 783, 23, 928, 783, esplain the arrangement in Part XIII.       Intre years back       (e) Four years back       (f)	Par			te if the organizat	ion answered "Y	es" on Fo	orm 990, Pa	rt IV, line	e 9, or		
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       Id         d Additions during the year       Id         e Distributions during the year       Id         d Ending balance       If 'd         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the escipanation has been provided on Part IV. line 10.       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 900, Part IV, line 10.       O         1a Beginning of year balance       4, 912, 542, 3, 972, 493, 3, 966, 503, 3, 977, 198, 3, 329, 788, Contributions       Additions         c Net investment earnings, gans, and losses       -814, 021, 1, 054, 299, 56, 740, 77, 172, 156, 208, 108, 798, 14, 019, 798, 14, 019, 798, 14, 019, 798, 14, 019, 798, 14, 019, 109, 109, 798, 14, 019, 798, 14, 019, 109, 109, 798, 14, 019, 109, 109, 798, 14, 019, 109, 109, 798, 14, 019, 109, 109, 798, 14, 019, 109, 109, 798, 109, 797, 198, 109, 798, 109, 797, 198, 109, 797, 198, 109, 798, 109, 797, 198, 109, 797, 198, 109, 797, 198, 109, 797, 198, 109, 797, 198, 109, 797, 198, 109, 797, 198, 109, 797, 198, 109, 797, 198, 109, 797, 198											
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>to</li> <li>d</li> <lid< li=""> <li>d<!--</th--><th>1a</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>,</th><th></th><th>1</th></li></lid<></ul>	1a								,		1
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Distributions during the year       If         2       Distributions       IP         2       Distributions       IP         3       0.05 (90)       3, 977, 198.         4       912, 542.       3, 972, 493.       3, 966, 509.         5       7.744.       44, 639.         c       Net investment examings, gains, and losses       -814, 021.       1, 054, 299.       56, 740.       77, 172.       156, 208.         d       Grants or scholarships       114, 250.       56, 500.       132, 500.       108, 798.         4       Administrative expenditures for facilities       114, 250.       56, 500.       132, 500.       108, 798.         4       Administrative expanses       42, 098, 521.       4, 912, 542.       3, 972, 493.       3, 966, 509.       3, 977, 198.		on Form 990, Part X?						📖 Y	es		I NO
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         Distributions during the year       1e       1f         2a       Distributions during the year       1f       1d         2a       Distributions during the year       1f       1d         2a       Distributions during the year       1f       1d         2a       Distributions during the year       1f       Yes       No         b       1f 'Yes' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII.       Image: the year back (e) Four year back (e) Four years back (e) Fo	b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:				٨٣	nount		
d Additions during the year       1d         e Distributions during the year       1d         1       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 organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (0) Prior year       (0) Prior year       (0) The years back       (e) Four years back         1a Beginning of year balance       (a) Qurrent year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         1d Grants or scholarships								AI	nount		
e       Distributions during the year       Ie         f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Status and Status answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Aurent year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) 912, 542, 3, 972, 493, 3, 966, 509, 3, 977, 198, 3, 925, 788, 44, 633, 44, 633, 44, 633, 44, 633, 44, 643, 44, 633, 44, 643, 44, 633, 44, 643, 44, 643, 44, 643, 44, 643, 44, 643, 44, 643, 44, 643, 44, 643, 44, 644, 6											
f       Ending balance       11         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 on Part XII       Image: Society of the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Two years back       (f) Three years back       (f) Ture years back       (g) Ture years back											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, 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       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       4, 912, 542.       3, 972, 493.       3, 966, 509.       3, 977, 198.       3, 929, 788.         b       Contributions       -814, 021.       1, 054, 299.       56, 740.       77, 172.       156, 208.         c       Other expenditures for facilities       114, 250.       56, 500.       132, 500.       108, 798.         g       End of year balance       4, 098, 521.       4, 912, 542.       3, 972, 493.       3, 966, 509.       3, 977, 198.         g       End of year balance       42.0000       %       %       %       %       %         g       Ford of											
