-orm **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

JUL 1, 2020 and ending JUN 30, A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change MUSEUM OF VENTURA COUNTY Name change 95-1942930 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 805-653-0323 100 EAST MAIN STREET termin-ated 3,321,490. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended VENTURA, CA 93001 H(a) Is this a group return Applica-F Name and address of principal officer: ELENA BROKAW Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW. VENTURAMUSEUM. ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1957 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE MUSEUM OF VENTURA COUNTY, Governance THROUGH ITS COLLECTIONS, EXHIBITS, EDUCATIONAL PROGRAMS AND Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 30 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 72 6 Total number of volunteers (estimate if necessary) 1,753. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 3,285,037. 2,558,742. Contributions and grants (Part VIII, line 1h) Revenue 99,523 2,068. Program service revenue (Part VIII, line 2g) 60,662. 236,833. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -1,534.106,234. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,551,456. 2,796,109. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,452,699. 1,328,468. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,014,048. 966,301. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,294,769. 501,340. 2,466,747. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,084,709. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 17,515,467. 15,259,522. Total assets (Part X, line 16) 434,542. 468,462. 21 Total liabilities (Part X, line 26) 14,824,980. 047,005. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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 Date Sign ELENA BROKAW, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature BRIAN COUSINO P01363025 Paid Firm's name | HINRICHER & COUSINO LLP Firm's EIN Preparer 77-0291466 Firm's address 3275 OLD CONEJO ROAD Use Only Phone no. (805)496-1883 THOUSAND OAKS, CA 91320 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

. u	Objects if Oak add a Oacontains a way area assests to a small as in this Bast III
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MICEUM OF VENUEDA COLLEGE THE COLLEGE TO SERVICE THE COLLEGE THE COLLEGE TO SERVICE THE COLLEGE THE CO
	THE MUSEUM OF VENTURA COUNTY, THROUGH ITS COLLECTIONS, EXHIBITS,
	EDUCATIONAL PROGRAMS AND PUBLICATIONS, CELEBRATES THE HISTORY, ART,
	AND CULTURE OF VENTURA COUNTY AND THE CHANNEL ISLANDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,532,975 • including grants of \$) (Revenue \$ 4,007 •)
4a	
	THE ORGANIZATION MAINTAINS AND STAFFS A MAIN MUSEUM AND LIBRARY IN
	VENTURA AND AN AGRICULTURE MUSEUM IN SANTA PAULA. BOTH ARE OPEN TO THE
	PUBLIC TO PROMOTE, PRESERVE AND INTERPRET THE ART, HISTORY AND CULTURE
	OF VENTURA COUNTY AND THE SURROUNDING REGION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
10	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,532,975.
	Form 990 (2020)

032002 12-23-20

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	Х	
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8	21	
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.415		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		25
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

032003 12-23-20

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
_	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	October 1911 De 11	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			╫
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
65	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			╫
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	000	10000

032004 12-23-20

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 30								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a									
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		.,					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			37					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			17					
	excess parachute payment(s) during the year?	15		X					
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2020)					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	<u>3</u>								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?									
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?		X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization			Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s onl	y) avai	lable						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	JO BOWERS - 805-653-0323									
	100 EAST MAIN STREET, VENTURA, CA 93001									

