

Return of Organization Exempt from Income Tax

2004

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

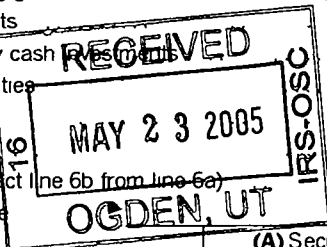
Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization name (SANTA BARBARA BOTANIC GARDEN), EIN (95-1644628), and other identifying information.

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

Main table with 21 rows detailing revenue (Total: 2,084,772) and expenses (Total: 2,948,168), resulting in a net deficit of 863,396.



SCANNED JUL 19 2005

43-17

20

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 \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	231,764.	60,533.	110,698.
26 Other salaries and wages	26	1,483,087.	1,183,020.	205,937.
27 Pension plan contributions	27	138,417.	104,890.	18,503.
28 Other employee benefits	28	230,554.	177,574.	43,854.
29 Payroll taxes	29	125,398.	86,118.	22,157.
30 Professional fundraising fees	30			
31 Accounting fees	31	9,500.		9,500.
32 Legal fees	32			
33 Supplies	33	75,925.	59,813.	12,375.
34 Telephone	34	24,485.	11,540.	6,843.
35 Postage and shipping	35	34,326.	19,478.	7,697.
36 Occupancy	36	35,735.	25,470.	8,511.
37 Equipment rental and maintenance	37			
38 Printing and publications	38	88,816.	76,081.	3,236.
39 Travel	39	59,048.	54,002.	3,580.
40 Conferences, conventions, and meetings	40	9,772.	2,176.	6,614.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	79,993.	48,144.	29,570.
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 5	43a	321,348.	260,983.	50,844.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	2,948,168.	2,169,822.	539,919.

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? BOTANIC GARDEN	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 \$ _____)	2,169,822.
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)	2,169,822.

Part IV Balance Sheets (See Instructions)

				(A)		(B)
				Beginning of year		End of year
ASSETS	45 Cash – non-interest-bearing				45	
	46 Savings and temporary cash investments			546,371.	46	377,396.
	47 a Accounts receivable	47 a	40,914.			
	b Less: allowance for doubtful accounts	47 b		46,041.	47 c	40,914.
	48 a Pledges receivable	48 a	377,615.			
	b Less: allowance for doubtful accounts	48 b	70,750.	336,568.	48 c	306,865.
	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			91,311.	52	91,311.
	53 Prepaid expenses and deferred charges			59,343.	53	69,912.
	54 Investments – securities (attach schedule)			20,467,665.	54	20,302,941.
	55 a Investments – land, buildings, & equipment: basis	55 a	3,000.			
	b Less: accumulated depreciation (attach schedule)	55 b		3,000.	55 c	3,000.
	56 Investments – other (attach schedule)				56	
	57 a Land, buildings, and equipment: basis	57 a	5,274,724.			
	b Less: accumulated depreciation (attach schedule)	57 b	1,962,641.	3,051,125.	57 c	3,312,083.
	58 Other assets (describe ► <u>SEE STATEMENT 9</u>)			2,539,204.	58	2,649,577.
59 Total assets (add lines 45 through 58) (must equal line 74)			27,140,628.	59	27,153,999.	
LIABILITIES	60 Accounts payable and accrued expenses			209,954.	60	275,903.
	61 Grants payable				61	
	62 Deferred revenue			8,678.	62	8,678.
	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 ► <u>SEE STATEMENT 10</u>)				65	2.
66 Total liabilities (add lines 60 through 65)			218,632.	66	284,583.	
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			20,530,684.	67	20,539,166.
	68 Temporarily restricted			3,339,071.	68	3,181,817.
	69 Permanently restricted			3,052,241.	69	3,148,433.
	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)			26,921,996.	73	26,869,416.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)			27,140,628.	74	27,153,999.

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

a	Total revenue, gains, and other support per audited financial statements	a	2,927,206.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 810,816.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	SEE STM 11 \$ 31,618.		
	Add amounts on lines (1) through (4)	b	842,434.
c	Line a minus line b	c	2,084,772.
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	2,084,772.

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

a	Total expenses and losses per audited financial statements	a	2,948,168.
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):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	2,948,168.
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	2,948,168.

