

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type See specific instructions.

SANTA BARBARA BOTANIC GARDEN
1212 MISSION CANYON ROAD
SANTA BARBARA, CA 93105

D Employer Identification Number
95-1644628

E Telephone number
(805) 682-4726

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? Yes No

H (b) If yes enter number of affiliates _____

H (c) Are all affiliates included? Yes No
(If no attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: N/A

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Enter 4-digit group GEN _____

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 3,984,767**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received			
a Direct public support	1a	1,955,351	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 1,955,351 noncash \$ _____)	1d		1,955,351
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		318,531
3 Membership dues and assessments	3		116,502
4 Interest on savings and temporary cash investments	4		1,110,311
5 Dividends and interest from securities	5		
6a Gross rents	6a	22,413	
b Less rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		22,413
7 Other investment income (describe ▶ SEE STATEMENT 1)	7		75,125
	(A) Securities	(B) Other	
8a Gross amount from sales of assets other than inventory	8a		
b Less cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	105,896	
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		105,896
10a Gross sales of inventory, less returns and allowances	10a	280,638	
b Less cost of goods sold	10b	133,548	
c Gross profit (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		147,090
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,851,219
13 Program services (from line 44, column (B))	13		1,524,558
14 Management and general (from line 44, column (C))	14		794,553
15 Fundraising (from line 44, column (D))	15		306,216
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		2,625,327
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,225,892
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		27,743,180
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		-1,505,224
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		27,463,848

SCANNED MAR 28 2001

RECEIVED
MAY 18 2001

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include categories like Grants and allocations, Salaries and wages, Pension plan contributions, etc. Total for line 44 is 2,625,327.

Joint Costs Check [] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If 'Yes,' enter (i) the aggregate amount of these joint costs \$ (ii) the amount allocated to program services \$ (iii) the amount allocated to management and general \$ and (iv) the amount allocated to fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? BOTANIC GARDEN
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

Table with 2 columns: Description of program service accomplishments and Program Service Expenses. Rows include SEE STATEMENT 6, (Grants and allocations \$), and Total of Program Service Expenses (1,524,558).

Part IV Balance Sheets (See instructions)

Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
ASSETS	45 Cash - non-interest bearing		45
	46 Savings and temporary cash investments	1,281,960	46 1,316,031
	47 a Accounts receivable	47 a 49,610	
	b Less allowance for doubtful accounts	47 b 31,290	47 c 49,610
	48 a Pledges receivable	48 a 1,520,352.	
	b Less allowance for doubtful accounts	48 b 29,974	48 c 1,490,378.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51 a Other notes & loans receivable (attach sch)	51 a	
	b Less allowance for doubtful accounts	51 b	51 c
	52 Inventories for sale or use		52 104,753 94,471
	53 Prepaid expenses and deferred charges		53 39,256 54,686
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54 24,163,762 22,305,777
	55 a Investments - land, buildings, & equipment basis	55 a <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 3,000	
	b Less accumulated depreciation (attach schedule) STATEMENT 7	55 b 3,000	55 c 3,000
	56 Investments - other (attach schedule)		56
	57 a Land, buildings, and equipment basis	57 a 2,489,907	
	b Less accumulated depreciation (attach schedule) STATEMENT 8	57 b 1,825,668	57 c 664,239
	58 Other assets (describe ► SEE STATEMENT 9)		58 894,052 1,913,983
59 Total assets (add lines 45 through 58) (must equal line 74)		59 27,964,640 27,892,175	
LIABILITIES	60 Accounts payable and accrued expenses		60 183,690 404,350
	61 Grants payable		61
	62 Deferred revenue		62 15,998 10,216
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64 a Tax-exempt bond liabilities (attach schedule)		64 a
	b Mortgages and other notes payable (attach schedule)		64 b
	65 Other liabilities (describe ► SEE STATEMENT 10)		65 21,772 13,761
66 Total liabilities (add lines 60 through 65)		66 221,460 428,327	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted		67 22,592,822 21,461,925
	68 Temporarily restricted		68 3,645,119 4,092,492
	69 Permanently restricted		69 1,505,239 1,909,431
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		73 27,743,180 27,463,848.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		74 27,964,640 27,892,175	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	2,479,543
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments	\$	-1,505,224
(2)	Donated services and use of facilities	\$	
(3)	Recoveries of prior year grants	\$	
(4)	Other (specify)		
	SEE STM 11	\$	133,548
	Add amounts on lines (1) through (4)	b	-1,371,676
c	Line a minus line b	c	3,851,219
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)		
	-----	\$	
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,851,219

