(For Registry Use Only)

STATE OF CALIFORNIA RRF-1 (Rev 09/2017)

MAIL TO Registry of Charitable Trusts P.O Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS www oag ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586 1. IRS extensions will be honored

SANTA BARBARA MUSEUM OF ART Name of Organization		Attorney General's nge of address nded report Attorney General's	Office					
List all DBAs and names the organization uses or has used								
1130 STATE STREET	State Chai	Registry of Charitable	Trusts					
Address (Number and Street)			· · · · · ·					
SANTA BARBARA, CA 93101 City or Town, State, and ZIP Code	Corporatio	n or Organization No. 0181915						
805-884-6422	Federal Employer ID No. 95-1664122							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departn								
Gross Annual Revenue Fee Gross Annual Revenue Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Gross Annual Revenue Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	Fee \$150 \$225 \$300					
PART A - ACTIVITIES For your most recent full accounting period (beginning 07/01/20								
Gross Annual Revenue \$ 11,063,664 Noncash Contributions \$ Program Expenses \$ 6,948,996 PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF	597 Total Expended	, 404 Total Assets \$ 121,839 nses \$ 8,573,820	9,537					
Note: All questions must be answered. If you answer "yes" to any of the questions providing an explanation and details for each "yes" response. Please re	stions below eview RRF-		Yes No					
During this reporting period, were there any contracts, loans, leases or other fi and any officer, director or trustee thereof, either directly or with an entity in w any financial interest?		sactions between the organization	х					
2. During this reporting period, was there any theft, embezzlement, diversion or r or funds?	nisuse of the		х					
3. During this reporting period, were any organization funds used to pay any pen	alty, fine or j	udgment?	x					
4. During this reporting period, were the services of a commercial fundraiser, fun commercial coventurer used?	draising cou	nsel for charitable purposes, or	Х					
5. During this reporting period, did the organization receive any governmental fur	nding?		х					
6. During this reporting period, did the organization hold a raffle for charitable pu	rposes?		х					
7. Does the organization conduct a vehicle donation program?			х					
8. Did the organization conduct an independent audit and prepare audited finance generally accepted accounting principles for this reporting period?	cial statemer	nts in accordance with	х					
9 At the end of this reporting period, dld the organization hold restricted net ass	ets, while re	porting negative unrestricted net assets?	x					
I declare under penalty of perjury that I have examined this report, including and belief, the content is true, correct and complete, and I am authorized to sign	gn.		wledge					
LARRY FEINBERG		HIEF EXECUTIVE FFICER 4//F	12-2					
Signature of Authorized Agent Printed Name	Title		1000					

829291 01-24-20

Title

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1

STATEMENT

13

THE CHIEF EXECUTIVE OFFICE AND CHIEF FINANCIAL OFFICER ARE PAID FOR THEIR SERVICES TO THE MUSEUM. SEE FORM 990, PART VII FOR ADDITIONAL DETAILS.

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

OMB No 1545-0047

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

В	Check if	C Name of organization	D	Employer i	dentifi	cation number
	Addre	SS CANTA DADDADA MIICEIIM OF ADD	İ			
	lchang Name			0	E 1	664122
-	lchang lnitial		- I			664122
\vdash	return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E	Telephone r		
_	return- termir	······································				884-6422
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		Gross receipts		22,322,693.
\vdash	lreturn ∏Applic	SANTA BARBARA, CA 93101	H(a	a) Is this a g		
L_	tion pendi	F Name and address of principal officer: LARRY FEINBERG		for subord		
		1130 STATE STREET, SANTA BARBARA, CA 9310				ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527			list. (see instructions)
		te: > WWW.SBMA.NET				n number
			Year of for	rmation: 19	41 N	A State of legal domicile: CA
P	art I	Summary	-			
é	1	Briefly describe the organization's mission or most significant activities: TO INTEG	GRATE	ART I	NTO	THE LIVES
& Governance		OF PEOPLE		· · · · · · · · · · · · · · · · · · ·		
e.u	2	Check this box if the organization discontinued its operations or disposed of	more tha	n 25% of its	net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	- F1//E	n	. 3	30
8	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a)	enera	's Office	4 ج	30
	5				. 5	111
Activities	6	Total number of volunteers (estimate if necessary)	-2 6-20	າງຖ	. 6	150
4ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	2 0 20	JZU	. 7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 38	<u> </u>		. 7b	0.
		Registry of	Charita	idia Veliat	S	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	8	,216,1	88.	4,877,425.
enc	9	Program service revenue (Part VIII, line 2g)	1	,514,6	06.	2,027,512.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3	<u>,577</u> ,5	54.	2,974,189.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	,065,7	15.	1,184,538.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14	,374,0	63.	11,063,664.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4	,461,2	59.	4,841,892.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25) 486,003.				
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4	,262,2	56.	3,731,928.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,723,5		8,573,820.
	19	Revenue less expenses. Subtract line 18 from line 12		,650,5		2,489,844.
Ses				ing of Current		End of Year
let Assets or und Balances	20	Total assets (Part X, line 16)		,573,5		121,839,537.
See See	21	Total liabilities (Part X, line 26)	_	,621,3		5,624,029.
훒	22	Net assets or fund balances. Subtract line 21 from line 20		,952,1		116,215,508.
Pa	art II	Signature Block				
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements,	and to the be	st of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre				
Sig	n	Signature of officer	-	Date		
Her	e	LARRY FEINBERG, CHIEF EXECUTIVE OFFICER				
		Type or print name and title	- —			
		Print/Type preparer's name Preparer's signature	Date	C	heck	PTIN
Paid	i	JOHN BRITTON		ıf sı	elf-employ	P00290353
	arer	Firm's name BARTLETT, PRINGLE & WOLF, LLP		Firm's E		95-2089835
•	Only	Firm's address 1123 CHAPALA ST., P.O. BOX 90860				
		SANTA BARBARA, CA 93190-0860	·	Phone r	10. (8	05)963-7811
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		1 . 110110 1		X Yes No
		the state of the s		 		140