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 12				
-----		231,764.	59,037.	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 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
	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		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?	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.)	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
	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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
	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 <u>CALIFORNIA</u>		
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	0
91	The books are in care of <u>ROBERT SHERWOOD</u> Telephone number <u>(805) 682-4726</u> Located at <u>1212 MISSION CANYON ROAD, SANTA BARBARA</u> ZIP + 4 <u>93105</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		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					232,542.
b EDUCATION PROGRAM FEE					53,277.
c GOVERNMENT CONTRACTS					70,118.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					137,406.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	477,556.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	26,216.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					280,237.
101 Net income or (loss) from special events			1	13,888.	
102 Gross profit or (loss) from sales of inventory	453220	6,640.	3	153,979.	
103 Other revenue: a _____					
b MISCELLANEOUS REVENUE					33,876.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		6,640.		671,639.	807,456.
105 Total (add line 104, columns (B), (D), and (E))					1,485,735.

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.)

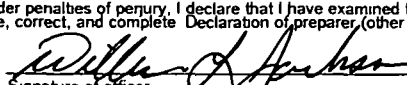
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	0%			
	0%			
	0%			

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

Please Sign:  Date: 5/20/05

Date: _____ Check if self-preparer: Preparer's SSN or PTIN (See General Instruction W)

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

2004

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

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
NANCY JOHNSON ----- 1212 MISSION CANYON ROAD	VP DEVELOPMENT 40	74,431.	20,120.	0.
ROBERT MULLER, PHD ----- 1212 MISSION CANYON ROAD	DIR. RESEARCH 40	75,426.	21,572.	0.
BARRY TANOWITZ ----- 1212 MISSION CANYON ROAD	DIR OF HORTICUL 40	57,850.	17,784.	0.
DIETER WILKEN ----- 1212 MISSION CANYON ROAD	VP PROGRAMS 40	92,378.	25,629.	0.
CHRISTOPHER WOODS ----- 1212 MISSION CANYON ROAD	V.P. HORTICULTU 40	97,530.	14,587.	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 **▶ \$** N/A

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

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.

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)

2a X

a Sale, exchange, or leasing of property?

2b X

b Lending of money or other extension of credit?

2c X

c Furnishing of goods, services, or facilities?

SEE FORM 990, PART V

2d X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2e X

e Transfer of any part of its income or assets?

3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

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 ▶**

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total								
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	891,995.	1,742,778.	1,124,478.	2,456,950.	6,216,201.								
16 Membership fees received	171,855.	171,676.	116,502.	219,790.	679,823.								
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	734,381.	1,158,117.	551,176.	632,366.	3,076,040.								
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	463,647.	568,192.	1,207,849.	2,065,005.	4,304,693.								
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	2,261,878.	3,640,763.	3,000,005.	5,374,111.	14,276,757.								
24 Line 23 minus line 17	1,527,497.	2,482,646.	2,448,829.	4,741,745.	11,200,717.								
25 Enter 1% of line 23	22,619.	36,408.	30,000.	53,741.									
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 2000 through 2003 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</p> <table style="width:100%; border:none;"> <tr> <td style="width:25%;"></td> <td style="width:25%; text-align:right;">18 4,304,693.</td> <td style="width:25%; text-align:right;">19</td> <td style="width:25%;"></td> </tr> <tr> <td></td> <td style="text-align:right;">22</td> <td style="text-align:right;">26b 1,725,361.</td> <td></td> </tr> </table> <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>					18 4,304,693.	19			22	26b 1,725,361.		<p>26a 224,014.</p> <p>26b 1,725,361.</p> <p>26c 11,200,717.</p> <p>26d 6,030,054.</p> <p>26e 5,170,663.</p> <p>26f 46.16 %</p>
	18 4,304,693.	19											
	22	26b 1,725,361.											
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>(2003) _____ (2002) _____ (2001) _____ (2000) _____</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>(2003) _____ (2002) _____ (2001) _____ (2000) _____</p> <p>c Add: Amounts from column (e) for lines.</p> <table style="width:100%; border:none;"> <tr> <td style="width:25%;"></td> <td style="width:25%; text-align:right;">15</td> <td style="width:25%; text-align:right;">16</td> <td style="width:25%;"></td> </tr> <tr> <td></td> <td style="text-align:right;">17</td> <td style="text-align:right;">20</td> <td style="text-align:right;">21</td> </tr> </table> <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>					15	16			17	20	21	<p>27c</p> <p>27d</p> <p>27e</p> <p>27f</p> <p>27g %</p> <p>27h %</p>
	15	16											
	17	20	21										
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32 b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32 c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32 d	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 a	33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		
33 b	b Admissions policies?		
33 c	c Employment of faculty or administrative staff?		
33 d	d Scholarships or other financial assistance?		
33 e	e Educational policies?		
33 f	f Use of facilities?		
33 g	g Athletic programs?		
33 h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	34 a Does the organization receive any financial aid or assistance from a governmental agency?		
34 b	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	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.		

