Form 990-T	E)	OMB No 1545-0687				
	For ca	(and proxy tax und		2018			
Department of the Treasury . Internal Revenue Service		► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				_	Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions)
B Exempt under section	Print	SANTA BARBARA MUSEUM O	F N	ATURAL HIST	ORY		5-1643378
X 501(c(1)3)	10	Number, street, and room or suite no. If a P.O. box		ated business activity code			
408(e) 220(e)	Type	2559 PUESTA DEL SOL	,-	1			
408A530(a) 529(a)		City or town, state or province, country, and ZIP of SANTA BARBARA, CA 931		n postal code 2936		523	000
C Book value of all assets	1	F Group exemption number (See instructions.)	>				
C Book value of all assets at end of year 72,955,6	24.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust
		ation's unrelated trades or businesses.	2		the only (or first) uni		
		IT FROM PARTNERSHIP INV					
business, then complete		ace at the end of the provious sentence, complete Pa	ırıs ı ar	ia II, complete a Schedule	m for each addition	ai iraoc	or
		poration a subsidiary in an affiliated group or a parer	nt subs	idiary controlled group?	• [Ye	e X No
		itifying number of the parent corporation.					
J The books are in care of					one number 🕨 8		
		de or Business Income	·	(A) Income ⁻	(B) Expenses		(C) Net
1a Gross receipts or sale		c Balance ▶	4.				
b Less returns and allow2 Cost of goods sold (S			1c 2				
3 Gross profit. Subtract			3	•			-
4a Capital gain net incon			4a	7,975.			
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b	`			
c Capital loss deduction			4c	40 256			
		ship or an S corporation (attach statement)	5	-10,376.	STMT 1		
6 Rent income (Schedu7 Unrelated debt-financ	•	ma (Schadula E)	6 7				
_		and rents from a controlled organization (Schedule F)	8	·····			
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				$\overline{}$
10 Exploited exempt acti	vity inco	ome (Schedule I)	10				
11 Advertising income (S		•	11				
12 Other income (See ins		•	12	2 401			2 401
13 Total. Combine lines			13	-2,401.			-2,401.
(Except for d	contribi	ot Taken Elsewhere (See instructions fo utions, deductions must be directly connected	d with	the unrelated business	income.)		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages	•	,				15	
16 Repairs and mainten	апсе				•	16 17	
17 Bad debts							
18 Interest (attach sche19 Taxes and licenses							
	ons (Se	e instructions for limitation rules)	i in			19 20	
21 Depreciation (attach	•	562)	132	1/84/			
•		n Schedule A and elsewhere on return	~ O	7 NON 328		22b	
23 Depletion		n Schedule A and elsewhere on return 6,5	76 7	·		23	
24 Contributions to defe		ompensation plans		ECE!		24	
25 Employee benefit pro	-	orbedule D	137			25	
26 Excess exempt expe27 Excess readership or	•					26 27	
28 Other deductions (at		•		•		28	
29 Total deductions. A		•				29	0.
		ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13		30	-2,401.
•	•	loss arising in tax years beginning on or after Janua	ry 1, 20	018 (see instructions)		31	
		ncome. Subtract line 31 from line 30				32	-2,401.
823701 01-09-19 LHA FO	or Papei	rwork Reduction Act Notice, see instructions.					Form 990-T (2018)