032006 12-23-20

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	rson i	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELENA BROKAW	40.00							122 665		•
EXECUTIVE DIRECTOR				Х	<u> </u>			133,667.	0.	0.
(2) BETSY CHESS	3.00	١								•
DIRECTOR	2 00	Х			<u> </u>	_		0.	0.	0.
(3) WILLIAM KEARNEY	3.00	٠,,		,,					0	0
VICE CHAIR	2 00	Х		Х	<u> </u>			0.	0.	0.
(4) LESLIE LEAVENS	3.00	Į.,							0	0
DIRECTOR (5) AL LOWE	3.00	Х			 			0.	0.	0.
DIRECTOR	3.00	X						0.	0.	0.
(6) KATE MCLEAN	3.00	^			 			0.	0.	0.
CHAIR	3.00	X		Х				0.	0.	0.
(7) RICHARD RUSH	3.00	122		22				0.	•	•
DIRECTOR	3,00	x						0.	0.	0.
(8) JIM SCANLON	3.00	┢								
DIRECTOR		X						0.	0.	0.
(9) MIKE SEDELL	3.00									
TREASURER		Х		Х				0.	0.	0.
(10) JESSICA ARCINIEGA	3.00									
SECRETARY		Х		Х				0.	0.	0.
(11) DAVID FUKUTOMI	3.00									
DIRECTOR		Х						0.	0.	0.
(12) TOM PECHT	3.00									
DIRECTOR		Х						0.	0.	0.
(13) GREG MONTERROSA	3.00								_	_
DIRECTOR		Х			L			0.	0.	0.
(14) GABRIELLA NAVARRO-BUSCH	3.00	ļ								
DIRECTOR		Х			<u> </u>	_		0.	0.	0.
020007 10 02 00										Form 990 (2020)

Part VIII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B) (C)							(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable			imated	
	hours per week		, unle cer an					compensation	compensation			ount of	
	(list any	\vdash						from the	from related organization			other oensatio	nn.
	hours for	direct				- D		organization	(W-2/1099-MIS			om the	ווע
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 = 1 1 0 0 0 1 1 1 1 1	,		nizatio	n
	organizations	trus	nal tru		oyee	ompe					and	related	t
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nizatior	IS
	line)	밀	lus)HO	Key	Hig	ъ						
		\vdash											
		\vdash											
		H											
								122 665					_
1b Subtotal								133,667.		0.			0 .
c Total from continuation sheets to Part \								133,667.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	000 of war and b	_	<u> </u>		<u>.</u>
Total number of individuals (including but compensation from the organization	not limited to tr	iose	IISTE	ed at	DOV	e) wi	10 re	eceived more than \$100	,000 of reportab	ie			1
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	key (empl	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	50,000? <i>If</i> "Yes,	," co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or													7.7
rendered to the organization? If "Yes," con Section B. Independent Contractors	mplete Schedul	e J f	or st	uch _i	pers	son .					5		X
Complete this table for your five highest complete the stable for your five highest complete the your	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation fr	om	
the organization. Report compensation fo	r the calendar y	ear e	endi	ng v	vith	or w	ithir I		year.			•	
(A) Name and busines	s address	NC	INC	Ξ				(B) Description of s	ervices	С	(C) compen		
													
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lir	mite	d to		se li:	sted	above) who received n	nore than				
	112ation					_					Гокт С	200 (00	

		Check if Schedule O contains a response	or note to any lin	oo in this Part VIII			
		Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovolido	function revenue	business revenue	from tax under
							sections 512 - 514
nts Its	1 a	Federated campaigns1a					
e al	b	Membership dues 1b	111,883.				
اغ ئ	С	Fundraising events 1c					
# #		Related organizations 1d					
ا≝ئ		Government grants (contributions) 1e	300,000.				
Sig			300,000				
iğ E	'	All other contributions, gifts, grants, and	146,859.				
윤制							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	74,703.	0 550 540			
<u>a</u> C	h	Total. Add lines 1a-1f	T	2,558,742.			
			Business Code				
9		VENUE RENTAL	900099	1,753.		1,753.	
ا ه څ	b	TOURS, LECTURES, & EVE	712110	276.	276.		
Se	С	MUSEUM ADMISSIONS	712110	39.	39.		
e al	d						
ğč	_						
Program Service Revenue	4	All other program service revenue					
				2,068.			
$\overline{}$		Total. Add lines 2a-2f		2,000.			
	3	Investment income (including dividends, inter		E0 420			E0 420
		other similar amounts)		50,430.			50,430.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties	. <u></u>				
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
	, a	assets other than inventory 7a 697,544.					
		· - 1	<u>' </u>				
o l	D	Less: cost or other basis					
ž		and sales expenses 76 511,141. Gain or (loss) 7c 186,403.	•				
e e		·		106 400			106 402
her Revenue		Net gain or (loss)		186,403.			186,403.
	8 a	Gross income from fundraising events (not					
ŏ∣		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See	1				
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
			D				
	10 a	Gross sales of inventory, less returns	10 706				
			12,706.				
	b	Less: cost of goods sold10k	14,240.	4 5 3 4	4 504		
\Box	С	Net income or (loss) from sales of inventory		-1,534.	-1,534.		
က္အ			Business Code				
o g	11 a						
an Min	b						
Miscellaneous Revenue	С	;					
<u>18</u>		All other revenue					
2		Total. Add lines 11a-11d	<u> </u>				
		Total revenue. See instructions		2,796,109.	-1.219.	1,753.	236,833.