CLIENT GARDEN

SANTA BARBARA BOTANIC GARDEN

95-1644628

5/15/05

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 2,043,907.
 COST OR OTHER BASIS: 1,763,670.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 280,237.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 280,237.

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	42,299.	0.	42,299.	28,411.	13,888.
TOTAL	<u>\$ 42,299.</u>	<u>\$ 0.</u>	<u>\$ 42,299.</u>	<u>\$ 28,411.</u>	<u>\$ 13,888.</u>

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

GARDEN SHOP SALES - UNRELATED	\$ 18,755.
GARDEN SHOP - RELATED	320,136.
GROSS SALES	<u>\$ 338,891.</u>
LESS RETURNS & ALLOWANCES	0.
NET SALES	<u>\$ 338,891.</u>
LESS COST OF GOODS SOLD	178,272.
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 160,619.</u>

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

UNREALIZED GAIN ON INVESTMENTS	
TOTAL	<u>\$ 810,816.</u>

CLIENT GARDEN

SANTA BARBARA BOTANIC GARDEN

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING & PROMOTION	27,654.	26,054.	1,309.	291.
BANK FEES	6,287.	1,281.	4,851.	155.
BOAT EXPENSE	5,819.	3,491.	1,164.	1,164.
CLASSES, TOURS & EVENTS	48,632.	48,672.	69.	-109.
CONTRACTED SERVICES	71,962.	56,677.	15,285.	
GROUNDS & MAINT.	68,990.	61,701.	6,983.	306.
INSURANCE	72,761.	50,639.	14,888.	7,234.
LIBRARY	10,551.	10,551.		
PROFESSIONAL MEMBERSHIPS	7,267.	1,349.	5,438.	480.
RESEARCH AND LABORATORY	1,425.	568.	857.	
TOTAL	\$ 321,348.	\$ 260,983.	\$ 50,844.	\$ 9,521.

**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.		822,746.
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.		684,979.
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.		492,839.
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.		169,258.
	\$ 0.	\$ 2,169,822.

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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	\$ 277,878.	\$ 0.	\$ 277,878.
MACHINERY AND EQUIPMENT	276,499.	0.	276,499.
BUILDINGS	2,154,661.	0.	2,154,661.
LAND	2,565,686.		2,565,686.
MISCELLANEOUS	0.	1,962,641.	-1,962,641.
TOTAL	<u>\$ 5,274,724.</u>	<u>\$ 1,962,641.</u>	<u>\$ 3,312,083.</u>

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

CHARITABLE REMAINDER TRUSTS	\$ 339,684.
CONSTRUCTION IN PROCESS	2,309,893.
TOTAL	<u>\$ 2,649,577.</u>

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

ROUNDING	\$ 2.
TOTAL	<u>\$ 2.</u>

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

LOSS ON DOUBFUL PLEDGES	\$ 31,618.
TOTAL	<u>\$ 31,618.</u>

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**STATEMENT 12
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>
MS. NANCY BYRNE 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	SECRETARY 3	\$ 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	VICE PRESIDENT 3	0.	0.	0.
VIRGINIA L. T. GARDNER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 2	0.	0.	0.
MR. JOHN BRINKER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 2	0.	0.	0.
MR. WILLIAM JACKSON 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TREASURER 2	0.	0.	0.
FRANK E. KENDRICK, M.D. 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 2	0.	0.	0.
MRS. STEPHEN T. B. MILLER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	CO-CHAIR 3	0.	0.	0.
MS. MARILYN MAGID 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1	0.	0.	0.
MS. JEAN W. PETTITT 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE .5	0.	0.	0.
MR. RICHARD ROGERS 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93501	CO-CHAIR 3	0.	0.	0.
HONORABLE FIFE SYMINGTON III 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 2	0.	0.	0.

CLIENT GARDEN

SANTA BARBARA BOTANIC GARDEN

95-1644628

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STATEMENT 12 (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>
ROBERT SHERWOOD 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	CFO 40	\$ 89,960.	\$ 26,324.	\$ 0.
MS. ELIZABETH ROSS 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 2	0.	0.	0.
MR. DOUGLAS D. ROSSI 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1	0.	0.	0.
JOHN M. WIEMANN, PH.D. 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE .5	0.	0.	0.
MS. MELODY TAFT 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE .5	0.	0.	0.
EDWARD L. SCHNEIDER, PH.D. 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	PRESIDENT & CEO 40	141,804.	32,713.	0.
		TOTAL \$ 231,764.	\$ 59,037.	\$ 0.