Form 990-		YS		95-16	54337	78		Page 2
Part I	II Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instruc	ctions)		33	T -	2,4	01.
34	Amounts paid for disallowed fringes		,		34	<u> </u>		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)	•		35	 	•	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si		 ``					
	lines 33 and 34				36	_	2,4	01.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	 	$\frac{1}{1},0$	00.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	26			 "	 -		
30	enter the smaller of zero or line 36		38	1 _	2,4	Λ1		
Part I					30	.l	<u> </u>	01.
					1 20	T		0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	1 04	0 4	•	▶ 39	 		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 3	8 from:		 -	-		
	Tax rate schedule or Schedule D (Form 1041)				► <u>40</u>	ļ		
41	Proxy tax. See instructions			•	▶ 41	<u> </u>		
42	Alternative minimum tax (trusts only)				42	ļ		
43	Tax on Noncompliant Facility Income. See instructions				43	ļ		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				. 44]		0.
Part \	Tax and Payments							
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a						
b	Other credits (see instructions)	45b						
C	General business credit. Attach Form 3800	45c			1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d						
е	Total credits. Add lines 45a through 45d				45e	1		
46	Subtract line 45e from line 44				46			0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66	Other (at	tach schedule	a) 47			
48	Total tax. Add lines 46 and 47 (see instructions)	—			48			0.
49	2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49			0.
	Payments: A 2017 overpayment credited to 2018	50a			13	 		
	2018 estimated tax payments	50b		 				
	Tax deposited with Form 8868	50c						
	·							
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			\blacksquare			
	Backup withholding (see instructions)	50e			_			
T	Credit for small employer health insurance premiums (attach Form 8941)	50f			_			
9	Other credits, adjustments, and payments: Form 2439							
	Form 4136 Other Total ▶	50g			—			
51	Total payments. Add lines 50a through 50g				51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52	ļ		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			•	► 53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			•	54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax			nded 🕨	55			
Part \	I Statements Regarding Certain Activities and Other Information	on (see	ınstruci	tions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other	authority			·	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may hav	ve to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	-						
	here >	J						X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to a fore	ion trust?			—	X
•	If "Yes," see instructions for other forms the organization may have to file.	411310101	ιο, α 1010	igii ti dot				 -
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$							
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and si	statements	and to th	e best of my k	nowledge	and belief, it is	true.	Ь—
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	rer has any	knowledg	е .				
Here	1 1 1 1 1 1 1 1 COO				-	RS discuss thi		with
	Signature of officer Date Title				instruction	rer shown belons)? XY	· -	□ No
							28] 140
	Print/Type preparer's name Preparer's signature Date	ıe		heck	ıf PT	IIN		
Paid	VANESSA M. GARCIA Vanessa U. Garcia II	1141	14 s	elf- employe		.01055	202	
Prepa	rer	. 1, 1 }				01255		
Use C	nly Firm's name ► MACFARLANE, FALETTI & CO. LLP			Fırm's EIN	<u> </u>	5-283	597	<u> </u>
	115 E. MICHELTORENA ST. #200						.	
	Firm's address ► SANTA BARBARA, CA 93101			Phone no.	805	966-4		
823711 01						Form 9	90-T	(2018

FORM 990-T INC	INCOME (LOSS) FROM PARTNERSHIPS			EMENT 1
•		•	NEM	TNCOME
DESCRIPTION				INCOME (LOSS)
COMMONFUND CAPITAL PARTNERS	IV, LP -	ORDINARY BUSINES	SS	· · · · · · · · · · · · · · · · · · ·
INCOME (LOSS)				1,881.
COMMONFUND CAPITAL PARTNERS	IV, LP -	NET RENTAL REAL		
ESTATE INCOME				-50
COMMONFUND CAPITAL PARTNERS	IV, LP -	INTEREST INCOME		214.
COMMONFUND CAPITAL PARTNERS	IV, LP -	DIVIDEND INCOME		91.
COMMONFUND CAPITAL PARTNERS	IV, LP -	ROYALTIES		92.
COMMONFUND CAPITAL PARTNERS	IV, LP -	OTHER PORTFOLIO		
INCOME (LOSS)				567.
COMMONFUND CAPITAL PARTNERS	IV, LP -	OTHER INCOME (LC	SS)	48.
SALIENT MLP TOTAL RETURN FU	ND LP - OR	DINARY BUSINESS		
INCOME (LOSS)				-13,219.
TOTAL INCLUDED ON FORM 990-	T, PAGE 1,	LINE 5	 :	-10,376.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Employer identification number

SANTA BARBARA MUSE	1643378				
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 894	19,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	g)	combine the result with column (g
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on			<u> </u>		
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					ı
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					971.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	_	4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5^	
6 Unused capital loss carryover (attach computa	ation)			6	()
7 Net short-term capital gain or (loss). Combine	971.				
Part II Long-Term Capital Gai	ins and Losses (See i	nstructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gai	·n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	19.	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on		-			
Form(s) 8949 with Box D checked			<u> </u>		
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					<u> </u>
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					4,914.
11 Enter gain from Form 4797, line 7 or 9				11	2,090.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 33	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824	•		13	
14 Capital gain distributions				14	······································
15 Net long-term capital gain or (loss). Combine		n h		15	7,004.
Part III Summary of Parts I and					- <u></u> -
16 Enter excess of net short-term capital gain (lin	, .	` '		16	971.
17 Net capital gain. Enter excess of net long-term		•	e 7)	17	7,004.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pre	oper line on other returns.		18	7,975.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2018