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prov years back       (c) Two years back       (d) Four years back         1a       Beginning of year balance       (a) 2urent year       (b) Prov years       (c) Two years back       (d) Four years back         1b       Contributions       (a) 2urent year       (b) Prov years       (c) Two years back       (d) Four years back         1b       Contributions       (a) 2urent year       (b) Prov years       (c) Two years back       (d) Four years back         1c       Status       (c) Two years back       (d) Four years back       (e) Four years back       (e) Four years back         1c       (c) Two years back       (d) Four years back       (e) Four years back       (e) Four years back         1c       Grants or scholarshipe       (c) Two years back       (e) Four years back       (e) Four years back         e Grants or scholarshipe       (c) Other expenditures for facilities       11, 054, 299.       56, 740.       77, 172.       156, 208.         g End of year balance       (d, 098, 521.       (d, 912, 542.       3, 972, 493.       3											
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           b Contributions         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           b Contributions         (b) Contributions         (c) Frid years back         (d) Three years back         (e) Four years back           c Net investment earnings, gains, and losses         -814,021         1,054,299         56,740         77,172         156,208           c Grants or scholarships         -814,021         1,054,299         56,500         132,500         108,798           c Administrative expenses         114,250         56,500         132,500         108,798           g End of year balance         4,098,521         4,912,542         3,972,493         3,966,509         3,977,198           2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶         42.0000         %           b Permanent endowment ▶         58.0000         _%         %         %         3a(i)         X           ii Hore secontalges on lines 2a, 2b, and 2c should equal 100%.         <		-				-		📖 Y	es		] <b>NO</b> ]
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       4,912,542       3,972,493       3,966,509       3,977,198       3,929,788         b       Contributions       5,744       44,633       5,744       44,633         c       Net investment earnings, gains, and losses       -814,021       1,054,299       56,740       77,172       156,208         d       Grants or scholarships       -814,021       1,054,299       56,500       132,500       108,798         f       Administrative expenditures for facilities and programs       114,250       56,500       132,500       108,798         g       End of year balance       4,098,521       4,912,542       3,972,493       3,966,509       3,977,198         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a board designated or quasi-endowment ▶       42.0000       %         b       Permanent endowment ▶       58.0000       9%       3,966,509       3,977,198         G       Term endowment ▶       58.0000       9%       3(0)       X         g       Indorganizations       (1)       (2)       (0)       %											1
1a       Beginning of year balance       1       4,912,542.       3,972,493.       3,966,509.       3,977,198.       3,929,788.         b       Contributions       5,744.       44,639.       5,744.       44,639.         c       Net investment earnings, gains, and losses       -814,021.       1,054,299.       56,740.       77,172.       156,208.         e       Other expenditures for facilities       114,250.       56,500.       132,500.       108,798.         f       Administrative expenses       114,250.       56,500.       132,500.       108,798.         g       End of year balance       4,098,521.       4,912,542.       3,972,493.       3,966,509.       3,977,198.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a Board designated or quasi-endowment ▶       42.0000 %         b       Permanent endowment ▶       58.0000       %       %       mage: and programs       a (i) X         (i)       Unrelated organizations       4.098,521.       4.912,542.       3,972,493.       3,966,509.       3,977,198.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Kan the related organizations       a (i) Mage       Mage       Mage	1 0		-					hack (	) Four	/ears	hack
b       Contributions       5,744.       44,639.         c       Net investment earnings, gains, and losses       -814,021.       1,054,299.       56,740.       77,172.       156,208.         d       Grants or scholarships       -       -       1       -       1       -       1       1       5,744.       44,639.       -       1       56,740.       77,172.       156,208.         d       Grants or scholarships       -       -       1       44,028.       56,500.       132,500.       108,798.         e       Other sependitures for facilities       -       1       4,098,521.       4,912,542.       3,972,493.       3,966,509.       3,977,198.         g       End of year balance       42.0000       %       - <th>10</th> <th>Persinning of year balance</th> <th>-</th> <th>-</th> <th></th> <th>• •</th> <th></th> <th>•</th> <th>, .</th> <th>·</th> <th></th>	10	Persinning of year balance	-	-		• •		•	, .	·	
c Net investment earnings, gains, and losses       -814,021       1,054,299       56,740       77,172       156,208         d Grants or scholarships			4,912,912.	5,572,455	_				5,	, נבי	/00.
d Grants or scholarships       Image: Constraint of the schematic			-814 021	1 054 299		'	,			156	208