032009 12-23-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	·		<u> </u>	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	122 667	77 506	27 000	20 220
	trustees, and key employees	133,667.	77,526.	27,802.	28,339
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 000 654	F01 F31	200 550	212 572
7	Other salaries and wages	1,002,654.	581,531.	208,550.	212,573
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	192,147.	111,444.	39,966.	40,737
9	Other employee benefits	174,14/•	111,444.	35,300.	40,/3/
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c C	Accounting				
d	Lobbying				
e f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	56,692.	41,516.		15,176
13	Office expenses	,	,		
14	Information technology	61,194.	35,492.	12,728.	12,974
15	Royalties			· · · · · ·	,
16	Occupancy	246,428.	214,392.	17,250.	14,786
17	Travel				·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	193,136.	168,028.	13,520.	11,588
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	EXHIBIT, COLLECTIONS &	169,588.	169,588.		
b	OTHER EXPENSES	153,486.	91,324.	25,259.	36,903
С	CONTRACT SERVICES	33,805.	12,000.	8,960.	12,845
d	PROPERTY TAXES	21,626.	18,814.	1,514.	1,298
е	All other expenses	30,346.	11,320.	19,026.	
25	Total functional expenses. Add lines 1 through 24e	2,294,769.	1,532,975.	374,575.	387,219
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			381,724.	1	85,164
	2	Savings and temporary cash investments			1,053,830.	2	1,433,058
	3	Pledges and grants receivable, net	2,396,070.	3	1,542,626		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	rsons (as defined				
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,722.	8	2,188
A	9	Prepaid expenses and deferred charges			40,005.	9	37,011
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,793,959.			
	b	Less: accumulated depreciation	10b	3,184,023.	4,381,409.	10c	4,609,936
	11	Investments - publicly traded securities			2,425,229.	11	3,495,150
	12	Investments - other securities. See Part IV, line	11		4,578,533.	12	6,310,334
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		15,259,522.	16	17,515,467	
	17	Accounts payable and accrued expenses		105,798.	17	99,267	
	18	Grants payable		18			
	19	Deferred revenue	19,043.	19	25,825		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
=		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
_	23	Secured mortgages and notes payable to unrel	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X	200 501		242 250
		of Schedule D			309,701.		343,370
	26	Total liabilities. Add lines 17 through 25			434,542.	26	468,462
S		Organizations that follow FASB ASC 958, che	eck her	e ▶ X			
nce		and complete lines 27, 28, 32, and 33.			6 020 220		0 730 000
Net Assets or Fund Balances	27	Net assets without donor restrictions			6,838,220.	27	9,738,280
d B	28	Net assets with donor restrictions			7,986,760.	28	7,308,725
un.		Organizations that do not follow FASB ASC 9	958, ch	eck here 🕨 📖			
or F		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
ίΑ	31	Retained earnings, endowment, accumulated in			14 004 000	31	10 040 000
Š	32	Total net assets or fund balances			14,824,980.	32	17,047,005
	33	Total liabilities and net assets/fund balances .			15,259,522.	33	17,515,467