a	Total expenses and losses per audited financial statements	a	2,758,875
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities	\$	
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify)		
	SEE STMT 12	\$	133,548
	Add amounts on lines (1) through (4)	b	133,548
c	Line a minus line b	c	2,625,327
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)		
	-----	\$	
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,625,327

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 13		118,758	47,806	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions

Part VI Other Information (See specific instructions)

		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If 'Yes,' enter the name of the organization ▶ N/A		
81a	Enter direct or indirect political expenditures. See line 81 instructions. and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81 a	0
b	Did the organization file Form 1120-POL for this year?	81 b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0 Section 4912 ▶ 0 Section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ▶ 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
90a	List the states with which a copy of this return is filed ▶ CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	47
91	The books are in care of ▶ SUE SMITH Telephone number ▶ (805) 682-4726 Located at ▶ 1212 MISSION CANYON ROAD, SANTA BARBARA ZIP + 4 ▶ 93105		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A	92	N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ADMISSIONS					202,878
b EDUCATION PROGRAM FEE					58,814
c GOVERNMENT CONTRACTS					56,839
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					116,502
95 Interest on savings & temporary cash invmnts			14	1,110,311	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	22,413	
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	75,125	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	105,896	
102 Gross profit or (loss) from sales of inventory	453220	14,213	3	132,877	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		14,213		1,446,622	435,033
105 Total (add line 104, columns (B), (D), and (E))					1,895,868

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93/94	ACTIVITIES TO PROVIDE INFORMATION TO PUBLIC REGARDING CALIFORNIA FLORA THROUGH EDUCATIONAL PROGRAMS, DEMONSTRATION GARDENS AND NATIVE NURSERY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Preparer: [Signature]

Date: 5/8/02

Date: Preparer's SSN or PTIN (see instructions)

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization

Employer Identification Number

SANTA BARBARA BOTANIC GARDEN

95-1644628

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SARA ISSACSON ----- 1212 MISSION CANYON ROAD	40	50,503	12,307	0
SUE SMITH ----- 1212 MISSION CANYON ROAD	40	72,963	19,381	0
CAROL BORNSTEIN ----- 1212 MISSION CANYON ROAD	40	51,571	13,569	0
DIETER WILKEN ----- 1212 MISSION CANYON ROAD	40	77,998	18,337	0
----- ----- -----				
Total number of other employees paid over \$50,000 ▶		0		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE ----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶		0

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) SEE STATEMENT 14		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
SEE FORM 990, PART V		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \blacktriangleright
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,456,950	2,207,155	1,377,784	454,535	6,496,424
16 Membership fees received	219,790	180,010	141,398	133,365	674,563
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	632,366	518,900	429,859	425,173	2,006,298
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,065,005	2,677,706	2,054,312	1,867,645	8,664,668
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	5,374,111	5,583,771	4,003,353	2,880,718	17,841,953
24 Line 23 minus line 17	4,741,745	5,064,871	3,573,494	2,455,545	15,835,655
25 Enter 1% of line 23	53,741	55,838	40,034	28,807	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p>c Total support for Section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 8,664,668</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).</p>				<p>26a 316,713</p> <p>26b 1,223,039</p> <p>26c 15,835,655</p> <p>26d 9,887,707</p> <p>26e 5,947,948</p> <p>26f 37.56%</p>
27 Organizations described on line 12: N/A	<p>a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).</p>				<p>27c _____</p> <p>27d _____</p> <p>27e _____</p> <p>27f _____</p> <p>27g _____ %</p> <p>27h _____ %</p>