JWA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

95-1643378

SANTA BARBARA MUSEUM OF NATURAL HISTORY

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

LP	transactions, see page 2 Note: You may aggregate al codes are required Enter the	short-term transac	ctions reported on	Form(s) 1099-B sho	wing basis was repor	ted to the IF	RS and for which no	
Yo	u must check Box A, B, or C below.	Check only one b	ox. If more than one b	ox applies for your sho	rt-term transactions, con	plete a separ	ate Form 8949, page 1,	or each applicable box
lf yo	_							
⊨	(A) Short-term transactions re	•	•	•	•	e Note ab	ove)	
Ļ	(B) Short-term transactions rep	•	•	•	eported to the IRS			
<u></u>	(C) Short-term transactions no	t reported to yo	u on Form 1099-	В				
1	(a)	(b)	(c)	_ (d)	(e)	Adjustmer	nt, if any, to gain or ou enter an amount	(h)
	Description of property	Date acquired	Date sold or	Proceeds	Cost or other		(g), enter a code in	Gain or (loss). Subtract column (e
	(Example 100 sh XYZ Co.)	(Mo., day, yr)	disposed of	(sales price)	basis See the Note below and	column (f). See instructions.	from column (d) &
			(Mo , day, yr)		see Column (e) in	(f)	(g)	combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
\overline{C}	OMMONFUND CAPITAL						dajastinont	
	ARTNERS IV, LP				 			971.
	MINERO IV, EI	-		· · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>	7,1.
_								
					·			
_								
_		-						-
-			<u> </u>	<u> </u>	 		 	
_						-		
_								
	-							
_	- 							
_								
_	 							
_		···			 			
		·						
_								
_								
_	-					·		
-	·							
_		-	-		 	 		
_								<u> </u>
_		<u> </u>						ļ
2	Totals. Add the amounts in colur	mns (d), (e), (g), a	ind (h) (subtract					
	negative amounts). Enter each to	tal here and incl	ude on your			Į		ļ
	Schedule D, line 1b (if Box A abo	ove is checked), l	line 2 (ıf Box B					
	above is checked), or line 3 (if B	ox C above is ch	necked)					971.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

SANTA	BARBARA	MUSEUM	OF	NATURAL	HISTORY
-------	---------	--------	----	---------	---------

95-1643378

					1		
Before you check Box D, E, or F bel statement will have the same inform broker and may even tell you which	atıon as Form 10	you received an 99-B Either will	y Form(s) 1099-B show whether you	or substitute statei ir basis (usually yo	ment(s) from you ur cost) was rep	ur broker A s orted to the l	ubstitute RS by your
Part II Long-Term. Transacti see page 1 Note: You may aggregate a codes are required. Enter th	ll long-term transac	tions reported on I	Form(s) 1099-B show	ring basis was report	ed to the IRS and	for which no a	djustments or
You must check Box D, E, or F below. If you have more long-term transactions than we (D) Long-term transactions replications (E) Long-term transactions replications (F) Long-term transactions no	Check only one bo Il fit on this page for or ported on Form(s ported on Form(s	ox, if more than one be ne or more of the boxe s) 1099-B showin) 1099-B showin	ox applies for your long es, complete as many fo ng basis was repo ng basis wasn't re	-term transactions, comp ms with the same box of rted to the IRS (se	plete a separate Form thecked as you need e Note above)	n 8949, page 2, fo	r each applicable box
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	Adjustment, if a loss. If you ent in column (g), e column (f). See	er an amount nter a code in	(h) Gain or (loss). Subtract column (e) from column (d) &

(Example 100 sh XYZ Co)	(Mo , day, yr) disposed of (Mo , day, yr)	(sales price)	basis See the Note below and	column (f). See instructions.			
		(,,, ,, ,		see <i>Column (e)</i> in the instructions	Code(s)	(g) Amount of adjustment	combine the result with column (g)
COMMONFUND CAPITAL							
PARTNERS IV, LP		,					4,914.
	1						
	<u> </u>						
	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
							
		· · · · · · · · · · · · · · · · · · ·		 			-
	· · · · · · · · · · · · · · · · · · ·		····	 		\ <u></u>	<u></u>
							
				 			
	 					-	
	·						
							-
				<u> </u>			
							
			<u></u>				
	 -			†			
	 			 		 -	
	<u> </u>		<u></u>				
					_		
	 -						
	ļ — ·					<u> </u>	
						<u> </u>	
	l						· · · · · · · · · · · · · · · · · · ·
							
				<u> </u>			
	 			ļ			
	}			 		} · · · 	
	<u> </u>	<u> </u>					. —
			<u> </u>	 			
	<u> </u>	I					<u> </u>
2 Totals. Add the amounts in colur							
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					1

above is checked), or line 10 (if Box F above is checked) Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

823012 11-28-18