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,79				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,29	<u>4,7</u> 1,3			
3								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7		_	7,5	<u>66.</u>		
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-1	7,4	24.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	17	7,04	7,0	05.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:		•					
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t.					
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	•		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit					
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
	, , , , , , , , , , , , , , , , , , , ,							

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MUSEUM OF VENTURA COUNTY 95-1942930 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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 exempt 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support			•	•		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	, ,	, ,	, ,		. ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	
13	First 5 years. If the Form 990 is for th	e organization's fi				501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2020 (li	ne 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			▶□
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	: - 2020. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances test	: - 2019. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. T	he organization qu	ualifies as a publicl	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

80.	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support						1
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1000241	4622016	2220454	2074700	2550742	15607060
	include any "unusual grants.")	1990341.	4633816.	3229454.	3274709.	2558/42.	15687062.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	189,628.	81,286.	94,171.	64,648.	2.068.	431,801.
3	Gross receipts from activities that		0=,=00	V = / = 1 = 5	01,010		
٠	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2179969.	4715102.	3323625.	3339357.	2560810.	16118863.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						16118863.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	2179969.	4715102.	3323625.	3339357.	2560810.	16118863.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,758.	71,072.	145,800.	138,015.	50,430.	477,075.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		E4 0E0	1.45 0.00	120 015	F0 400	488 085
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	71,758.	71,072.	145,800.	138,015.	50,430.	477,075.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0054505	4506454	2462425	2.455252	0.64.4.0.4.0	1.65.05.00
	Total support. (Add lines 9, 10c, 11, and 12.)	2251727.	4786174.	3469425.	3477372.		16595938.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here	i- 0					>
	ction C. Computation of Publ						07 13
15	Public support percentage for 2020 (· ·	column (f))		15	97.13 %
16	Public support percentage from 2019		_			16	95.47 %
	ction D. Computation of Inve					- <u>-</u> -1	2 07
17	Investment income percentage for 20					17	2.87 %
18							
19a	33 1/3% support tests - 2020. If the	-					
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation If the organization	n did not chack a	hay on line 14 10	or 10h chock th	ic hay and can inc	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
000	ion of Type in oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)) .		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	·	Za		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		1	10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020		Distributable Amount for 2020		
			F16-2020		Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
a	From 2015						
b	From 2016						
c	From 2017						
d	From 2018						
e	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i_	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						

Schedule A (Form 990 or 990-EZ) 2020

8 Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

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

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

MUSEUM OF VENTURA COUNTY

95-1942930

Organization type (check one):

or garileation type (check one).					
Filers of:		Section:			
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special F	Rules				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from a during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year			
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF).			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

MUSEUM OF VENTURA COUNTY

95-1942930

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$ 137,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MUSEUM OF VENTURA COUNTY

95-1942930

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 7,053.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZiF + +	\$ 260,582.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MUSEUM OF VENTURA COUNTY 95-1942930

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
13		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
14		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
15		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
16	Hame, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
17		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
18		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

MUSEUM OF VENTURA COUNTY 95-1942930 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 20 Person **Payroll** 6,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 22 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 X Person Payroll 9,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person **Pavroll** 6,000. Noncash (Complete Part II for

noncash contributions.)