	990 (2018) SANTA BARBARA MUSEUM OF ART	95-1664122	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TO INTEGRATE ART INTO THE LIVES OF PEOPLE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		
4a	(Code	PT, MAINTAIN	623. AND
4b	(Code)(Expenses \$1,228,130. including grants of \$) (Revenue EDUCATION - PROVIDE FREE IN-DEPTH, CURRICULUM-BASED DOCE EDUCATION OUTREACH TO THE COMMUNITY, PROVIDE LECTURES, EDUCENT TOURS AND ART ACTIVITIES FOR THE COMMUNITY.	ENT TOURS, A	
4c	(Code)(Expenses \$1,399,997. including grants of \$) (Revenue MEMBER TOURS - PROVIDE FIRST HAND EXPOSURE TO GREAT ART, GARDENS AND ARCHEOLOGICAL SITES FOR MEMBERS OUTSIDE THE MUSEUM. THESE TOURS PROVIDE A CONTEXTUAL REFERENCE FOR TOURLECTION AND EXHIBITIONS.	ARCHITECTU	RE,
4d	140.053	65.220.)	
40	(Expenses \$ 149,853 including grants of \$) (Revenue \$	V-1 2 4 4 V + J	

Form **990** (2018)

Form 990 (2018) SANTA BARBARA MUSEUM OF ART Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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	_		37
	similar amounts as defined in Revenue Procedure 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			v
7		6		X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-	- 22	
Ť	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	and the second reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40.		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	10h	v	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Х	X
14a	Did the organization maintain an office ampleyees or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,		Ţ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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	X	
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	-	<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			v
	democracy government on reactive, columnity, line is it is res, complete schedule i, Parts rand if	21	i	X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ı	ĺ
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
~=	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.7
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	_28b		
·	director trustee or direct or indirect owner? If "Voc " complete Schodule 1. Port II.	200		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	22	
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	-21	
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note. All Form 990 filers are required to complete Schedule O	38	X	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V		 -	ـــــــــــــــــــــــــــــــــــــــ
_		<u></u>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_	<u>X</u>	(00:=
832004	I 12-31-18	⊢orm	330 ((2018)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 111 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a 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 was required to file Form 8282? X 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 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 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? ... Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Х 16 if "Yes," complete Form 4720, Schedule O.

Form **990** (2018)

Form 990 (2018) SANTA BARBARA MUSEUM OF ART 95-1664122 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 30 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 30 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply-X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LARRY FEINBERG - 805-884-6422

Form **990** (2018)

00200520 750163 1/100

1130 STATE STREET, SANTA BARBARA,

93101

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average		not c	Pos heck	itior more	than		Reportable	Reportable	Estimated
	hours per week		, unle cer an					compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	or dir	, e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		8	npens		(W-2/1099-MISC)		organization
	below	da da da	ittonai	_	nploy	st con	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KENNETH ANDERSON	5.00									
TRUSTEE		X						0.	0.	0.
(2) PAT AOYAMA	10.00									
VICE CHAIR AND TRUSTEE		X		X				0.	0.	0.
(3) GWEN BAKER	5.00									
TRUSTEE		X						0.	0.	0.
(4) BETSY ATWATER	15.00	l				į	İ	_	_	
CHAIR AND TRUSTEE		X		X				0.	0.	0.
(5) RICHARD DE SCHUTTER	5.00									
TRUSTEE	F 00	X		_		_		0.	0.	0.
(6) SARAH VEDDER	5.00									•
TRUSTEE	F 00	X			<u> </u>			0.	0.	0.
(7) LES CHARLES	5.00	. ,							0	0
TRUSTEE	5.00	X				-		0.	0.	0.
(8) JOAN DAVIDSON	3.00	X						0.	0.	0.
TRUSTEE (9) NORMAN KURLAND	5.00	^						0.	0.	
TRUSTEE	3.00	x						0.	0.	0.
(10) LOIS ERBURU	5.00	22			 		-	0.	0.	
TRUSTEE	3.00	x					i	0.	0.	0.
(11) KANDY LURIA-BUDGOR	5.00	 								
TRUSTEE		X			ļ			0.	0.	0.
(12) BRUCE WORSTER	10.00									
SECRETARY AND TRUSTEE		X		X				0.	0.	0.
(13) CLAY TEDESCHI	5.00									
TRUSTEE		X						0.	0.	0.
(14) JOHN GARDNER	5.00									
TRUSTEE		X				_		0.		0.
(15) NICHOLAS MUTTON	5.00									
TRUSTEE		X			<u></u>	ļ		0.	0.	0.
(16) ELAINE GRAY	5.00								_	_
TRUSTEE		X			_			0.	0.	0.
(17) PERRI HARCOURT	5.00	-							_	•
TRUSTEE 832007 12-31-18		X				L		0.	0.	0. Form 990 (2018)

