

Return of Organization Exempt From Income Tax

2005

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

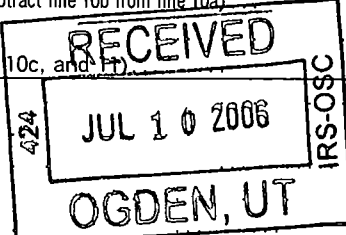
Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2005 calendar year, or tax year beginning, 2005, and ending; B Check if applicable; C Please use IRS label or print or type; D Employer Identification Number; E Telephone number; F Accounting method; G Web site; H and I are not applicable to section 527 organizations; J Organization type; K Check here; L Gross receipts.

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

Table with 21 rows detailing Revenue, Expenses, and Changes in Net Assets or Fund Balances. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, investment income, sales of assets, special events, and inventory.



SCANNED AUG 07 2005

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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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.	60,533.
26 Other salaries and wages	26	1,560,624.	1,275,579.	215,060.	69,985.
27 Pension plan contributions	27	134,711.	112,356.	19,597.	2,758.
28 Other employee benefits	28	206,332.	156,632.	42,827.	6,873.
29 Payroll taxes	29	134,106.	98,747.	23,793.	11,566.
30 Professional fundraising fees	30				
31 Accounting fees	31	10,500.		10,500.	
32 Legal fees	32	6,409.		6,409.	
33 Supplies	33	117,024.	98,716.	14,514.	3,794.
34 Telephone	34	25,788.	16,753.	5,832.	3,203.
35 Postage and shipping	35	28,108.	16,053.	7,188.	4,867.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	171,241.	139,730.	15,761.	15,750.
39 Travel	39	48,037.	41,709.	6,235.	93.
40 Conferences, conventions, and meetings	40	16,606.	8,041.	8,255.	310.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	105,071.	63,115.	37,967.	3,989.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 5	43a	576,165.	500,093.	70,495.	5,577.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	3,372,486.	2,588,057.	595,131.	189,298.

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

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.

What is the organization's primary exempt purpose? ▶ <u>BOTANIC GARDEN</u> 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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>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.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	964,651.
b <u>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.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	900,801.
c <u>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.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	542,553.
d <u>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.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	180,052.
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	2,588,057.

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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	377,396.	46	898,214.
	47 a Accounts receivable	47 a 19,732.		
	b Less allowance for doubtful accounts	47 b	40,914.	47 c 19,732.
	48 a Pledges receivable	48 a 48,529.		
	b Less allowance for doubtful accounts	48 b	306,865.	48 c 48,529.
	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 99,312.
	53 Prepaid expenses and deferred charges		69,912.	53 81,609.
	54 Investments – securities (attach schedule) SEE ST 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		20,302,941.	54 18,426,359.
	55 a Investments – land, buildings, & equipment, basis	55 a		
b Less accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments – other (attach schedule)	SEE STMT 7		56 10,854.	
57 a Land, buildings, and equipment, basis	57 a 14,306,526.			
b Less accumulated depreciation (attach schedule) STATEMENT 8	57 b 2,021,084.	3,312,083.	57 c 12,285,442.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 9)		2,652,577.	58 1,261,912.	
59 Total assets (must equal line 74) Add lines 45 through 58		27,153,999.	59 33,131,963.	
LIABILITIES	60 Accounts payable and accrued expenses		275,903.	60 445,589.
	61 Grants payable			61
	62 Deferred revenue		8,678.	62
	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 <input type="checkbox"/>)		2.	65
66 Total liabilities. Add lines 60 through 65		284,583.	66 445,589.	
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		20,539,166.	67 26,006,409.
	68 Temporarily restricted		3,181,817.	68 2,873,083.
	69 Permanently restricted		3,148,433.	69 3,806,882.
	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)		26,869,416.	73 32,686,374.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		27,153,999.	74 33,131,963.

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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	9,189,444.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1	352,646.	
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	352,646.
c	Subtract line b from line a		c	8,836,798.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	8,836,798.

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

a	Total expenses and losses per audited financial statements		a	3,372,486.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	3,372,486.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	3,372,486.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
SEE STATEMENT 10		244,399.	59,285.	0.