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -- If the amount on line 40 is -- The lobbying nontaxable amount is -- Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44 you must file Form 4720			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization.
(iii) Rental of facilities, equipment, or other assets.
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with columns Yes, No and rows 51 a (i), a (ii), b (i), b (ii), b (iii), b (iv), b (v), b (vi), c

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets or services received

Table with columns (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If 'Yes,' complete the following schedule

Table with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization

SANTA BARBARA BOTANIC GARDEN

Employer Identification Number

95-1644628

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule**. (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

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

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc. , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA

Schedule B (Form 990, 990 EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

SANTA BARBARA BOTANIC GARDEN

95-1644628

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 55,995	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3		\$ 131,885	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4		\$ 46,299	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

SANTA BARBARA BOTANIC GARDEN

95-1644628

Part II Noncash Property

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

Name of Organization

Employer Identification Number

SANTA BARBARA BOTANIC GARDEN

95-1644628

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions) > \$

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for entry.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for entry.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for entry.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for entry.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for entry.

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

CAPITAL GAIN DISTRIBUTION

TOTAL	\$	75,125
	\$	<u>75,125</u>

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
VARIOUS	105,896	0	105,896	0	105,896
TOTALS	<u>\$ 105,896</u>	<u>\$ 0</u>	<u>\$ 105,896</u>	<u>\$ 0</u>	<u>\$ 105,896</u>

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

GARDEN SHOP - UNRELATED	\$	29,673
GARDEN SHOP - RELATED		250,965
GROSS SALES	\$	280,638
LESS RETURNS & ALLOWANCES		0
NET SALES	\$	280,638
LESS COST OF GOODS SOLD		133,548
GROSS PROFIT FROM SALES OF INVENTORY	\$	<u>147,090</u>

STATEMENT 4
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENT SECURITIES	TOTAL	\$	-1,505,224
		\$	<u>-1,505,224</u>

STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING & PROMOTION	44,418	41,694	2,724	
BANK FEES	13,568	187	13,326	55
CLASSES, TOURS & EVENTS	219,845	45,140	9,981	164,724
CONTRACTED SERVICES	108,379	31,105	57,206	20,068
INSURANCE	48,350		37,969	10,381
LIBRARY	12,483	12,483		

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
PROFESSIONAL MEMBERSHIPS	7,195	847	5,300	1,048
RESEARCH AND LABORATORY	4,454	4,282	172	
UTILITIES	31,413	17,631	11,989	1,793
TOTAL	<u>\$ 490,105</u>	<u>\$ 153,369</u>	<u>\$ 138,667.</u>	<u>\$ 198,069</u>

STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
EDUCATION - TEACHES PLANT SCIENCES TO COLLEGE STUDENTS, ADULTS, PROFESSIONALS, SCHOOL GROUPS AND CHILDREN HELD OVER 600 LECTURES, TOURS & CLASSES FOR APPROXIMATELY 12,000 ADULTS, PROGRAMS FOR 13,000 CHILDREN, TAUGHT CLASSES AT UCSB		644,902
HORTICULTURE - MAINTAINS LIVING PLANT COLLECTION OF 1300 SPECIES OF CA NATIVE PLANTS ON 65 ACRES FOR 120,000+ ANNUAL VISITORS, INCLUDING COLLECTING, PROPAGATING, IRRIGATION AND MAINTAINING GROUNDS		478,690
RESEARCH - MAINTAIN HERBARIUM OF 150,000+ SPECIMENS, CONDUCT FLORISTIC SURVEYS, PUBLISH SCIENTIFIC RESEARCH ON CALIFORNIA NATIVE PLANTS, STRUCTURAL BOTANY, MAINTAIN LIBRARY OF 9,000 BOOKS AND 200+ PERIODICALS OFFERS FELLOWSHIPS & INTERNSHIPS		324,894
GARDEN SHOP - EDUCATIONAL RESOURCES PROMOTING KNOWLEDGE OF PLANTS THROUGH BOOK SALES SERVING STUDENTS, TEACHERS, PROFESSIONALS AND 120,000+ VISITORS COLLECTS ADMISSION FEES, GREET VISITORS AND PROVIDES GENERAL INFORMATION		76,072
	<u>\$ 0</u>	<u>\$ 1,524,558</u>