e Other expenditures for facilities and programs       114,250       56,500       132,500       108,798.         f Administrative expenses       4,098,521       4,912,542       3,972,493       3,966,509       3,977,198.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶       42.0000       %         b Permanent endowment ▶       58.0000       %         c Term endowment ▶       58.0000       %         c Term endowment ▶       58.0000       %         in 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         (i) Unrelated organizations       3a(i) X       3a(i) X         b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3a(i) X         Part VI       Land, Buildings, and Equipment.       (b) Cost or other       (c) Accumulated       (d) Book value         0 basis (investment)       147,697.       147,697.       147,697.         b Buildings       3,034,465.       1,301,109.       1,733,356.         c Leasehold improvements       4,383,948.			014,021.	1,054,255		, / ±0.	· · ,-	.,		130,	200.
and programs       114,250.       56,500.       132,500.       108,798.         f Administrative expenses       4,098,521.       4,912,542.       3,972,493.       3,966,509.       3,977,198.         g End of year balance       42.0000       %       3,966,509.       3,977,198.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ►       42.0000       %         b Permanent endowment ►       58.0000       %       %       %       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       3a fait five and the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       3a(ii) X         (i) Unrelated organizations       3a(ii) X       3b       3b       4         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3a(ii) X       3b       3b         Part VI Land, Buildings, and Equipment.       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         1a Land       147, 697.       147, 697.       147, 697.       147, 697.       147, 697.		E CONTRACTOR									
f       Administrative expenses       4,098,521.       4,912,542.       3,972,493.       3,966,509.       3,977,198.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       42.0000       %         b       Permanent endowment ▶       58.0000       %       %         c       Term endowment ▶       %       %         f       Monitorial designated or quasi-endowment ▶       %         f       Are there endowment ▶       %         f       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)         (i)       Unrelated organizations       3a(i)       X         ii)       Related organizations       3a(ii)       X         dia(ii)       x       3a(ii)       X         abs       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(i)       X         d       Describe in Part XIII the intended uses of the organization's endowment funds.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (other)       (b) Cost or other basis (other)	e			114 250	56	500	132 1	500		108	798
g End of year balance       4,098,521.       4,912,542.       3,972,493.       3,966,509.       3,977,198.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       42.0000       %         b Permanent endowment ▶       58.0000       %       %         c Term endowment ▶				114,250		, 300.	152,			100,	750.
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶       42.0000       %         b       Permanent endowment ▶       58.0000       %         c       Term endowment ▶      %         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:			4 098 521	1 912 543	3 972	193	3 966 1	509	3	977	198
a Board designated or quasi-endowment ▶       42.0000       %         b Permanent endowment ▶       58.0000       %         c Term endowment ▶      %         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       3a(i) X         (ii) Related organizations       3a(ii) X       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3a(ii) X         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.       (d) Book value         1a Land       147, 697.       147, 697.         b Buildings       3, 034, 465.1, 301, 109.1, 733, 356.         c Leasehold improvements       4, 383, 948.3, 771, 629.612, 319.         d Equipment       585, 945.426, 713.159, 232.         e Other       2, 652, 604.	-		, ,			,495.	5,900,		5,	<i>, יי</i>	190.
b       Permanent endowment ▶       58.0000       %         c       Term endowment ▶      %         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)         (ii)       Unrelated organizations       3a(i)       X         (iii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         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.       (d) Book value depreciation         1a       Land       147, 697.       147, 697.         b       Buildings       3, 034, 465.       1, 301, 109.       1, 733, 356.         c       Leasehold improvements       4, 383, 948.       3, 771, 629.       612, 319.         d       Equipment       585, 945.       426, 713.       159, 232.         e       Other       2, 652, 604.       2, 652, 604.					(a)) neiù as.						
c       Term endowment      %         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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> 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         b Buildings       3,034,4655         c Leasehold improvements       4,383,948         d Equipment       585,945         e Other				_%							