Part VI Other Information (continued)

		Yes	No
82 a	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 N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	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?	85b N/A	
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			
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		X
89 a	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.	
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b 0	
91 a	The books are in care of ▶ ROBERT SHERWOOD Telephone number ▶ (805) 682-4726 Located at ▶ 1212 MISSION CANYON ROAD, SANTA BARBARA, ZIP + 4 ▶ 93105		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91c	X
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	▶ <input type="checkbox"/>
		92	N/A

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

Note: Enter gross amounts unless otherwise indicated

- 93 Program service revenue
 - a **ADMISSIONS**
 - b **EDUCATION PROGRAM FEE**
 - c **GOVERNMENT CONTRACTS**
 - d _____
 - e _____
 - f Medicare/Medicaid payments
 - g Fees & contracts from government agencies
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts
- 96 Dividends & interest from securities
- 97 Net rental income or (loss) from real estate.
 - a debt-financed property
 - b not debt-financed property
- 98 Net rental income or (loss) from pers prop
- 99 Other investment income
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue.
 - a _____
 - b **MISCELLANEOUS REVENUE**
 - c _____
 - d _____
 - e _____
- 104 Subtotal (add columns (B), (D), and (E))
- 105 Total (add line 104, columns (B), (D), and (E))

	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	
					296,613.
					54,033.
					56,303.
					210,125.
			14	89,743.	
			16	27,200.	
					-1,905,329.
			1	-1,156.	
	453220	4,770.	3	234,883.	
					59,218.
		4,770.		350,670.	-1,229,037.
					-873,597.

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 the 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 the 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 the 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 Here

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.

Signature of officer: William U. Jackson Date: 7/5/06

Type or print name and title: William U. Jackson, Treasurer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 6-14-06 Check if self employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: STOLLEY & ASSOCIATES
3050 FIGUEROA MOUNTAIN ROAD
LOS OLIVOS, CA 93441 EIN: N/A Phone no: (805) 925-6363

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 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

2005

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
SEE STATEMENT 11		432,569.	45,820.	0.
Total number of other employees paid over \$50,000 ▶	5			

Part II - A 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 II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other 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 ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i 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
2a Sale, exchange, or leasing of property?		X
2b Lending of money or other extension of credit?		X
2c Furnishing of goods, services, or facilities?		X
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
2e Transfer of any part of its income or assets?		X
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)		X
3b Do you have a section 403(b) annuity plan for your employees?	X	
3c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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?		X
4b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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). Check the box that describes the type of supporting organization **▶** Type 1 Type 2 Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	628,740.	891,995.	1,742,778.	1,124,478.	4,387,991.
16 Membership fees received	137,406.	171,855.	171,676.	116,502.	597,439.
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	742,254.	734,381.	1,158,117.	551,176.	3,185,928.
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	477,556.	463,647.	568,192.	1,207,849.	2,717,244.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	1,985,956.	2,261,878.	3,640,763.	3,000,005.	10,888,602.
24 Line 23 minus line 17	1,243,702.	1,527,497.	2,482,646.	2,448,829.	7,702,674.
25 Enter 1% of line 23	19,860.	22,619.	36,408.	30,000.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 154,053.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,090,435.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 7,702,674.
d Add. Amounts from column (e) for lines:	18 2,717,244.	19	20	21	26d 3,807,679.
	22	26b 1,090,435.			26e 3,894,995.
e Public support (line 26c minus line 26d total)					26e 3,894,995.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 50.57 %
27 Organizations described on line 12:	N/A				
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:	(2004) _____ (2003) _____ (2002) _____ (2001) _____				
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 11b, 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.	(2004) _____ (2003) _____ (2002) _____ (2001) _____				
c Add. Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	21 _____
d Add. Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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	27h _____ %				

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.		

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: 3,113,472.
 COST OR OTHER BASIS: 5,018,801.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -1,905,329.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,905,329.

