

Return of Organization Exempt from Income Tax

2002

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 2002 calendar year, or tax year beginning 2002, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Includes organization name: SANTA BARBARA BOTANIC GARDEN, 1212 MISSION CANYON ROAD, SANTA BARBARA, CA 93105. Also includes Employer identification number 95-1644628 and Telephone number (805) 682-4726.

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If Yes enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site N/A

J Organization type: [X] 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.

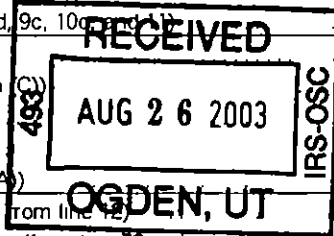
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 15,360,393

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows detailing revenue and expenses. Revenue items include contributions (770,135), program service revenue (350,331), membership dues (171,676), interest on savings (546,046), gross rents (22,146), and net gain/loss from sales of assets (-2,060,891). Expense items include program services (1,741,307), management and general (602,435), fundraising (265,241), and payments to affiliates (2,608,983). Total revenue is 19,448 and total expenses are 2,608,983, resulting in a net deficit of 2,589,535.

SCANNED

SEP 10 2003



NET ASSETS

17 6/1

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

Do not include amounts reported on line 6b 8b 9b 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	123,930	30,983	61,965	30,982
26	Other salaries and wages	1,395,975	986,708	300,116	109,151
27	Pension plan contributions	109,875	67,376	27,831	14,668
28	Other employee benefits	176,751	110,930	44,941	20,880
29	Payroll taxes	111,931	67,634	25,859	18,438
30	Professional fundraising fees				
31	Accounting fees	8,750		8,750	
32	Legal fees	10,946		10,946	
33	Supplies	78,618	66,736	5,786	6,096
34	Telephone	19,434	9,385	5,876	4,173
35	Postage and shipping	22,985	12,386	7,103	3,496
36	Occupancy	63,257	53,844	5,905	3,508
37	Equipment rental and maintenance				
38	Printing and publications	70,392	56,607	3,375	10,410
39	Travel	30,286	16,151	13,801	334
40	Conferences, conventions, and meetings	5,035	1,949	2,749	337
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	123,858	97,440	24,422	1,996
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 5	256,960	163,178	53,010	40,772
b					
c					
d					
e					
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D) carry these totals to lines 13 - 15	2,608,983	1,741,307	602,435	265,241

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 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? <u>BOTANIC GARDEN</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 6	
(Grants and allocations \$ _____)	1,741,307
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,741,307

Part IV Balance Sheets (See Instructions)

Note		(A) Beginning of year		(B) End of year	
45 Cash – non interest bearing			45		
46 Savings and temporary cash investments		1,316,031	46	1,497,130	
ASSETS	47 a Accounts receivable	28,148			
	b Less allowance for doubtful accounts		47c	28,148	
	48 a Pledges receivable	540,709			
	b Less allowance for doubtful accounts	22,974	1,490,378	48c	517,735
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51 a Other notes & loans receivable (attach sch)				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use		94,471	52	83,832
	53 Prepaid expenses and deferred charges		54,686	53	98,795
54 Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	22,305,777	54	19,523,578	
55 a Investments – land, buildings, & equipment basis	3,000				
b Less accumulated depreciation (attach schedule) STATEMENT 7		3,000	55c	3,000	
56 Investments – other (attach schedule)			56	818	
57 a Land, buildings, and equipment basis	2,631,137				
b Less accumulated depreciation (attach schedule) STATEMENT 8	1,949,525	664,239	57c	681,612	
58 Other assets (describe ▶ SEE STATEMENT 9)		1,913,983	58	2,353,208	
59 Total assets (add lines 45 through 58) (must equal line 74)		27,892,175	59	24,787,856	
LIABILITIES	60 Accounts payable and accrued expenses		404,350	60	236,427
	61 Grants payable			61	
	62 Deferred revenue		10,216	62	8,678
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64 a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 10)		13,761	65	17,560
66 Total liabilities (add lines 60 through 65)		428,327	66	262,665	
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		21,461,925	67	17,867,968
	68 Temporarily restricted		4,092,492	68	3,715,636
	69 Permanently restricted		1,909,431	69	2,941,587
	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, column (B) must equal line 21)		27,463,848	73	24,525,191
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		27,892,175	74	24,787,856

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.