832007 12-31-18

Form **990** (2018)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck		า e than	one	Reportable	Reportable		Estimate	ed
	hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation		amount	
	week (list any		CGI AII	T	1111000	Tirus	100)	1 110111	from related		other	
	hours for	direct						the organization	organizations (W-2/1099-MISC)	CC	mpensa from th	
	related	ee or	Stee			nsate		(W-2/1099-MISC)	(***2/1099-10130)		rganizat	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee	İ	(** = * * * * * * * * * * * * * * * * *			and relat	
	below	viđual	tettor	, in	Key employee	loyee	탈			OI	ganızati	ons
	line)	Ē	Inst	Officer	Ř	돌	Former					
(18) MERRILL SHERMAN	5.00											
TRUSTEE		X		L	<u> </u>	<u> </u>		0.	0			0.
(19) CONNIE FRANK	5.00											
TRUSTEE		X	<u> </u>					0.	0	•		0.
(20) GINA JANNOTTA	5.00											
TRUSTEE		X		<u> </u>				0.	0			0.
(21) JACQUELYN KLEIN-BROWN	5.00									1		
TRUSTEE		X	ļ				<u> </u>	0.	0	•		0.
(22) FRANCOISE PARK	5.00											
TRUSTEE		X						0.	0			0.
(23) DIANE SULLIVAN	5.00											
TRUSTEE		X					<u> </u>	0.	0			0.
(24) JEANNE TOWLES	5.00											
TRUSTEE		Х					L	0.	0	•		0.
(25) MICHAEL WILSON	5.00											
TRUSTEE		X					L	0.	0	•		0.
(26) JOHN MIKE COHEN	5.00											
TRUSTEE		X						0.	0	•		0.
1b Sub-total							ightharpoons	0.	0			0.
c Total from continuation sheets to Part VI								570,174.	0		27,1	
d Total (add lines 1b and 1c)							<u> </u>	570,174.	0	<u>•</u>	<u>27,1</u>	<u>00.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wh	no r	eceived more than \$100	,000 of reportable			
compensation from the organization											,	3
											Yes	No
3 Did the organization list any former officer,		ıste	e, ke	y en	nplo	yee,	, or	highest compensated er	mployee on			l
line 1a? If "Yes," complete Schedule J for si					•					3		<u> </u>
4 For any individual listed on line 1a, is the su									the organization			
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	<u> olete Schedule</u>	e J f	or st	ıch j	pers	on .		···· <u>· · · · · · · · · · · · · · · · ·</u>		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cou										isation	from	
the organization. Report compensation for t	ne calendar y	ear e	enali	ng w	/itn (or w	<u>itnir</u> T		/ear.			
(A) Name and business	address							(B) Description of s	envices		(C) ensation	n
KUPIEC ARCHITECTS PC, 401		7	СП	ם מו	2 12 0	п					CHSation	
SUITE 105, SANTA BARBARA,				LKE	567	ι,		ARCHITECTURA:	L	0	20 2	60
DOTTE 103, DANTA DANDANA,	CA JJ		<u> </u>				-	SERVICES			38,3	04.
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							\dashv					
							\exists					
		_										
							\exists					
2 Total number of independent contractors (in		ot lir	nite	d to	tho	se lis	sted	l above) who received m	ore than			
\$100,000 of compensation from the organiz												
SEE PART VII, SECTION	I A CONI	II.	IU.	TI	[0]	1 5	H	EETS		Forr	n 990 (2	2018)

SANTA BARBARA MUSEUM OF ART

95-1664122

	AKBAKA M								95-166	
Part VII Section A. Officers, Directors, 7	Trustees, Key E	mple	oyee	es, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	hecl	k all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	=				doyee		the	organizations	compensation
	(list any hours for	rect				E E		organization	(W-2/1099-MISC)	from the
	related	0.00	tee			sated		(W-2/1099-MISC)		organization
	organizations	ruste	l trus		ee	mpeu				and related organizations
	below	dual	institutional trustee		oldm	stco	15			Organizations
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former			
(27) PATRICIA HAYDEN BLAKE	5.00			\vdash						
TRUSTEE	3,00	x						0.	0.	0
(28) PAUL LONGANBACH	5.00							0.	<u></u>	
VICE-CHAIR AND TRUSTEE	3,00	X		x				0.	0.	0
(29) DAVID GERSH	5.00							0.	<u> </u>	
TRUSTEE	3,00	x						0.	0.	0
(30) CHRISTINE HOLLAND	5.00	22						0.	<u> </u>	
TRUSTEE	3.00	x						0.	0.	0
(31) LARRY FEINBERG	40.00								•	
DIRECTOR AND CEO		1		X				217,589.	0.	11,010
(32) JAMES HUTCHINSON	40.00									
CHIEF FINANCIAL OFFICER		1		X				100,000.	0.	5,000
(33) KAREN KAWAGUCHI	40.00									
DIRECTOR OF EXTERNAL AFFAIRS						Х		115,566.	0.	4,239
(34) EILEEN KAHNG	40.00									
DEPUTY DIRECTOR AND CHIEF CURATOR						X		137,019.	0.	6,851
								•		
										•
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Form 990 (2018) SANTA BARBARA MUSEUM OF ART 95-1664122 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 637,442, c Fundraising events 278,771 1c d Related organizations 1d 94,300 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above _____ 1f 3,866,912 g Noncash contributions included in lines 1a-1f \$ 597,404 h Total. Add lines 1a-1f 4.877.425 Business Code Program Service Revenue 2 a TOUR INCOME 561520 1,648,460, 1,648,460 **b** EDUCATION PROGRAMS 611710 186,280 186,280 C EXHIBITION RELATED 611710 112,149 112,149 d ADMISSIONS 711300 80,623 80,623 f All other program service revenue g Total. Add lines 2a-2f ▶ 2,027,512 Investment income (including dividends, interest, and other similar amounts) 1,124,359 1,124,359. 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 4,793 b Less: rental expenses c Rental income or (loss) 4.793. d Net rental income or (loss) . 4.793 4,793, 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 12,661,392 b Less: cost or other basis and sales expenses 10,811,562 **c** Gain or (loss) 1,849,830, ▶ 1,849,830 1,849,830. 8 a Gross income from fundraising events (not Other Revenue including \$ 278,771, of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b 31.858 c Net income or (loss) from fundraising events \triangleright -31,858 -31,858. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances 368,680 **b** Less: cost of goods sold 415,609 c Net income or (loss) from sales of inventory ▶ -46.929 -46.929 Miscellaneous Revenue Business Code 11 a OTHER INVESTMENT INCOME 523000 831,826 831,826. b TRUST INCOME 525920 413,705 413,705. c MISCELLANEOUS INCOME 611710 13,001 13,001. d All other revenue e Total. Add lines 11a-11d ... ▶ 1,258,532

