OMB No 1545-0047

EXTENDED TO NOVEMBER 16, 2020

**Exempt Organization Business Income Tax Return** 

923/01 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

.Form 990-T

Form 990-T (2019)

Form 99	0-T (2019	SANTA BARBARA MUSE	UM OF NATURAL HISTO	ORY		95-	1643378	Page 2
Part	##	Total Unrelated Business Tax	able Income			<del>-</del>		
32	Total of	nrelated business taxable income compute	ed from all unrelated trades or businesses	(see instructions)		32	17,4	<u> 169.</u>
33	Amoun	33						
34	Charita	ble contributions (see instructions for limitat	4 34		4.			
35	Total u	nrelated business taxable income before pre	-2018 NOLs and specific deduction Subtra	ct line 34 from the sum	of lines 32 and 33	35 35	17,4	<u> 165.</u>
36	Deduct	on for net operating loss arising in tax years	beginning before January 1, 2018 (see in:	structions)		36		
37	Total of	unrelated business taxable income before s	pecific deduction. Subtract line 36 from lin	ne 35		37	17,4	165.
38	Specific	deduction (Generally \$1,000, but see line 3	8 instructions for exceptions)			38	1,0	000.
39	Unrelat	ed business taxable income. Subtract line	38 from line 37. If line 38 is greater than lii	ne 37,	•	VI I		
	enter th.	e smaller of zero or line 37				39	_16,4	<u> 165.</u>
Pan	<u> </u>	Tax Computation	-		,			
40		ations Taxable as Corporations Multiply li	ne 39 by 21% (0.21)		1	▶ 40	3,4	158.
41		Taxable at Trust Rates See instructions for		nt on line 39 from:				
		ax tale schedule or Schedule D (For			•	▶ 41		
42		ax See instructions	•		•	<b>→</b> 42		_
43	-	tive minimum tax (trusts only)				43		_
44		Noncompliant Facility Income See instruc	tions			44		
45		dd lines 42, 43, and 44 to line 40 or 41, whi			•	7 45	3,4	158.
Part		Tax and Payments				1		
·		tax@redit (corporations attach Form 1118,	trusts attach Form 1116)	46a				
		edits (see instructions)		46b		_		
		business credit. Attach Form 3800		46c		$\neg$		
4		orproryear minimum tax (attach Form 880	1 or 8827)	46d		-		
		redits Add lines 46a through 46d	7 01 0027	100		46e		
e 47		t line 46e from line 45				47	3 4	158.
48			Form 8611 Form 8697 Form	m 8866  Other	(attach schedule			
49		x. Add lines 47 and 48 (see instructions)		0000	(anaon sonoasie	4 49	3 4	158.
50		et 965 tax liability paid from Form 965-A or F	Form 965-B. Part II. column (k) line 3			1 50		0.
		nts: A 2018 overpayment credited to 2019	orn 303-b, r art ii, column (k), iiie 3	51a		<del></del>		
	-	stimated tax payments		51b		-		
		• •		51c		$\dashv$ $\mid$		
		osited with Form 8868	on (ena instructions)	51d				
		organizations: Tax paid or withheld at source	e (see ilistructions)			-		
		withholding (see instructions)	on (attack Farm 9041)	51e				
		or small employer health insurance premium	Form 2439	51f		<del>-</del>		
9				_				
			Other Total	► 51g				
52		ayments. Add lines 51a through 51g	0000		ಶ	53		35.
53		ed tax penalty (see instructions) Check if Fo			ى م .	► 5 <u>4</u>		93.
54		tf line 52 is less than the total of lines 49, 5			` .	<b>5</b> 5	3,3	93.
55	•	yment If line 52 is larger than the total of line			e formation d	56		<del></del>
		e amount of line 55 you want: Credited to 2 Statements Regarding Certair			efunded •	1 30		
Part							l v	T No.
57	-	ime during the 2019 calendar year, did the o	-				Yes	No
		inancial account (bank, securities, or other)						
		Form 114, Report of Foreign Bank and Finar	icial Accounts. If "Yes," enter the name of t	ne toreign country				,,
	here	<u> </u>			<u>-</u>			X
58	-	the tax year, did the organization receive a di		transferor to, a fore	eign trust?		<u> </u>	X
		see instructions for other forms the organiz	-					
59		e amount of tax-exempt interest received or						
Cian	Ur Çe	ider penalties of perjury, I declare that I have examin frect, and complete Declaration of preparer (other th	ied this return, including accompanying schedules nan taxpayer) is based on all information of which i	and statements, and to preparer has any knowle	o the best of my k adge	nowledge and	belief, it is true,	
Sign Here	-   `	275 IN/2.A	1 10 11 12 2		[	May the IRS o	discuss this return	with
nere		Secreture of officer	CFO CFO				shown below (see	¬ I
		Signature of officer	Date Fitte	<del>,                                      </del>		instructions)?	XYes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN		
Paid				, .	self- employe			
	arer	VANESSA M. GARCIA	Vanessa N. Garcia	111/16/2020	1		1255292	
•	Only	Firm's name ► MACFARLANE,	FALETTI & CO. LLP	<del></del>	Firm's EIN	<b>▶</b> 95	<u>-283597</u>	6
	•		E STREET, SUITE 3B		1			_
		Firm's address > SANTA BAR	BARA, CA 93105		Phone no.		<u>66-4157</u>	
923711	01-27-20						Form <b>990-T</b>	(2019)

