

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | |
|--|------------------------------|---|--|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SANTA BARBARA FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101</p> | <p>D Employer identification number (Employees' trust, see instructions.) 95-1866094</p> <p>E Unrelated business activity code (See instructions.)</p> |
|--|------------------------------|---|--|

| | |
|--|--|
| <p>C Book value of all assets at end of year 392,665,597.</p> | <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|--|--|

H Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ **QUALIFYING INVESTMENT ACTIVITIES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JANET MOCKER** Telephone number ▶ **805-963-1873**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|--|--------------------|-----------------|-----------------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 -21,039. | STMT 1 | -21,039. |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 128,432. | 196,630. | -68,198. |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 | | |
| 12 Other income (See instructions; attach schedule) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 107,393. | 196,630. | -89,237. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Deductions must be directly connected with the unrelated business income.)

| | | | |
|--|------------|------------------------|-----------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | | |
| 15 Salaries and wages | 15 | | |
| 16 Repairs and maintenance | 16 | | |
| 17 Bad debts | 17 | | |
| 18 Interest (attach schedule) (see instructions) | 18 | | |
| 19 Taxes and licenses | 19 | | 1,383. |
| 20 Depreciation (attach Form 4562) | 20 | 300,097. | |
| 21 Less depreciation claimed on Schedule A and elsewhere on return | 21a | 300,097. | 0. |
| 22 Depletion | 22 | | |
| 23 Contributions to deferred compensation plans | 23 | | |
| 24 Employee benefit programs | 24 | | |
| 25 Excess exempt expenses (Schedule I) | 25 | | |
| 26 Excess readership costs (Schedule J) | 26 | | |
| 27 Other deductions (attach schedule) | 27 | SEE STATEMENT 2 | 1,463. |
| 28 Total deductions. Add lines 14 through 27 | 28 | | 2,846. |
| 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | | -92,083. |
| 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 30 | | 0. |
| 31 Unrelated business taxable income. Subtract line 30 from line 29 | 31 | | -92,083. |

Part III Total Unrelated Business Taxable Income

| | | | |
|----|---|----|----------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 104,841. |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) STMT 3 STMT 4 | 34 | 10,484. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 | 35 | 94,357. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | 94,357. |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | 1,000. |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 93,357. |

Part IV Tax Computation

| | | | |
|----|--|----|---------|
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | 19,605. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 | |
| 42 | Proxy tax. See instructions | 42 | |
| 43 | Alternative minimum tax (trusts only) | 43 | |
| 44 | Tax on Noncompliant Facility Income. See instructions | 44 | |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 19,605. |

Part V Tax and Payments

| | | | |
|-----|--|-----|---------|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 46a | 548. |
| b | Other credits (see instructions) | 46b | |
| c | General business credit. Attach Form 3800 | 46c | 139. |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 46d | |
| e | Total credits. Add lines 46a through 46d | 46e | 687. |
| 47 | Subtract line 46e from line 45 | 47 | 18,918. |
| 48 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48 | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 18,918. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | 0. |
| 51a | Payments: A 2018 overpayment credited to 2019 | 51a | 49,362. |
| b | 2019 estimated tax payments | 51b | |
| c | Tax deposited with Form 8868 | 51c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 51d | |
| e | Backup withholding (see instructions) | 51e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 51f | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 51g | |
| 52 | Total payments. Add lines 51a through 51g | 52 | 49,362. |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 53 | |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | 30,444. |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax 30,444. Refunded | 56 | 0. |

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|----|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ **Date** _____ **CHIEF FINANCIAL OFFICER** **Title**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

| | | | | | |
|-------------------------------|-----------------------------------|--|----------|---|-------------------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | LAUREN A. HAVERLOCK | LAUREN A. HAVERLOCK | 11/10/20 | | P00545829 |
| | Firm's name MOSS ADAMS LLP | Firm's address 10960 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024 | | Firm's EIN 91-0189318 | Phone no. 310-477-0450 |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

| | | | | | | | |
|----|---|----|--|---|--|---|--------|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 | Cost of labor | 3 | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | Yes No |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | |
| b | Other costs (attach schedule) | 4b | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| | |
|-----|--|
| (1) | |
| (2) | |
| (3) | |
| (4) | |