12 Total revenue. See instructions

1,980,583

11,063,664

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X (D) Fundraising expenses (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 597,274. 477,469. 119,805. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,199,715. 2,898,797. Other salaries and wages 131,202. 169,716. Pension plan accruals and contributions (include <u>8,659.</u> 112,030. 85,167. 18,204. section 401(k) and 403(b) employer contributions) 662,802. 503,875. Other employee benefits 107,699. 51,228. 9 Payroll taxes 270,071. 205,313. 43,884. 20,874. 10 Fees for services (non-employees): Management ... 6,528. 6,528. Legal 28,379. 28,379. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) <u>1,215</u>,657. 1,183,875. 28,601. 3,181. Advertising and promotion 12 20,536 13 Office expenses 400,139. 343,984. 35,619. Information technology 14 Royalties 15 Occupancy 448,083. 341,025 97,731 16 9.327. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 46,624. 46,624. 20 21 456,291. 375,657. Depreciation, depletion, and amortization 56,341. 24,293. 22 45,826. 26,221. 19,605. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) OTHER PROFESSIONAL FEES 373,619. 345,935. 8,127. 19,557. REPAIRS AND MAINTENANCE 331,184. 312,865. 12,212. 6,107. 191,776. EQUIPMENT AND SUPPLIES 138,460. 35,679. 17,637. MERCHANDISE 187,822. 187,822. e All other expenses Total functional expenses. Add lines 1 through 24e 8,573,820. 6,948,996. 1,138,821. 486,003. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

09200529 750163 1/100

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

educational campaign and fundraising solicitation.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 4,489,828. 2,033,739. 2 Savings and temporary cash investments ... 927,482. 992,740. 2 Pledges and grants receivable, net 6,841,172. 3,267,618. 3 3 Accounts receivable, net 1,084. 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 145,264. 150,810. 8 Prepaid expenses and deferred charges 155,002. 311,104. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a <u>55,16</u>2,717. 19,246,611. 26,000,931. 35,916,106. b Less: accumulated depreciation 10b Investments - publicly traded securities 49,966,273. 49,598,638. 11 11 Investments - other securities. See Part IV, line 11 9,039,849. 8,227,142. 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 18,007,745 21,340,556. 15 115,573,546. 16 Total assets. Add lines 1 through 15 (must equal line 34) 121,839,537. 16 2,819,489. 1,900,760. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 510,800. 19 Deferred revenue 652,786. 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 1,065,606. 2,289,777. 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2,224 Schedule D 3,963. 25 5,624,029. Total liabilities. Add lines 17 through 25 3,621,376. 26 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 59,622,900. 66,655,939. Unrestricted net assets 27 18,316,622. 12,346,555. 28 Temporarily restricted net assets 28 34,012,648. 37,213,014. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 111,952,170 Total net assets or fund balances 116,215,508. 33 33 Total liabilities and net assets/fund balances 115,573,546. 121,839,537.