MUSEUM OF VENTURA COUNTY

95-1942930

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Name of organization

Employer identification number

MUSEUM OF VENTURA COUNTY

95-1942930

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

MUSEUM OF VENTURA COUNTY

95-1942930

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

Exclusively religious, charibable, etc., contributions to organizations described in section 501(c/T), (8), or 10) that total more than \$1.0 from any one contributor. Complete columns (a) through (e) and the following line entry, For granziations completing that it, enter the total declared columns (a) through (e) and the following line entry. For granziations completing that it, enter the total declared relatively regions. Cereinable, etc., community of \$1,000 or less for the year, from the late and proposed of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is it. (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is it. (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	M OF VENTUE		ions to organizations described in	section 501(c)(7) (8) or (10)	95-1942930
(e) Transferee's name, address, and ZIP + 4 (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is Pelationship of transferor to transferee (e) Transfer of gift (f) Description of how gift is Pelationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is Pelationship of transferor to transferee (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is Pelationship of transferor to transferee (e) Transfer of gift (f) Description of how gift is Pelationship of transferor to transferee (g) Transfer of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is Pelationship of transferor to transferee	from any one contri	hutor Complete columns (a)	through (e) and the following line en	try For organizations	
(b) Purpose of gift (c) Use of gift (d) Description of how gift is the state of the	completing Part III, enter	the total of exclusively religious, of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once	e.) • • •
(e) Transfere of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is the selection of transferor to transferee (e) Transfer of gift (f) Description of how gift is the selection of transferor to transferor					
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is find the property of transferor to transferee (e) Transfer of gift (f) Description of how gift is find the property of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is find the property of transferor to transferee (g) Transfer of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is find the property of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is find the property of gift (e) Transfer of gift	(b) Pur _l	oose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is the standard stan					
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is the second of transferor to transferee (e) Transfer of gift (f) Purpose of gift (g) Transfer of gift Transferee's name, address, and ZIP + 4 (h) Purpose of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is the second of transferor to transferee (e) Transfer of gift (f) Purpose of gift (h) Purpose of gift					
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is find the property of transferor to transferee (e) Transfer of gift (f) Description of how gift is find the property of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is find the property of transferor to transferee (g) Purpose of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is find the property of transferor to transferee (h) Purpose of gift					
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is find the property of transferor to transferee (e) Transfer of gift (f) Description of how gift is find the property of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is find the property of transferor to transferee (g) Transfer of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is find the property of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is find the property of gift (e) Transfer of gift					
(b) Purpose of gift (c) Use of gift (d) Description of how gift is here. (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is here. (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transfer of how gift is here. (b) Purpose of gift (c) Use of gift (d) Description of how gift is here. (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is here.			(e) Transfer of gif	ft	
(b) Purpose of gift (c) Use of gift (d) Description of how gift is here. (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is here. (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transfer of how gift is here. (b) Purpose of gift (c) Use of gift (d) Description of how gift is here. (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is here.	Tuanaf		- J 7ID . 4	Dalatianahin of tur	
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is f	Iranste	eree's name, address, ar	10 ZIP + 4	Relationship of trai	nsteror to transferee
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is f					
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is f					
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is f					
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is f (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is f	(b) Puri	oose of aift	(c) Use of gift	(d) Desc	ription of how gift is held
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is find the purpose of gift (g) Transfer of gift (h) Purpose of gift	(3): 4.1	, do 0 1 g	(0) 000 01 g	(4, 2000	
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (d) Description of how gift is find the purpose of gift (e) Transfer of gift (e) Transfer of gift					
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (d) Description of how gift is find the purpose of gift (e) Transfer of gift (e) Transfer of gift	-				
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is find the purpose of gift (g) Transfer of gift (h) Purpose of gift	-				
(b) Purpose of gift (c) Use of gift (d) Description of how gift is h			(e) Transfer of gif	ft	
(b) Purpose of gift (c) Use of gift (d) Description of how gift is h					
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is free to transfer of gift (e) Transfer of gift	Transfe	eree's name, address, ar	nd ZIP + 4	Relationship of trai	nsferor to transferee
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is free to transfer of gift (e) Transfer of gift					
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is free to transfer of gift (e) Transfer of gift	_				
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is free to transfer of gift (e) Transfer of gift	_				
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is free to transfer of gift (e) Transfer of gift	(I-) D		(a) Harrist with	(d) D	
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is head to be a compared to transferee (e) Transfer of gift	(b) Purj	oose or girt	(c) Use of gift	(d) Desc	ription of now gift is neit
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is head to be a compared to transferee (e) Transfer of gift					
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is head to be a compared to transferee (e) Transfer of gift					
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is head to be a compared to transferee (e) Transfer of gift					
Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is head to be a compared to transferee (e) Transfer of gift			(e) Transfer of git	tt	
(b) Purpose of gift (c) Use of gift (d) Description of how gift is h			()		
(e) Transfer of gift	Transfe	eree's name, address, ar	nd ZIP + 4	Relationship of trai	nsferor to transferee
(e) Transfer of gift					
(e) Transfer of gift					
(e) Transfer of gift					
(e) Transfer of gift					
	(b) Puri	oose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			(a) Transfor of cit		
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			(e) Halisiel of gli	•	
	Transfe	eree's name, address, ar	nd ZIP + 4	Relationship of trai	nsferor to transferee
		, , , , , , , , , , , , , , , , , , ,			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MUSEUM OF VENTURA COUNTY