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation depreciation</li> <li>(d) Book value basis (investment) basis (other) basis (other) depreciation</li> <li>(d) Book value basis (investment)</li> <li>(i) Cost or other depreciation</li> <li>(i) Add (ings)</li> <li>(i) Add (ings)</li> <li>(i) Ad</li></ul>											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i) X         (ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         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.       (d) Book value         1a Land       147, 697.       147, 697.         b Buildings       3, 034, 465.       1, 301, 109.       1, 733, 356.         c Leasehold improvements       4, 383, 948.       3, 771, 629.       612, 319.         d Equipment       585, 945.       426, 713.       159, 232.         e Other       E       E       E         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       L       2, 652, 604.	С		-								
by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 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 Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2, 652, 604.	0-		-					_			
(i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4       Describe in Part XII the intended uses of the organization's endowment funds.       3c       3c         Part VI       Land, Buildings, and Equipment.       3c       3c       3c         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         1a       Land       147,697.       147,697.       147,697.         b       Buildings       3,034,465.1,301,109.1,733,356.       1,301,109.1,733,356.       1,2319.         c       Leasehold improvements       4,383,948.3,771,629.612,319.       612,319.         d       Equipment       585,945.426,713.159,232.       92,652,604.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       2,652,604.	3a	•	ssion of the organiza	ition that are held	and administere	ed for the	organization	1		Vac	No
(ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       147,697.       147,697.         b Buildings       3,034,465.       1,301,109.       1,733,356.         c Leasehold improvements       4,383,948.       3,771,629.       612,319.         d Equipment       585,945.       426,713.       159,232.         e Other         2,652,604.		-						Г			
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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 (other)       (c) Accumulated depreciation         1a       Land       147, 697.         b       Buildings       3, 034, 465.       1, 301, 109.       1, 733, 356.         c       Leasehold improvements       4, 383, 948.       3, 771, 629.       612, 319.         d       Equipment       585, 945.       426, 713.       159, 232.         e       Other       2, 652, 604.											x
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)         basis (investment)       basis (other)         1a Land       147,697.         b Buildings       3,034,465.         c Leasehold improvements       4,383,948.         d Equipment       585,945.         e Other       0         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       2,652,604.	h	(ii) Related organizations	tiona liatad aa raquir	ad an Cabadula D	·····			······ 🛓	<u> </u>		
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       147,697.       147,697.       147,697.         b Buildings       3,034,465.       1,301,109.       1,733,356.         c Leasehold improvements       4,383,948.       3,771,629.       612,319.         d Equipment       585,945.       426,713.       159,232.         e Other        2,652,604.								L	30		
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       147,697.       147,697.         b Buildings       3,034,465.       1,301,109.       1,733,356.         c Leasehold improvements       4,383,948.       3,771,629.       612,319.         d Equipment       585,945.       426,713.       159,232.         e Other        2,652,604.	<u> </u>			whent lunds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land147,697.147,697.b Buildings3,034,465.1,301,109.1,733,356.c Leasehold improvements4,383,948.3,771,629.612,319.d Equipment585,945.426,713.159,232.e Other2,652,604.				Part IV, line 11a	See Form 990.	Part X, lir	ne 10.				
basis (investment)         basis (other)         depreciation           1a Land         147,697.         147,697.           b Buildings         3,034,465.         1,301,109.         1,733,356.           c Leasehold improvements         4,383,948.         3,771,629.         612,319.           d Equipment         585,945.         426,713.         159,232.           e Other         2,652,604.         2,652,604.		· · ·		· · · · · · · · · · · · · · · · · · ·				(d)	Book	value	
1a Land       147,697.       147,697.         b Buildings       3,034,465.       1,301,109.       1,733,356.         c Leasehold improvements       4,383,948.       3,771,629.       612,319.         d Equipment       585,945.       426,713.       159,232.         e Other       2,652,604.		Description of property		• •		• •		[ (u)	DOOK	value	7
b Buildings       3,034,465.       1,301,109.       1,733,356.         c Leasehold improvements       4,383,948.       3,771,629.       612,319.         d Equipment       585,945.       426,713.       159,232.         e Other       Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       2,652,604.	1a	Land	``	,	、 ,				147	.69	97.
c       Leasehold improvements       4,383,948.3,771,629.612,319.         d       Equipment       585,945.426,713.159,232.         e       Other       2,652,604.						1.30	)1.109.	1.			
d Equipment       585,945.       426,713.       159,232.         e Other       70tal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       2,652,604.											
e Other											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							.,			,	
	-			X. column (R) line	10c.)		•	2	652	,60	04.
			,	, , (D), (O			Sche				