BAA

Part VI Other Information (See instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes' attach a detailed description of each activity			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			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X		
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			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?			X
81a	Enter direct or indirect political expenditures. See line 81 instructions. b Did the organization file Form 1120-POL for this year?	81a	0.	
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?	X		
82b	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)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X		
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			N/A
85a	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?			N/A
85b	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			N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A	
85d	Section 162(e) lobbying and political expenditures	85d	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A
85h	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?			N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
87b	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			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			
89b	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.			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			
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)			47
91	The books are in care of ROBERT SHERWOOD 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

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					215,122
b EDUCATION PROGRAM FEE					50,910
c GOVERNMENT CONTRACTS					84,299
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					171,676
95 Interest on savings & temporary cash invmnts			14	546,046.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property			16	22,146	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-2,060,891.
101 Net income or (loss) from special events			1	49,532	
102 Gross profit or (loss) from sales of inventory	453220	14,599.	3	155,874	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		14,599.		773,598	-1,538,884
105 Total (add line 104, columns (B), (D), and (E))					-750,687

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.

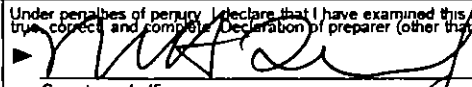
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(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)

Please Sign  Date 8/19/03

Treasurer

Date 8/19/03 Check if self Preparer's SSN or PTIN (see General Instruction W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(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)

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

OMB No 1545-0047

2002

Name of the organization: **SANTA BARBARA BOTANIC GARDEN** Employer identification number: **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 and deferred compensation	(e) Expense account and other allowances
DENISE HINKLE ----- 1212 MISSION CANYON ROAD	VP DEVELOPMENT 40	82,500	19,954	0.
ROBERT SHERWOOD ----- 1212 MISSION CANYON ROAD	FISCAL OFFICER 40	53,942	13,485	0
CAROL BORNSTEIN ----- 1212 MISSION CANYON ROAD	PROGRAM DIR. 40	53,846	14,127	0
DIETER WILKEN ----- 1212 MISSION CANYON ROAD	VP PROGRAMS 40	90,116	22,999	0
BARRY TANOWITZ ----- 1212 MISSION CANYON ROAD	PROG DIR EDUC 40	55,614	9,912	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
DAVIES COMMUNICATION ----- 1212 MISSION CANYON ROAD, SANTA BARBARA CA	CONSULTING	122,920
B3 ARCHITECTS ----- 1212 MISSION CANYON ROAD, SANTA BARBARA CA	ARCHITECT	269,250
FLOWERS & ASSOCIATES ----- 1212 MISSION CANYON ROAD, SANTA BARBARA CA	CONSULTING	52,758
ISABELLE GREENE ----- 1212 MISSION CANYON ROAD, SANTA BARBARA, CA	CONSULTING	92,990
Total number of others receiving over \$50,000 for professional services ▶	0	

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 -															
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">If the amount on line 40 is -</td> <td style="width: 70%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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		
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														
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE. 13,133,539.
 COST OR OTHER BASIS. 15,194,430.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -2,060,891.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -2,060,891.

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

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
VARIOUS	49,532.	0	49,532.	0.	49,532.
TOTAL	<u>\$ 49,532.</u>	<u>\$ 0.</u>	<u>\$ 49,532.</u>	<u>\$ 0.</u>	<u>\$ 49,532.</u>

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

GARDEN SHOP SALES - UNRELATED	\$ 30,647.
GARDEN SHOP - RELATED	286,341.
GROSS SALES	<u>\$ 316,988.</u>
LESS RETURNS & ALLOWANCES	0.
NET SALES	<u>\$ 316,988.</u>
LESS COST OF GOODS SOLD	146,515
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 170,473.</u>

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

UNREALIZED LOSS ON INVESTMENT SECURITIES	\$ -349,122.
TOTAL	<u>\$ -349,122.</u>

SANTA BARBARA BOTANIC GARDEN

95-1644628

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING & PROMOTION	28,094.	27,295	288	511.
BANK FEES	16,645	145	16,475	25.
CLASSES, TOURS & EVENTS	45,610.	20,719	237.	24,654.
CONTRACTED SERVICES	45,796	37,971.	7,825.	
INSURANCE	56,614.	36,023.	7,436.	13,155.
LIBRARY	13,981	13,981.		
PROFESSIONAL MEMBERSHIPS	10,144.	2,520.	7,031.	593.
RESEARCH AND LABORATORY	3,573.	3,311.	262	
UTILITIES	36,503.	21,213.	13,456	1,834
TOTAL	\$ 256,960.	\$ 163,178	\$ 53,010.	\$ 40,772.