Employer identification number 95-1942930

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$		caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

		(Form 990) 2020 MUSEUM	OF VENTURA	COUNTY			95-1	L94293	0 г	⊃age 2
Par	t III	Organizations Maintaining C	Collections of Art	t, Historical Tr	easures, o	r Othe	r Similar As	sets(conti	nued))
3	Using	the organization's acquisition, accessi	on, and other records	s, check any of the	following that	t make si	gnificant use of	its		
	collec	tion items (check all that apply):								
а	X	Public exhibition	d	Loan or excl	hange progra	m				
b	X	Scholarly research	е	Other						
С	X	Preservation for future generations								
4	Provid	de a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exen	npt purpose in I	Part XIII.		
5	During	g the year, did the organization solicit o	or receive donations o	f art, historical trea	sures, or othe	er similar	assets			
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes							Yes	X	<u> No</u>	
Par	t IV	Escrow and Custodial Arran	gements. Complet	e if the organizatio	n answered "	Yes" on I	Form 990, Part	IV, line 9, o	r	
		reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the	organization an agent, trustee, custod	ian or other intermedi	ary for contribution	s or other as	sets not i	ncluded			
	on Fo	rm 990, Part X?						Yes		No
b	If "Yes	s," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amour	nt	
С	Begin	ning balance					. 1c			
d	Additi	ions during the year					1d			
е	Distrib	outions during the year					1e			
f	Endin	g balance					1f			
2a	Did th	ne organization include an amount on F	orm 990, Part X, line 2	21, for escrow or cu	ustodial acco	unt liabilit	ty?	Yes	L	No
b	If "Yes	s," explain the arrangement in Part XIII.							<u>. L</u>	
Par	t V	Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	rm 990, Part	IV, line 10	0.			
			(a) Current year	(b) Prior year	(c) Two years		d) Three years ba	.ck (e) Fou	r years	s back
		ning of year balance	5,337,917.	6,293,152.	3,718		2,217,82	_		,598
b	Contr	ibutions	11,875.		2,546		1,453,39			,231
С	Net in	vestment earnings, gains, and losses	1,293,429.	85,741.	28	,200.	47,61	4.	191	,280
d	Grant	s or scholarships								
е	Other	expenditures for facilities								
	and p	rograms	108,767.	1,040,976.						.,770
		nistrative expenses								,510
g		f year balance	6,534,454.	5,337,917.		,152.	3,718,84	2. 2	,217	,829
2	Provid	de the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	i)) held as:					
а	Board	d designated or quasi-endowment		_%						
		anent endowment	%							
С	Term	endowment -	%							
	The p	ercentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are th	nere endowment funds not in the posse	ession of the organizat	tion that are held a	nd administe	red for th	e organization			
	by:								Yes	No
		nrelated organizations							X	
		elated organizations								X
b		s" on line 3a(ii), are the related organiza						3b		
4		ibe in Part XIII the intended uses of the		vment funds.						
Par	τVI	Land, Buildings, and Equipm								
		Complete if the organization answere	<u> </u>	<u> </u>	See Form 990					
		Description of property	(a) Cost or oth	ner (b) Cost	or other	(c) Ac	cumulated	(d) Boo	ok valu	ae