132052 10-28-21

Complete if the organization answered "Yes"		• • • • • • • • • • • • • • • • • • •	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	on Form 000 Port IV line	11a Cas Form 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
.,		(c) Method of Valdation. Cost of end	oryear market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(7)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) COLLECTIONS			2,012,920
(2) INTEREST IN PERPETUAL TRU	STS		1,999,198
(3) INTEREST IN CHARITABLE TR	USTS		724,822
(4) UNEMPLOYMENT RESERVE ACCO	UNT		30,612
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		4,767,552
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			
(2) DEPOSITS			48,890
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin			48,890

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🗴

08501114 150929 80568

### Schedule D (Form 990) 2021 SANTA BARBARA HISTORICAL MUSEUM

Sche	dule D (Form 990) 2021 SANTA BARBARA HISTORICAL	MUSEUM		95-	6005796	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.				
1	Total revenue, gains, and other support per audited financial statements			1	599	,548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-438,834.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-479,078.			
е	Add lines 2a through 2d			2e		,912.
3	Subtract line 2e from line 1			3	1,517	,460.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,093.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c		,093.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,546	,553.
Pa	t XII Reconciliation of Expenses per Audited Financial State		i Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				1 570	002
1	Total expenses and losses per audited financial statements			1	1,578	,903.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1				
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses		<b>11 00E</b>			
d	Other (Describe in Part XIII.)		41,095.		11	005
-	Add lines 2a through 2d			2e		,095.
3	Subtract line 2e from line 1			3	1,537	,888.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
	Investment expenses not included on Form 990, Part VIII, line 7b		29,093.			
	Other (Describe in Part XIII.)	4b			20	002
С	Add lines 4a and 4b			4c		,093.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	1,566	,90T•
Pa	t XIII Supplemental Information.					

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

### PART III, LINE 1A:

BECAUSE THE VALUES OF THE COLLECTIONS EXISTING AS OF DECEMBER 31, 1990,
ARE NOT READILY DETERMINABLE, THE MUSEUM HAS NOT CAPITALIZED THEM.
PURCHASED HISTORIC ARTIFACTS ARE CAPITALIZED WHEN ACQUIRED. SINCE 1990,
DONATIONS OF INDIVIDUAL GIFTS VALUED IN EXCESS OF \$5,000 ARE RECORDED AT
FAIR MARKET VALUE AT THE DATE OF DONATION. ARTIFACTS ARE CONSIDERED
INEXHAUSTIBLE AND, THEREFORE, ARE NOT BEING DEPRECIATED DUE TO THEIR
HISTORICAL VALUE. THE MUSEUM'S ARTIFACTS ARE HELD FOR EXHIBITION TO THE
PUBLIC, FOR EDUCATIONAL PURPOSES OR FOR RESEARCH, WITH THE INTENT OF BEING
PROTECTED, CARED FOR AND PRESERVED. ANY PROCEEDS FROM THE DEACCESSIONING
OF COLLECTION ITEMS WILL BE REINVESTED IN THE ACQUISITION OF OR THE
PROTECTION, CARE, AND PRESERVATION OF OTHER ARTIFACTS IN ACCORDANCE WITH A
132054 10-28-21 Schedule D (Form 990) 2021 28
20 2021.03030 SANTA BARBARA HISTORICAL MU 80568_1

POLICY OF THE AMERICAN ALLIANCE OF MUSEUMS RATIFIED BY MUSEUM'S BOARD OF TRUSTEES.

PART III, LINE 4:

FOUNDED IN 1932 AND INCORPORATED IN 1943, THE SANTA BARBARA HISTORICAL

MUSEUM IS DEDICATED TO PROMOTING AN APPRECIATION AND UNDERSTANDING OF

SANTA BARBARA REGIONAL HISTORY.

PART V, LINE 4:

THE BOARD HAS SET ASIDE FUNDS FOR PROGRAM STABILIZATION. ON AN ANNUAL

BASIS, THE BOARD DETERMINES AN APPROPRIATE AMOUNT TO BE TRANSFERRED FROM

BOARD DESIGNATED FUNDS TO SUPPORT OPERATIONS.

THE PERMANENT ENDOWMENT IS FOR THE SUPPORT OF THE FOLLOWING PROGRAMS:

EDUCATION AND OUTREACH, COLLECTIONS, LIBRARY, AND GENERAL OPERATIONS.

PART X, LINE 2:

THE MUSEUM IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AT YEAR-END FOR ANY YEAR FOR WHICH THE STATUTE REMAINS OPEN.

PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN VALUE OF CHARITABLE TRUSTS CHANGE IN VALUE OF PERPETUAL TRUSTS COST OF SALES

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES

132055 10-28-21

41,095.

-101,425.

-418,748.

-479,078.

41,095.