Schedule A - Cost of Good	<b>s Sold</b> . Enter	method of invei	ntory valuation   N/A				
1 Inventory at beginning of year	6 Inventory at end of year	f 6					
2 Purchases	7 Cost of goods sold Su	ubtract line 6					
3 Cost of labor	from line 5. Enter here	ere and in Part I,					
4 a Additional section 263A costs		line 2				l,	
(attach schedule)	4a	8 Do the rules of section	n 263A (with respect to Yes No				
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		" the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	pert	у)
Description of property							
(1)							
(2)	· -			,	``		
(3)							
(4)							
	2 Rent receive	ed or accrued			0(0) 0		at all with the leasure in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directl columns 2(a) a	nd 2(b) (	attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total	·-	0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)				·
			2. Gross income from		3 Deductions directly conto debt-finan		
1 Description of debt-fit	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)							
(2)							
(3)							
(4)					·		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5	_	7. Gross income reportable (column 2 x column 6)	,	8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals			/ ▶		0		
Total dividends-received deductions in	icluded in column	18				•	0.
							Form 000 T (2010)

923731 01-27-20

0

0

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Totals (carry to Part II, line (5))

Form **990-T** (2019)

Form 990-T (2019) SANTA BARBARA MUSEUM OF NATURAL HISTORY 95-16433

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

	1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<del></del>			-				,
(2)								
(3)			-					
(4)								
Totals from	n Part I	<b>&gt;</b>	0.	0.		~ 4 .	1 4	0.
			Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			,	Enter here and on page 1, Part II, line 26
	t II (lines 1-5)	<b>&gt;</b>	0.	0.	I Touristana (			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>_</b>	O.

Form 990-T (2019)

FORM 990-T	INCO	ME (LOSS) FROM I	PARTNERSHIPS	STATEMENT
DESCRIPTION	ſ ,	<i></i>		NET INCOME OR (LOSS)
INCOME (LOS		·		9,377
ESTATE INCO				1
INCOME (LOS	•	•		822
COMMONFUND COMMONFUND	CAPITAL PARTNERS DE CAPITA	IV, LP - DIVIDEN IV, LP - ROYALTI	ND INCOME	293 59 63
INCOME (LOS COMMONFUND		IV, LP - OTHER I	INCOME (LOSS)	361 370
INCOME (LOS COMMONFUND				9,486 -1
TOTAL INCLU	DED ON FORM 990-T,	, PAGE 1, LINE 5	5	20,831
		OFFICE PROPERTY	TONG	GMA MOVENTA
FORM 990-T		OTHER DEDUCT	TONS	STATEMENT
DESCRIPTION		-		AMOUNT
COMMONFUND		IV, LP - IDC		30 340 324 500 324
POTAL TO FO	RM 990-T, PAGE 1,	LINE 27		1,518
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT
		LOSS		
TAX YEAR	LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR 12/31/18	LOSS SUSTAINED 2,401.			
12/31/18		APPLIED 0.	REMAINING	THIS YEAR