SANTA BARBARA BOTANIC GARDEN

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STATEMENT 7
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
LAND	\$ 3,000		\$ 3,000
TOTAL	<u>\$ 3,000</u>	<u>\$ 0</u>	<u>\$ 3,000</u>

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
FURNITURE AND FIXTURES	\$ 324,017	\$ 0	\$ 324,017
MACHINERY AND EQUIPMENT	140,653	0	140,653
BUILDINGS	1,204,614	0	1,204,614
IMPROVEMENTS	654,937	0	654,937
LAND	165,686		165,686
MISCELLANEOUS	0	1,825,668	-1825668
TOTAL	<u>\$ 2,489,907.</u>	<u>\$ 1,825,668</u>	<u>\$ 664,239</u>

STATEMENT 9
FORM 990, PART IV, LINE 58
OTHER ASSETS

CHARITABLE REMAINDER TRUSTS	\$ 287,896
CONSTRUCTION IN PROCESS	1,464,194
INTEREST RECEIVABLE	161,893
TOTAL	<u>\$ 1,913,983</u>

STATEMENT 10
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DEPOSITS	\$ 13,761
TOTAL	<u>\$ 13,761</u>

STATEMENT 11
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

COST OF GARDEN SHOP SALES	\$ 133,548
TOTAL	<u>\$ 133,548</u>

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 12
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

COST OF GARDEN SHOP SALES

TOTAL	\$	133,548
	\$	<u>133,548</u>

STATEMENT 13
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MRS GORDON ALLEN 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 5	\$ 0	\$ 0	\$ 0
MS MARGARET ANN BAKER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 9310005	TRUSTEE 1 5	0	0	0
MR JAMIE CONSTANCE 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 5	0	0	0
MR GARY GALLUP 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 5	0	0	0
MS VIRGINIA GARDNER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1 5	0	0	0
MS NANCY J BYRNE 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1 5	0	0	0
MRS PETER HARVIE 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	CHAIRMAN 1 5	0	0	0
MRS PRESTON HOTCHKIS 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1 5	0	0	0
MR ERIC HVOLBOLL 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	SECRETARY 1 5	0	0	0
FRANK ERWIN KENDRICK, JR M D 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 5	0	0	0

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 13 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MRS STEPHEN MILLER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	VICE CHAIRMAN 1 5	\$ 0	\$ 0	\$ 0
MR EDWARD SCHNIEDER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	EXECUTIVE DIREC 40	118,758	47,806	0
MRS CHAPIN NOLEN 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	VICE CHAIRMAN 2	0	0	0
MR CRAIG PALONEN 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	SECRETARY 2	0	0	0
MRS. HERBERT PETERSON 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1 5	0	0	0
MS JEAN PETTITT 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1 5	0	0	0
MR JOHN PITMAN 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1 5	0	0	0
MR DAVID PITTS 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 5	0	0	0
THE HONORABLE JOHN PRITZLAFF 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	VICE CHAIRMAN 2	0	0	0
MR. CHARLES RENNIE III, MD 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 5	0	0	0
MR RICHARD ROGERS 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 2	0	0	0
MS ELIZABETH ROSS 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1	0	0	0

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 13 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MR DOUG ROSSI 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 5	\$ 0	\$ 0	\$ 0
MRS ROBERT SCHULZ 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1 5	0	0	0
MR MARSHALL TURNER, JR 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TREASURER 2	0	0	0
TOTAL		<u>\$ 118,758</u>	<u>\$ 47,806</u>	<u>\$ 0</u>

STATEMENT 14
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

AS A CONDITION OF EMPLOYMENT, THE PRESIDENT OF THE GARDEN RECEIVES RENT FREE USE OF THE GARDEN-OWNED HOUSING LOCATED ON THE GROUNDS. THE HOUSING IS USED TO CONDUCT MEETINGS AND IS THE SITE OF FUNDRAISING ACTIVITIES.