Schedule D (Form 990) 2021

29

SCHEDULE G		ntal Information Regarding						DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on rganization entered more than \$1				or 19,	or if the	2021
Department of the Treasury Internal Revenue Service	•	Attach to Form 990						Open to Public Inspection
Name of the organizatio		<sub>o to</sub> www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.	Employer ide	ntification number
Part I Fundrais		ARBARA HISTORICAL					95-6005	
	complete this par	Complete if the organization answe t.	ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-E2	filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person solicitat</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	s f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatic	n is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.		Schedule	e G (Form 990) 2021

132081 10-21-21

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 LA FIESTA DEL MUSEO	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	65,500.			65,500.
	2	Less: Contributions	65,500.			65,500.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
SS	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
De		Net income summary. Subtract line 10 from li				
Pa	ILI		answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these			Yes No
10						
		ere any of the organization's gaming licenses re 'Yes," explain:		-	year?	Yes No

132082 10-21-21

Schedule G (Form 990) 2021

	edule G (Form 990) 2021			HISTORICAL				6 Page 3
11	Does the organization conduct ga	aming activiti	es with nonmen	nbers?			Yes	No
12	Is the organization a grantor, ben							
	to administer charitable gaming?						Ves	└── No
	Indicate the percentage of gamin							
	The organization's facility							<u>%</u> %
	An outside facility Enter the name and address of th						130	70
••				organization o gaming				
	Name							
	Address ►							
15a	Does the organization have a con	tract with a t	hird party from	whom the organization	on receives gaming revenue?		🗌 Yes	🗌 No
b	If "Yes," enter the amount of gam	ing revenue i	received by the	organization 🕨 \$	and the ar	nount		
	of gaming revenue retained by the							
c	If "Yes," enter name and address	of the third p	party:					
	Name 🕨							
	Address ►							
16	Gaming manager information:							
10	Gaming manager information.							
	Name							
	Gaming manager compensation	► \$						
	Description of services provided							
	Description of services provided							
	Director/officer		/ee	Independent c	ontractor			
17	Mandatory distributions:							
а	Is the organization required under	r state law to	make charitable	e distributions from t	he gaming proceeds to			┌┐
							L Yes	└── No
D	<ul> <li>Enter the amount of distributions organization's own exempt activit</li> </ul>	•			er exempt organizations or spe	nt in the		
Pa		U			Part I, line 2b, columns (iii) and	(v); and Pa	rt III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable.	Also provide an	y additional informati	ion. See instructions.			
1320	83 10-21-21			2.0		Sched	ule G (Forn	n 990) 2021
				32				

Schedule G	(Form 990)
Dout IV	O mailer

32084 11-18-21					Sche	dule G (Form 99
01114 150929 80568	2021.03030	33 SANTA	BARBARA	HISTORICAL	MU	80568_ 1

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

21 L

**Open to Public** 

. Inspection

ſ

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 instructions and the latest information.

Name of the organization

Employer identification number 95-6005796

Droporty			
SANTA	BARBARA	HISTORICAL	MUSEUM

Fai	LI I	Types of Property							
			<b>(a)</b> Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	Method noncash coi	(d) of determ ntribution	0	is
			x	6	Form 990, Part VIII, line 1g	FMV DATE			TON
		Vorks of art	A	0	9,200.	FMV DAIE	OF D	JIAI	TON
2		listorical treasures							
3		ractional interests							
4		s and publications							
5		ng and household goods							
6		and other vehicles							
7		and planes							
8		ctual property	77	1	10 401			<u></u>	TON
9		ities - Publicly traded	X	L	10,401.	FMV DATE	OF D	JNAT	TON
10		ities - Closely held stock							
11	Secur	ities - Partnership, LLC, or							
		nterests							
12	Secur	ities - Miscellaneous							
13	Qualif	ied conservation contribution -							
	Histor	ic structures							
14	Qualif	ied conservation contribution - Other							
15	Real e	estate - Residential							
16	Real e	estate - Commercial							
17		estate - Other							
18		tibles							
19		inventory							
20		and medical supplies						-	
21		ermy						-	
22		ical artifacts	Х	174	5,000.	FMV DATE	OF D	DNAT	ION
23		tific specimens							
24		ological artifacts							
25	Other								
26	Other	• <u> </u>							
27	Other								
28	Other	► ()							
29	Numb	per of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions	•			
		nich the organization completed Form 82							
		0	, ,					Yes	No
30a	Durino	g the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
		hold for at least three years from the date							
		pt purposes for the entire holding period					30a		Х
b		s," describe the arrangement in Part II.							
31		the organization have a gift acceptance	oolicy that r	equires the review	of any nonstandard contribution	utions?	31	Х	
		the organization hire or use third parties	•	-	-				<u> </u>
	contri	butions?		8	, <b>,</b> ,		32a		x
b		s," describe in Part II.							
33		organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
		ibe in Part II.							
ΙНΔ	Eor	Paperwork Reduction Act Notice see	the Instruc	tions for Form 99	Λ	Schod		rm 990'	12021