	100 0111 01111 000,1 0111	v, 11110 1 14: 000 1 01111 001	3,1 4,1171, 11110 101			
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings		7,056,962.	2,652,264.	4,404,698.		
c Leasehold improvements						
d Equipment		736,997.	531,759.	205,238.		
e Other						
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED EXPENSES	118,370.
(3)	OTHER	225,000.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	343,370.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020 MUSEUM OF VENTURA				1942930 Page 4
Part XI Reconciliation of Revenue per Audited Final Complete if the organization answered "Yes" on Form 990		tn Revenue per H	eturn	
Total revenue, gains, and other support per audited financial state			1	4,547,235.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			-	4,547,255
a Net unrealized gains (losses) on investments	1 1	1,745,675.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		14,240.		
e Add lines 2a through 2d			2e	1,759,915.
3 Subtract line 2e from line 1			3	2,787,320.
4 Amounts included on Form 990, Part VIII, line 12, but not on line				
		7,566.		
a Investment expenses not included on Form 990, Part VIII, line 7bb Other (Describe in Part XIII.)	4b	1,223.		
c Add lines 4a and 4b			4c	8,789.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par			5	2,796,109.
Part XII Reconciliation of Expenses per Audited Fina	ancial Statements W	ith Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.			
1 Total expenses and losses per audited financial statements			1	2,307,786.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d	14,240.		
e Add lines 2a through 2d			2e	14,240.
3 Subtract line 2e from line 1			3	2,293,546.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b		4 000		
b Other (Describe in Part XIII.)	4b	1,223.		4 000
c Add lines 4a and 4b			4c	1,223.
Total expenses. Add lines 3 and 4c. (This must equal Form 990, F	Part I, line 18.)		5	2,294,769.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			4; Part	X, line 2; Part XI,
PART XI, LINE 2D - OTHER ADJUSTMENTS	5:			
COST OF GOODS SOLD				14,240.
DIRECT FUND RAISING COSTS				
PART XI, LINE 4B - OTHER ADJUSTMENTS	5:			
DIRECT EXPENSES RELATING TO VENUE RE	ENTAL			1,223.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES 14,240.

DIRECT FUNDRAISING COSTS

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

	MUSEUM OF VE	NTUKA	COONTY		95-1	1942	930	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermini	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	74,703.	MARKET			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi		•					
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	gement 29		1	,	
	B : "						Yes	No
30a	During the year, did the organization receive b	-			-			
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period	?				30a		Х
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties							77
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MUSEUM OF VENTURA COUNTY

Employer identification number 95-1942930

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLICATIONS, CELEBRATES THE HISTORY, ART, AND CULTURE OF VENTURA COUNTY AND THE CHANNEL ISLANDS. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY THE AUDIT FIRM, THEN REVIEWED BY THE MUSEUM'S DIRECTOR OF FINANCE AND CEO. IT IS THEN SUBMITTED TO THE FINANCE COMMITTEE AND AUDIT COMMITTEE FOR FINAL REVIEW BEFORE BEING PRESENTED TO THE BOARD FOR ACCEPTANCE. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST STATEMENT IS REQUIRED TO BE SIGNED ANNUALLY BY ALL BOARD MEMBERS AND KEY EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PLEDGES RECEIVABLE WRITE-OFF -17,425.ROUNDING ADJUSTMENT TOTAL TO FORM 990, PART XI, LINE 9 -17,424. FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

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

SELECTION PROCESS DURING THE TAX YEAR.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	MUSEUM	OF	VENTURA	COUNTY	Employer identification number 95-1942930
	11022011		7 22 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7	0001(11	33 1311300