	990 (2018) SANTA BARBARA MUSEUM OF ART	95-1	664122	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1	11,06	3,6	64.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,57	3,8	20.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,48		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,95		
5	Net unrealized gains (losses) on investments	5	-1,68	7,2	74.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,46	0,7	68.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	116,21	5,5	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
				Yes	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 in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	J	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		SANT	'A BARBARA	MUSEUM OF AR	T			9	5-1664122
Pa	ırt I	Reason for Public	Charity Status (All organizations must co	omplete th	ns part.) S	ee instructions	3.	
Γhe	organi	zation is not a private found							
1		A church, convention of ch							
2		A school described in sect					X X Z		
3		A hospital or a cooperative					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 owner	d or opera	ted by a q	overnmental u	nit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local go	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	ı(v).		
7	X	An organization that norma						ne general	public described in
		section 170(b)(1)(A)(vi). (C			J			3	,
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	unction with a	land-grant	college
		or university or a non-land-g							
		university:						_	
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from
		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2). (Cor							
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). ⁽	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, and	l 12g.	
а	L.,_	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	ving
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus							
С	L	Type III functionally inte						ly integrat	ed with,
		its supported organization							
d	Щ.	Type III non-functionally							
		that is not functionally int						an attent	iveness
	Г	requirement (see instructi							
е	L	Check this box if the orga					i Type I, Type	II, Type III	
	Ento	functionally integrated, or	- -	nally integrated support	ng organi	zation.			
ا ~		r the number of supported or ide the following information	•	d organization(s)	•••••				,
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	, ,	(described on lines 1-10	Yes	ng document?	support (see in	,	support (see instructions)
			-	above (see instructions))	100				
			i						
			-						
-		-			_				
ota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,751,884.	5,901,876.	11,050,233,	8,170,189,	4,783,125.	35,657,307.
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						
4	Total. Add lines 1 through 3	5,751,884.	5,901,876.	11,050,233.	8,170,189.	4,783,125.	35,657,307.
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)						4,409,288.
6	Public support. Subtract line 5 from line 4						31 248 019.
Sec	ction B. Total Support	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5,751,884.	5,901,876.	11,050,233.	8,170,189.	4,783,125.	35,657,307.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	820,921.	658,137.	1,045,247.	1,172,313.	1,318,801.	5,015,419.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					:	
	assets (Explain in Part VI.)	596,811.	-790,018.	2,153,660.	1,100,555.	1,279,929.	4.340.937.
11	Total support. Add lines 7 through 10						45,013,663.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 14	<u>,579,499.</u>
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here			<u></u>		
	ction C. Computation of Publ						
	Public support percentage for 2018 (I					14	69.42 %
	Public support percentage from 2017					15	60.37 %
16a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						> X
b	33 1/3% support test - 2017. If the o	•				•	is box
	and stop here. The organization qual						▶ ـ
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac			•		•	iization
_	meets the "facts-and-circumstances"						▶∟_
b	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the				•		· ·-
40	organization meets the "facts-and-circ		_				┈ ╶╴ ┞ ├┤
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 SANTA BARBARA MUSEUM OF ART Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	low, please com	ipiete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and			1		(5)	(7)
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						
3 Gross receipts from activities that		-	_			
are not an unrelated trade or bus-						
inone under costion 512						
				-		
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				1		
the organization without charge						
6 Total. Add lines 1 through 5		 				
7a Amounts included on lines 1, 2, and				1		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support				-		-
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income	****			-		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					<u> </u>	
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
		<u> </u>	·····		,	
Section C. Computation of Public			······································		· · · · · · · · · · · · · · · · · · ·	
15 Public support percentage for 2018 (lin			column (f))		15	%
16 Public support percentage from 2017 S				······································	16	<u>%</u>
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 201		•	1		17	%
18 Investment income percentage from 20)17 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the o	rganization did r	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	organization qualit	fies as a publicly s	upported organiza	ition	▶□
b 33 1/3% support tests - 2017. If the o		-				and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						.
832023 10-11-18					edule A (Form 990	or 990-EZ) 2018

Part IV Supporting Organizations

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

Section A. All Supporting Organia	zations
-----------------------------------	---------

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

Schedule A (Form 990 or 990-EZ) 2018

10b

00000500 750162 1/100

determine whether the organization had excess business holdings.)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

Pa	rt IV Supporting Organizations (continued)	5-166412	12 P	age 5
	Cupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported		İ	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2	<u> </u>	
sec	tion C. Type II Supporting Organizations		г	
	Many a majority of the annual attents of the state of the	<u></u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac	the supported organization(s). tion D. All Type III Supporting Organizations			
	tion B. Air Type in oupporting Organizations		V	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instru	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	ŕ		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 SANTA BARBARA MUSEUM OF	' ልጽጥ		95-1664122 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			JJ 1004122 Fage 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the content of the content	g trust on l	Nov. 20, 1970 (explain in	n Part VI.) See instructions. A
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

5

Schedule A (Form 990 or 990-EZ) 2018 SANTA BARBARA MUSEUM OF ART 95-1664122 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iiii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D. line 7: a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2018

a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

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

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

Pa	SANTA BARBARA MUSEUM OF ART	95-1664122
Pa		ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?	Yes No
Pa	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
_	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	·
•	year ▶	nzation during the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	
	>	and the same same same same same same same sam
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	▶ \$	accome dailing and year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(f)	3)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	
	conservation easements.	gamzanon o abboanting to
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	pasio del vide, provide, il 1 are xiii,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	valance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	rvice, provide the following amounts
	-	*
	(i) Revenue included on Form 990, Part VIII, line 1	
^	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	• •
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	. 🕨 💲
D	ASSES UCUMED IN FORM 990 POR X	— •