Reduction Act Notice, see the Instructions for Form 990.

dule M (Form 990) 2021

132141 11-17-21

08501114 150929 80568

Schedule M (Form 990) 2021 $S$	ANTA	BARBARA	HISTORICAL	MUSEUM
--------------------------------	------	---------	------------	--------

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

SCHEDULE M, LINE 33:

Part II

PER THE MUSEUM'S POLICY, THE MUSEUM DOES NOT RECORD AS REVENUE DONATED

### ART AND OBJECTS OF HISTORICAL SIGNIFICANCE WITH AN ESTIMATED VALUE OF

LESS THAN \$5,000.

Schedule M (Form 990) 2021

95-6005796

Page 2

132142 11-17-21

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ.

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

SANTA BARBARA HISTORICAL MUSEUM

95-6005796

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

THE MUSEUM OFFERS FOUR CUSTOM ONSITE PROGRAMS THAT FIT INTO THE STATE

OF CALIFORNIA STANDARDS FOR KINDERGARTEN THROUGH FOURTH GRADE.

ADDITIONALLY, MANY MORE VISITED THE MUSEUM'S SATELLITE EXHIBITS AT THE

HILL-CARRILLO ADOBE, SANTA BARBARA AIRPORT AND COTTAGE HOSPITAL.

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

TEMPORARY EXHIBITIONS:

IN ADDITION TO THE MUSEUM'S SIGNATURE GALLERIES, THE ORGANIZATION

HOSTED TEMPORARY EDUCATIONAL EXHIBITIONS: EDWARD BOREIN AND HIS CIRCLE

OF FRIENDS, TAKE A HIKE: SAVE THE WORLD, HUGUETTE MARCELLE CLARK: A

PORTRAIT OF THE ARTIST, HENRY CHAPMAN FORD: THE MUSEUM COLLECTION,

PROJECT FIESTA: THE HISTORY OF OLD SPANISH ALONG WITH ONLINE

EXHIBITION, QUEEN ON THE HILL: THE SANTA BARBARA MISSION.

PUBLICATIONS:

IN ADDITION THE MUSEUM'S SCHOLARLY JOURNAL, NOTICIAS, THE MUSEUM

PRODUCED A SIGNIFICANT PUBLICATION, EDWARD BOREIN: ETCHED BY THE WEST

BY B. BYRON PRICE

FORM 990, PART VI, SECTION A, LINE 2:

SHARON BRADFORD AND BRETT HODGES HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECT	ION B, LINE 11B:
THE DIRECTOR OF ACCOUNT	ING AND THE EXECUTIVE DIRECTOR REVIEW THE DRAFT OF
THE 990 WHICH THEN IS R	EVIEWED BY THE AUDIT COMMITTEE. A COPY OF THE 990
LHA For Paperwork Reduction Act Notice, s	see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021
132211 11-11-21	36
08501114 150929 80568	2021.03030 SANTA BARBARA HISTORICAL MU 805681

Schedule O (Form 990) 2021 Page <b>2</b>			
Name of the organization SANTA BARBARA HISTORICAL MUSEUM	Employer identification number 95-6005796		
IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR	TO FILING.		
FORM 990, PART VI, SECTION B, LINE 12C:			

THE MUSEUM PROVIDES EACH TRUSTEE WITH A TRUSTEE HANDBOOK, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY AND FORM FOR TRUSTEE SIGNATURE. THE EXECUTIVE COMMITTEE REVIEWS THE FORMS FOR ANY CONFLICTS; THE BOARD OF TRUSTEES IS AWARE OF THE PROCEDURE TO UPDATE THE FORMS IF CIRCUMSTANCES CHANGE. THE TRUSTEES WITH CONFLICTS KNOW TO RECUSE THEMSELVES WHEN MATTERS COME TO A VOTE.