## 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	UM OF NATURAL	HISTORY		95-	-1643378
Did the corporation dispose of any investme			vear?		Yes X No
If "Yes," attach Form 8949 and see its instru		,	•		F 100 dag 110
Part I Short-Term Capital Ga			or gain or loss		
See instructions for how to figure the amounts			1-3	-	(4)
to enter on the lines below.  This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89- Part I, line 2, column (	in 49, 9)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.		<u></u>			
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					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					-2.
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 compute	ation)			6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	n h		7	-2.
Part II Long-Term Capital Gai	ns and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below	(4)	(e)	(g) Adjustments to gai		(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (	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					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					1,263.
11 Enter gain from Form 4797, line 7 or 9				11_	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	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	lines 8a through 14 in colum	n <u>h</u>		15	1,263.
Part III Summary of Parts I and	<u> </u>				
16 Enter excess of net short-term capital gain (lin	e 7) over net long-term capita	il loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over net	t short-term capital loss (line	e 7)	17	1,261.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns		18	1,261.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120		8	chedule D (Form 1120) 2019

## Form 8949

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

2019

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service ▶ 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.

Social security number or

Name(s) shown on return

Social security number or taxpayer identification no.

95-1643378 <u>SANTA BARBARA MUSEUM OF NATURAL HISTORY</u> 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. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (e) (h) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or ın column (g), enter a code ın (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) disposed of (Mo, day, yr) column (f). See instructions Note below and from column (d) & (g) Amount of (Mo, day, yr) (f) see Column (e) ın combine the result Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL PARTNERS IV, LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

orm **8949** (2019)

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

valle(s) shown on return value and	a cort or taxpay.		io notroquilos ii	onown on page :		taxpayer ide	ntification no.
SANTA BARBARA	MUSEUM O	F NATURA	L HISTORY	7		95-1	643378
Before you check Box D, E, or F belo statement will have the same information	w see whether	vou received any	(Form(s) 1099-R	or substitute statei	ment(s) from	vour broker. A s	ubstitute
broker and may even tell you which i	box to check	<del></del>					<del></del>
Part II Long-Term. Transaction see page 1	•	•	-	-			
Note: You may aggregate a codes are required Enter th	e totals directly on	Schedule D, line 8	a, you aren't require	ed to report these trai	nsactions on F	orm 8949 (see ins	structions)
You must check Box D, E, or F below. ( If you have more long-term transactions than wi	Check only one bo Il fit on this page for or	OX. If more than one b ne or more of the boxe	ox applies for your long es, complete as many fo	g-term transactions, comp orms with the same box c	olete a separate F hecked as you ne	form 8949, page 2, fo sed	r each applicable box
(D) Long-term transactions rep					Note above	e)	
(E) Long-term transactions rep  X (F) Long-term transactions no			-	ported to the IRS			
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	loss. If you in column (g)	if any, to gain or enter an amount ), enter a code in see instructions.	Gain or (loss)
		(Mo , day, yr )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
COMMONFUND CAPITAL							
PARTNERS IV, LP							1,263.
					-		
					-		
			_				
				`			
					<u> </u>		
				<del>-</del>			
	· · · · · · · · · · · · · · · · · · ·						
	-						
				-			
			·				
					-		
O Tatala Add the amounts in salin	nne (d) (e) (=) =	and (b) (a) btract	_		<del></del>		
2 Totals. Add the amounts in colur negative amounts) Enter each to							
Schedule D. line 8b (if Box D abo							

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.

923012 12-11-19

above is checked), or line 10 (if Box F above is checked)

Form **8949** (2019)

1,263.