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Schedule D (Form 990) 2018

		ARBARA MUS				95-	166412	2 P	<u>age 2</u>
Pa	rt III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	at are a s	signıficant use of	its collection	n item	ıs
	(check all that apply):								
а	X Public exhibition	d	X Loan or exc	hange progr	ams				
b	b X Scholarly research e Other								
С	c Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizat	ion's exe	empt purpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or oth	er simila	ır assets			
,	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection? .			Yes	X	No
Pa	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered	"Yes" or	n Form 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other as	ssets not	t included			_
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amour	nt	
С	Beginning balance					1c			
d	Additions during the year					. 1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pai		f the organization an	swered "Yes" on Fo	rm 990, Par	t IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	58,349,455.	58,349,455.	54,04		58,766,8		,628,	
b	Contributions	69,000.	35,000.		0,236.	1,300,2		,365,	
С	Net investment earnings, gains, and losses	1,890,035	3.745.256.	i	8,660.	-2,819,8			368.
d	Grants or scholarships	1,050,000,	0,710,200,	0,10	0,000.	2,010,0		121,	300.
	Other expenditures for facilities								
Ŭ	and programs	2,818,696.	3,444,270.	2 04	E 112	2 201 5	40 -	252	010
f	A standard Amento	2,010,030.	3,444,270.	2,04	5,113.	3,201,5	49. 5	,353,	910.
,		F7 00F 700	FO COE 441	50.24	0 455	54 045 6			
g 2	End of year balance Provide the estimated percentage of the current	57,825,780.	58,685,441,	58,34	9,455.	54,045,6	/2.] 58	,766,	869.
	Board designated or quasi-endowment	50.00	. • .	()) neid as.					
a	Permanent endowment 39.60	<u> </u>	_%						
b									
С	Temporarily restricted endowment ▶ 1								
_	The percentages on lines 2a, 2b, and 2c sho								
за	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	ered for t	he organization			
	by:							Yes	No
	(i) unrelated organizations				••••		3a(i)		<u>X</u>
							3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4_	Describe in Part XIII the intended uses of the		wment funds.			···			
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990), Part X,	, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) A	ccumulated	(d) Boo	k value	е
		basis (investm	nent) basis ((other)	de	preciation			
1a	Land								
b	Buildings		19,20	6,852.	14.	614,293.	4,59	2,5	59.
С	Leasehold improvements			5,248.		636,149.		9,0	
d	Equipment			4,806.		996,169.		8,6	
	Other			5,811.			31,06		
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part						6 1	

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS	8,227,142.	END-OF-YEAR MARKI	ET VALUE
(B)			
(C)			The second secon
(D)			
(E)			
_(F)			-
(G)		1-100-1	
(H)	0 007 140		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	8,227,142.		
	- F - 000 B - 1 B / F - 1		
Complete if the organization answered "Yes" c	(b) Book value	(c) Method of valuation: Cost or	and of year market value
(1)	(b) Dook value	(c) Wethod of Valuation. Cost of	end-or-year market value
(2)			
(3)			
(4)			
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)		V-V	
(8)			
(9)			***************************************
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1) FMV OF ASSETS HELD UNDER C	RTS	7.10	6,598,274.
(2) GIFT ANNUITY ASSETS			-676,158.
(3) PERPETUAL INCOME INTEREST	IN TRUSTS	400	15,418,440.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			01 240 556
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		21,340,556.
Complete if the organization answered "Yes" o	n Form 000 Port IV line 1	In or 11f Con Form 000 Dort V line	O.E.
1. (a) Description of liability	* : -	b) Book value	25.
(1) Federal income taxes		5) 256K Value	
(2) FUTURE ANNUITIES PAYABLE		3,963.	
(3)		3,503.	
(4)		· · · · · · · · · · · · · · · · · · ·	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	3,963.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 SANTA BARBARA MUSEUM OF ART Part XIII Supplemental Information (continued)	95-1664122 Page 5
DONATED COLLECTION ITEMS AS CONTRIBUTION INCOME AS ITS CO	LLECTIONS ARE NOT
CAPITALIZED.	
PART III, LINE 4:	
THE MUSEUM MAINTAINS A COMPREHENSIVE FINE ARTS COLLECTION	. THE COLLECTION
IS USED FOR THE PURPOSES OF EXHIBITION, EDUCATION, STUDY,	RESEARCH,
PUBLICATIONS AND LOANS TO OTHER MUSEUMS. THE COLLECTION IS	S KEPT UNDER
CURATORIAL CARE INCLUDING EXTENSIVE CONSERVATION PRACTICES	S.
PART V, LINE 4:	
THE MUSEUM'S ENDOWMENT CONSISTS OF APPROXIMATELY 60 INDIV	IDUAL FUNDS
ESTABLISHED FOR A VARIETY OF PURPOSES.	
PART X, LINE 2:	
THE MUSEUM EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE	EFFECT OF THE
UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED	ED PROBABLE AND
REASONABLY ESTIMABLE. AS OF JUNE 30, 2019, THE MUSEUM HAD	NO UNCERTAIN TAX
POSITIONS REQUIRING ACCRUAL.	
THE MUSEUM FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERATION THE MUSEUM IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE	
TAX AUTHORITIES FOR YEARS ENDING BEFORE JUNE 30, 2014.	

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization SANTA RA	ARBARA MUSEUM OF A	יחיפו				Employer ide 95-1664	ntification number 122
	Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 1		
 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indivicompensated at least \$5,000 by the organization have a written or key employees listed in Form 990, Pa 	ed funds through any of the following any of the following any of the following and solicitate a	tion of tion of fundra (includerofess	non-gover gover dising of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					· · · · · ·		
					-		
Total			>				
3 List all states in which the organization or licensing.	is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from re	gistration
		-				····	

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

	edu art l	le G (Form 990 or 990 EZ) 2018 SANTA E			95-	-1664122 Page 2		
	41 L I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered oss income on Form 990	1 "Yes" on Form 990, Pai)-EZ, lines 1 and 6b. List	rt IV, line 18, or reported events with gross receip	more than \$15,000 ots greater than \$5,000.		
			(a) Event #1 75TH ANNIVERSARY	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	(event type) 278,771.	(event type)	(total number)	278,771.		
_	2	Less: Contributions	278,771.			278,771.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
"	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Direct E	7	Food and beverages						
	8	Entertainment						
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				31,858. 31,858.		
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			-31,858.		
Pa	ırt l	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
		\$13,500 011 0111 990-E2, little 0a.	(.) Din	(b) Pull tabs/instant		(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Вè	1	Gross revenue						
	•							
Expenses	2	Cash prizes						
ಕ	3	Noncash prizes						
Direc	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	າ 5 in column (d)		>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	······································	.			
а	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:							
		re any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te		year?	Yes No		
					*			
83208	2 10	03-18			Schedule G (For	m 990 or 990-EZ) 2018		