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

THE SALARY OF THE DIRECTOR IS SET BY THE BOARD OF TRUSTEES AFTER REVIEW OF COMPARABLE NONPROFITS AND MUSEUMS.

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

THE MUSEUM MAKES ITS ANNUAL FINANCIAL AUDIT, FORM 1023, FORM 990, AND 990-T AVAILABLE UPON REQUEST DURING THE NORMAL BUSINESS HOURS OF THE MUSEUM OR WILL MAIL COPIES IF REQUESTED. IN ADDITION, THE MUSEUM POSTS ON ITS OWN WEBSITE ITS FINANCIAL AUDIT AND FORM 990 AS WELL AS ITS ANNUAL REPORT.

-418,748.
-101,425.
-520,173.
_

FORM 990, PART VI, SECTION A, LINE 1:

THE MUSEUM'S BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE. THE EXECUTIVE

COMMITTEE INCLUDES THE PRESIDENT, VICE PRESIDENT, SECRETARY AND

Schedule O (Form 990) 2021	Page <b>2</b>				
Name of the organization SANTA BARBARA HISTORICAL MUSEUM	Employer identification number 95-6005796				
TREASURER. THE EXECUTIVE DIRECTOR SHALL SERVE AS A NONVOTING MEMBER OF					
THE COMMITTEE. THE EXECUTIVE COMMITTEE, UNLESS LIMITED BY A RESOLUTION					
OF THE BOARD, SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE					
BOARD IN THE MANAGEMENT OF THE CORPORATION BETWEEN MEETIN	GS OF THE				
BOARD; PROVIDED, HOWEVER, THAT THE EXECUTIVE COMMITTEE SH	ALL NOT HAVE				
THE AUTHORITY OF THE BOARD WITH REFERENCE TO THESE MATTER	S:				
A) TAKE ANY FINAL ACTION ON MATTERS WHICH, UNDER THE CALI	FORNIA				
NONPROFIT PUBLIC BENEFIT CORPORATION LAW ALSO REQUIRES BO	ARD OF				
TRUSTEES APPROVAL;					
B) FILL VACANCIES ON THE BOARD OF TRUSTEES OR ON ANY COMMITTEE;					
C) AMEND OR REPEAL BYLAWS OR ADOPT NEW BYLAWS					
D) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS					
EXPRESS TERMS IS NOT AMENDABLE OR REPEALABLE;					
E) APPOINT ANY OTHER COMMITTEES OF THE BOARD OF TRUSTEES	OR THE MEMBERS				
OF THESE COMMITTEES; EXPEND CORPORATE FUNDS TO SUPPORT A NOMINEE FOR					
TRUSTEE; OR					
F) APPROVE ANY CONTRACT OR TRANSACTION (1) TO WHICH THE C	ORPORATION IS				
A PARTY AND ONE OR MORE TRUSTEES HAVE A MATERIAL FINANCIA	L INTEREST; OR				
(2) BETWEEN THE CORPORATION AND ONE OR MORE OF ITS TRUSTE	ES OR BETWEEN				
THE CORPORATION AND ANY ENTITY IN WHICH ONE OR MORE OF IT	S TRUSTEES				
HAVE A MATERIAL FINANCIAL INTEREST.					
ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED	TO AND				

RATIFIED BY THE FULL BOARD AT THE NEXT DULY SCHEDULED BOARD MEETING.

THE EXECUTIVE COMMITTEE MEETS AS NEEDED.

FORM	990,	PAGE	12,	PART	XII,	LINE	2C:	

132212 11-11-21

Name of the organization SANTA BARBARA HISTORICAL MUSEUM	Employer identification number 95-6005796
THE MUSEUM'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEIN	G THE AUDIT
PROCESS. THE AUDIT COMMITTEE 1) RECOMMENDS THE SELECTION	OF THE
AUDITOR TO THE BOARD, 2) REVIEWS THE AUDIT, 3) RECOMMENDS	ITS
ACCEPTANCE OF THE REPORT TO THE BOARD. THIS PROCESS HAS	NOT CHANGED
SINCE LAST YEAR.	
22212 11.11.21	Schedule O (Form 000) 20
<sup>32212</sup> 11-11-21 01114 150929 80568 2021.03030 SANTA BARBARA HIST	Schedule O (Form 990) 20 CRICAL MU 80568