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.		633,052
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.		601,221.
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		408,814.
GARDEN SHOP - EDUCATIONAL RESOURCES PROMOTING KNOWLEDGE OF PLANTS THROUGH BOOK SALES SERVING STUDENTS, TEACHERS, PROFESSIONALS AND 120,000+ VISITORS. COLLECTS ADMISSION FEES, GREETES VISITORS AND PROVIDES GENERAL INFORMATION.		98,220.
	\$ 0	\$ 1,741,307.

SANTA BARBARA BOTANIC GARDEN

95-1644628

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	\$ 335,038	\$ 0.	\$ 335,038.
MACHINERY AND EQUIPMENT	268,852	0.	268,852
BUILDINGS	1,204,614.	0.	1,204,614
IMPROVEMENTS	656,947.	0	656,947
LAND	165,686		165,686.
MISCELLANEOUS	0	1,949,525.	-1,949,525.
TOTAL	<u>\$ 2,631,137</u>	<u>\$ 1,949,525</u>	<u>\$ 681,612</u>

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

CHARITABLE REMAINDER TRUSTS	\$ 308,104.
CONSTRUCTION IN PROCESS	1,981,315.
INTEREST RECEIVABLE	63,789.
TOTAL	<u>\$ 2,353,208.</u>

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

DEPOSITS	\$ 17,560.
TOTAL	<u>\$ 17,560.</u>

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 11
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
MS. NANCY BYRNE 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 2	\$ 0.	\$ 0.	\$ 0.
MR. JAMIE W. CONSTANCE 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE .5	0.	0.	0.
MR. GARY C. GALLUP 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1	0	0.	0.
VIRGINIA L. T. GARDNER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 2	0	0.	0.
MRS. PRESTON B. HOTCHKIS 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	SECRETARY 1	0	0.	0.
MR. ERIC P. HVOLBOLL 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	CHAIRMAN 2	0.	0.	0.
FRANK E. KENDRICK, M.D. 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1.5	0	0	0.
MRS. STEPHEN T. B. MILLER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	VICE CHAIRMAN 2	0.	0.	0.
MRS. HERBERT PETERSON 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE .5	0.	0.	0
MS. JEAN W. PETTITT 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1.5	0	0	0.
MR. JOHN W. PITMAN 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93501	TRUSTEE 1.5	0.	0	0.
THE HON. JOHN C. PRITZLAFF 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	VICE CHAIRMAN 1 5	0.	0.	0

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 11 (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>
CHARLES J. RENNIE, III M.D. 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE .5	\$ 0	\$ 0.	\$ 0.
MS. ELIZABETH ROSS 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1.5		0.	0
MR. DOUGLAS D. ROSSI 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1		0.	0.
MR MARSHALL H TURNER JR. 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TREASURER 1.5		0.	0
JOHN M. WIEMANN, PH.D. 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1		0.	0.
MRS. PETER HARVIE 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1		0.	0.
EDWARD L. SCHNEIDER, PH.D. 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	PRESIDENT & CEO 40	123,930.	26,350.	0
		TOTAL \$ 123,930.	\$ 26,350.	\$ 0.

STATEMENT 12
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

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print	Name of Exempt Organization SANTA BARBARA BOTANIC GARDEN	Employer identification number 95-1644628
	Number street, and room or suite number. If a P.O. box, see instructions. 1212 MISSION CANYON ROAD	
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93105	

Check type of return to be filed (file a separate application for each return)

Form 990
 Form 990 EZ
 Form 990 T (Section 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990 BL
 Form 990 PF
 Form 990 T (trust other than above)
 Form 4720
 Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box
 If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 2003
 5 For calendar year 2002, or other tax year beginning 20 and ending 20
 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 8-15-03

Notice to Applicant - To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10 day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name STOLTEY & ASSOCIATES
	Number and street (include suite, room, or apartment number) or a P.O. box number 1650 CHADWELL
	City or town, province or state, and country (including postal or ZIP code) SANTA MARIA, CA 93454

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)
 Note Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization SANTA BARBARA BOTANIC GARDEN	Employer identification number 95-1644628
	Number, street, and room or suite number. If a P.O. box, see instructions 1212 MISSION CANYON ROAD	state ZIP code
	City, town, or post office. For a foreign address, see instructions SANTA BARBARA, CA 93105	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990 BL	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990 T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3 month (6-month, for **990-T corporation**) extension of time until 8/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 02 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

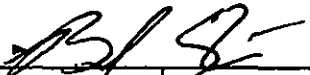
3a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____ 0.

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0.

Signature and Verification

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 and that I am authorized to prepare this form.

Signature  Title CPA Date 5-12-03

BAA For Paperwork Reduction Act Notice, see instructions