Schedule G (Form 990 or 990-EZ) 2018 SANTA BARBARA MUSEUM OF ART	<u>95-1</u>	<u>664</u>	<u> 122</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
to administer charitable gaming?			Yes	No No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility	I	13a		%
b An outside facility		13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco		100		
Name				
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? \dots			Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	ount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party:				
Name		_		
Address ►				
16 Gaming manager information:				
Name				
Gaming manager compensation > \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
		Г ,	Yes	
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		LJ	162	NO
	in the			
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (year).		4 111 15		01: 401:
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	; and Par	t III, IIn	ies 9,	3D, 1UD,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		-		-
_	-			
			-	
		-		

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Schedule G	(Form 990 or 990-EZ)	SANTA BARBARA	MUSEUM	OF	ART	95-1664122	Page 4
Part IV	Supplemental Infor	SANTA BARBARA mation (continued)					
						- 11- 11- 11- 11- 11- 11- 11- 11- 11- 1	
		- <u></u>					
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				• • • • • • • • • • • • • • • • • • • •			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SANTA BARBARA MUSEUM OF ART

Employer identification number 95-1664122

Г	art Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	!		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	!		
		!		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No " complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	10		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	1
		-		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
				1
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Designation of the second seco			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1 1		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			:
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			i
	contingent on the net earnings of:			ı
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	Initial contract exception described in Regulations section 53 4958-4(a)(3)2 If "Vos " describe in Part III			v
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8		<u>X</u>
-				
ΙНΔ		9	- 000	
, ¬	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	J (FOIM	1 990)	עוט∠

ART 95-1664122

Page 2

SANTA BARBARA MUSEUM OF ART

Schedule J (Form 990) 2018

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not st any individuals that aren't listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F.
	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) E	ARRY FEINBRRG	Ξ	217,589.	0	0	10,010.	1,000.	228,599.	0
DIRECT	DIRECTOR AND CEO	(II)	0	0	0				0
		Θ							
		₿							
		Ξ							
		Œ							
		€ (
		€							
		€ (
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		ε							
		(ii)							
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								Schedu	Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

SANTA BARBARA MUSEUM OF ART

Employer identification number

95-1664122 Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Х 71 Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications .. 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded X 597,404.FMV 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous ... 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 SANTA BARBARA MUSEUM OF ART	95-166 4 122 Page
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	d 33, and whether the organization combination of both. Also complete
SCHEDULE M, LINE 33:	
IN CONFORMITY WITH THE PRACTICE FOLLOWED BY ART MUSEUMS	, ART OBJECTS
PURCHASED OR DONATED ARE NOT INCLUDED IN THE ACCOMPANYI	NG STATEMENT OF
FINANCIAL POSITION.	
THE MUSEUM MAINTAINS A COMPREHENSIVE FINE ARTS COLLECTI	ON. THE
COLLECTION IS USED FOR THE PURPOSES OF EXHIBITION, EDUC	ATION, STUDY,
RESEARCH, PUBLICATIONS AND LOANS TO OTHER MUSEUMS. THE	COLLECTION IS
KEPT UNDER CURATORIAL CARE INCLUDING EXTENSIVE CONSERVA	TION PRACTICES
AND SPECIALIZED FINE ARTS INSURANCE COVERAGE, AND IS SU	BJECT TO THE
MUSEUM'S POLICY THAT REQUIRES PROCEEDS FROM THE SALE OF	COLLECTION
ITEMS TO BE USED ONLY FOR ACQUISITION OF ADDITIONAL COL	LECTIONS. THE
MUSEUM DOES NOT RECOGNIZE DONATED COLLECTION ITEMS AS C	ONTRIBUTION
INCOME AS ITS COLLECTIONS ARE NOT CAPITALIZED.	
	-

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

SANTA BARBARA MUSEUM OF ART

Employer identification number 95-1664122

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP - EXHIBITION OPENINGS, PREVIEWS, LECTURES AND EVENTS,

QUARTERLY NEWSLETTER HIGHLIGHTING THE ACTIVITIES OF THE MUSEUM,

INTERNATIONAL TOURS HIGHLIGHTING THE ART OF DIFFERENT CULTURES.

EXPENSES \$ 149,853. INCLUDING GRANTS OF \$ 0. REVENUE \$ 65,220.

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

THE 990 IS REVIEWED BY THE DIRECTOR/CEO, CHIEF FINANCIAL OFFICER AND KEY

MEMBERS OF THE EXECUTIVE COMMITTEE. THE 990 IS MADE AVAILABLE TO THE PUBLIC

VIA THE MUSEUM'S WEBSITE.

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

THE SANTA BARBARA MUSEUM OF ART CONFLICT OF INTEREST POLICY IS DISTRIBUTED

TO EACH TRUSTEE ON AN ANNUAL BASIS. EVERY TRUSTEE IS REQUIRED TO SIGN A

STATEMENT ACKNOWLEDGING THAT THEY HAVE READ THE POLICY AND UNDERSTAND THE

TERMS AND CONDITIONS. THE TRUSTEE IS REQUIRED TO DISCLOSE ANY RELATIONSHIP

THAT COULD POTENTIALLY BE A VIOLATION OF THE POLICY.