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	26,920.	0.	26,920.	28,076.	-1,156.
TOTAL	<u>\$ 26,920.</u>	<u>\$ 0.</u>	<u>\$ 26,920.</u>	<u>\$ 28,076.</u>	<u>\$ -1,156.</u>

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

GARDEN SHOP SALES - UNRELATED SHOP AND PLANT SALES	\$ 14,172. 438,656.
GROSS SALES	<u>\$ 452,828.</u>
LESS RETURNS & ALLOWANCES	<u>0.</u>
NET SALES	<u>\$ 452,828.</u>
LESS COST OF GOODS SOLD	<u>213,175.</u>
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 239,653.</u>

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

UNREALIZED GAIN ON INVESTMENTS	\$ 352,646.
TOTAL	<u>\$ 352,646.</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	96,425.	93,370.	1,745.	1,310.
BANK FEES	8,135.	1,602.	6,533.	
BOAT EXPENSE	6,051.	6,051.		
CLASSES, TOURS & EVENTS	38,526.	37,687.		839.
CONTRACTED SERVICES	144,902.	122,278.	22,624.	
GROUNDS & MAINT.	155,398.	137,787.	15,692.	1,919.
INSURANCE	70,125.	61,445.	8,680.	
LIBRARY	7,319.	7,319.		
PROFESSIONAL MEMBERSHIPS	9,747.	2,402.	6,805.	540.
RESEARCH AND LABORATORY	2,847.	2,280.	567.	
UTILITIES	36,690.	27,872.	7,849.	969.
TOTAL	\$ 576,165.	\$ 500,093.	\$ 70,495.	\$ 5,577.

**STATEMENT 6
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES**

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
COMMON STOCK	MARKET VALUE	\$ 6,879,781.
	TOTAL	\$ 6,879,781.

CORPORATE BONDS	VALUATION METHOD	AMOUNT
CORPORATE BONDS	MARKET VALUE	3,536,531.
	TOTAL	\$ 3,536,531.

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	MARKET VALUE	6,061,048.
	TOTAL	\$ 6,061,048.

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
US GOVERNMENT SECURITIES	MARKET VALUE	1,948,999.
	TOTAL	\$ 1,948,999.

TOTAL INVESTMENTS - SECURITIES \$ 18,426,359.

CLIENT GARDEN

SANTA BARBARA BOTANIC GARDEN

95-1644628

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**STATEMENT 7
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER**

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
INSURANCE POLICIES	COST	\$ 10,854.
	TOTAL	<u>\$ 10,854.</u>

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 306,389.	\$ 0.	\$ 306,389.
MACHINERY AND EQUIPMENT	293,682.	0.	293,682.
BUILDINGS	2,573,559.	0.	2,573,559.
LAND	11,132,896.		11,132,896.
MISCELLANEOUS	0.	2,021,084.	-2,021,084.
TOTAL	<u>\$ 14,306,526.</u>	<u>\$ 2,021,084.</u>	<u>\$ 12,285,442.</u>

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

CHARITABLE REMAINDER TRUSTS	\$ 278,768.
CONSTRUCTION IN PROCESS	983,144.
TOTAL	<u>\$ 1,261,912.</u>

**STATEMENT 10
FORM 990, PART V-A
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	SECRETARY 4	\$ 0.	\$ 0.	\$ 0.
MR. GARY C. GALLUP 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	CHAIRMAN 3	0.	0.	0.
VIRGINIA L. T. GARDNER 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 2	0.	0.	0.

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 10 (CONTINUED)
 FORM 990, PART V-A
 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
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.
JOHN WIEMANN, PHD 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1	0.	0.	0.
MS. MARILYN MAGID 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1	0.	0.	0.
MELODY TAFT 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	TRUSTEE 1	0.	0.	0.
MR. RICHARD ROGERS 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93501	VICE CHAIRMAN 2	0.	0.	0.
HONORABLE FIFE SYMINGTON III 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	VICE CHAIRMAN 4	0.	0.	0.
ROBERT SHERWOOD 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	CFO 40	96,923.	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.
EDWARD L. SCHNEIDER, PH.D. 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	PRESIDENT & CEO 40	147,476.	32,961.	0.
	TOTAL	\$ 244,399.	\$ 59,285.	\$ 0.

SANTA BARBARA BOTANIC GARDEN

95-1644628

STATEMENT 11
 SCHEDULE A, PART I
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUTIO EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
NANCY JOHNSON 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	VP DEVELOPMENT 40	84,202.	14,638.	0.
ROBERT MULLER, PHD 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	DIR. RESEARCH 40	77,689.	8,925.	0.
LISA RUPP 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	40	95,481.	4,298.	0.
DIETER WILKEN 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	VP PROGRAMS 40	95,149.	17,267.	0.
CLIFFTON COPE 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105	40	80,048.	692.	0.
	TOTAL	<u>\$ 432,569.</u>	<u>\$ 45,820.</u>	<u>\$ 0.</u>