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

THE COMPENSATION FOR THE TOP EXECUTIVE POSITION AT THE MUSEUM - DIRECTOR

AND CEO - IS DETERMINED BY THE SEARCH COMMITTEE DURING THE SELECTION

PROCESS. THE SEARCH COMMITTEE EMPLOYS AN INDEPENDENT CONSULTING FIRM TO

CONDUCT THE SEARCH AND TO PROVIDE ASSISTANCE WITH STRUCTURING A

COMPENSATION PACKAGE. THE COMPENSATION PACKAGE IS BASED ON EXPERIENCE,

EDUCATION AND OTHER COMPARABLE DATA FOR SIMILARLY QUALIFIED INDIVIDUALS AT

CTHER INSTITUTIONS. THE BOARD OF TRUSTEES ULTIMATELY REVIEWS AND APPROVES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)
832211 10-10-18

09200529 750163 14100

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** SANTA BARBARA MUSEUM OF ART 95-1664122 ALL CANDIDATES AND THEIR COMPENSATION PACKAGES. COMPENSATION FOR OTHER OFFICERS OF THE MUSEUM, IS DETERMINED BY THE MUSEUM'S DIRECTOR AND IS ALSO BASED ON EXPERIENCE, EDUCATION AND OTHER COMPARABLE DATA FOR SIMILARLY QUALIFIED INDIVIDUALS AT OTHER INSTITUTIONS. FORM 990, PART VI, SECTION C, LINE 19: THE MUSEUM MAKES ITS FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE. FORM 990, PART VI, SECTION A, LINE 1A: EXECUTIVE COMMITTEE: THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, VICE-CHAIR, SECRETARY, CHAIR OF FINANCE COMMITTEE, CHAIR OF DEVELOPMENT COMMITTEE, AND CHAIR OF COLLECTIONS COMMITTEE. ALL COMMITTEE CHAIRS ARE ALSO BOARD MEMBERS. THE EXECUTIVE COMMITTEE, EXCEPT AS ITS POWERS MAY BE OTHERWISE LIMITED BY THE BOARD, SHALL HAVE AND MAY EXERCISE THE POWERS OF THE BOARD. THE EXECUTIVE COMMITTEE MET 6 TIMES DURING THE FISCAL YEAR. FORM 990, PART IX, LINE 11G, OTHER FEES: MERCHANT, BANK, AND OTHER FEES: PROGRAM SERVICE EXPENSES 1,183,875. MANAGEMENT AND GENERAL EXPENSES 28,601. FUNDRAISING EXPENSES 3,181.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,215,657.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

1,215,657.

TOTAL EXPENSES

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page Employer identification number
SANTA BARBARA MUSEUM OF ART	95-1664122
CHANGE IN VALUE OF CHARITABLE TRUSTS & GIFT ANNUITIES	3,460,768
FORM 990, PART XII, LINE 2C:	
AUDIT OVERSIGHT AND SELECTION OF INDEPENDENT AUDITOR:	
THE MUSEUM HAS NOT CHANGED THE COMMITTEE OR THE PROCESS (OF THE
OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AN	UDITOR.

Schedule R (Form 990) 2018 (g) Section 512(b)(13) Employer identification number No Open to Public Inspection OMB No 1545-0047 × 2018 controlled entity? Direct controlling Yes 95-1664122 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity Direct controlling SANTA BARBARA 170(B)(1)(A) MUSEUM OF ART entity End-of-year assets **e** status (if section Public charity 501(c)(3)) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code ਉ Go to www.irs.gov/Form990 for instructions and the latest information. section 501(C)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) Attach to Form 990. CALIFORNIA 77-0151853, 1130 STATE ST, SANTA BARBARA, CA ACTIVITIES OF THE SANTA TO SUPPORT THE ONGOING BARBARA MUSEUM OF ART Primary activity SANTA BARBARA MUSEUM OF ART Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) ARBARA MUSEUM OF ART GROUP Name, address, and EIN of related organization of disregarded entity Name of the organization of the Treasury enue Service SCHED LE R (Form 990) Departmen Internal Re PartII SANTA Part I 93101

95-1664122 Page 2

Schedul R (Form 990) 2018 SANTA BARBARA MUSEUM OF ART

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(j) (k) Seneral or Percentage Schedule R (Form 990) 2018 managing ownership Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (i) Section 512(b)(13) controlled entity? Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) (d)
| Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization lame, address, and EIN of related organization <u>a</u> 832162 10-02-18 Part IV

<u>N</u>

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95-1664122

Page 4

Schedul R (Form 990) 2018 SANTA BARBARA MUSEUM OF ART

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

5	that washed a loaded organization. One manufactions regarding exchange in certain investment partners in partners	suderious legalding ever	ASION CONTAINS	estinent partierstrips.		•					
	(a)		(2)	(G)	(e)	((B)	£	8	S	3
	Name, address, and EIN of entity	Primary activity	e. <u>.</u> 6	Predominant income (related, unrelated, excluded from tax under	partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Uspropor-Code V-UBI General or Percentage bonate amount in box 20 managing ownership of Schedule K-1 pariner of Schedule K-1	General o managing partner?	Percentage ownership
			country)	sections 512-514) yes	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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	_								Schedule	R (For	Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 SANTA BARBARA MUSEUM OF ART	95-1664122 Page 5
Schedule R (Form 990) 2018 SANTA BARBARA MUSEUM OF ART Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions.	
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