2. Rent received or accrued

| | | |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | |
|---|---|--|--|
| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
| | | (a) Straight line depreciation (attach schedule) STATEMENT 5 | (b) Other deductions (attach schedule) STATEMENT 6 |
| (1) COMMERCIAL BUILDING | 394,690. | 300,097. | 304,175. |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 7 | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 8 | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) |
| (1) 3,127,273. | 9,611,814. | 32.54% | 128,432. |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Totals | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| | | 128,432. | 196,630. |
| Total dividends-received deductions included in column 8 | | | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 25. |
| Totals | 0. | 0. | | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | 0. | 0. | | | | 0. |

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) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | | Enter here and on page 1, Part II, line 26. 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 | | | 0. |

Form **990-T** (2019)

| FORM 990-T | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 1 |
|--|---------------------------------|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| AG SUPER FUND, L.P. - ORDINARY BUSINESS INCOME (LOSS) | | 532. |
| AETHER REAL ASSETS II, L.P. | | |
| AETHER REAL ASSETS II, L.P. - ORDINARY BUSINESS INCOME (LOSS) | | 443. |
| CROW HOLDINGS REALTY PARTNERS VIII, L.P. | | |
| CROW HOLDINGS REALTY PARTNERS VIII, L.P. - ORDINARY BUSINESS INCOME (LOSS) | | 1,185. |
| METROPOLITAN REAL ESTATE PARTNERS IV - ORDINARY BUSINESS INCOME (LOSS) | | -2,442. |
| METROPOLITAN REAL ESTATE PARTNERS V - ORDINARY BUSINESS INCOME (LOSS) | | -145. |
| TCV X (A), L.P. - ORDINARY BUSINESS INCOME (LOSS) | | -18,144. |
| NEWBURY EQUITY PARTNERS (AKA NEWBURY SECONDARY FUND LP) - ORDINARY BUSINESS | | 1,092. |
| MERCER PIP LP - ORDINARY BUSINESS INCOME (LOSS) | | -3,199. |
| MERCER PIP-II LP - ORDINARY BUSINESS INCOME (LOSS) | | -235. |
| QUELLOS BLACKROCK REAL ASSETS II (PARALLEL), L.P. - ORDINARY BUSINESS INCOM | | 9,459. |
| AETHER REAL ASSETS V LP - ORDINARY BUSINESS INCOME (LOSS) | | -16,563. |
| NORTHGATE IV, LP | | |
| NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS) | | -205. |
| MERCER PIP (REAL ASSETS) - ORDINARY BUSINESS INCOME (LOSS) | | 7,183. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 | | -21,039. |

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 2 |
|--------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| TAX PREPARATION FEES | | 1,463. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 27 | | 1,463. |

FORM 990-T

CONTRIBUTIONS

STATEMENT 3

| <u>DESCRIPTION/KIND OF PROPERTY</u> | <u>METHOD USED TO DETERMINE FMV</u> | <u>AMOUNT</u> |
|--------------------------------------|-------------------------------------|--------------------|
| CONTRIBUTIONS FROM PASSTHROUGHS | N/A | 85. |
| CHARITABLE CONTRIBUTIONS | N/A | 27,726,689. |
| TOTAL TO FORM 990-T, PAGE 2, LINE 34 | | <u>27,726,774.</u> |

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014
 FOR TAX YEAR 2015
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018

| | | |
|---------------------------------------|------------|--------|
| TOTAL CARRYOVER | | |
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS | 27,726,774 | |
| TOTAL CONTRIBUTIONS AVAILABLE | 27,726,774 | |
| TAXABLE INCOME LIMITATION AS ADJUSTED | 10,484 | |
| EXCESS CONTRIBUTIONS | 27,716,290 | |
| EXCESS 100% CONTRIBUTIONS | 0 | |
| TOTAL EXCESS CONTRIBUTIONS | 27,716,290 | |
| ALLOWABLE CONTRIBUTIONS DEDUCTION | | 10,484 |
| TOTAL CONTRIBUTION DEDUCTION | | 10,484 |

FORM 990-T

SCHEDULE E - DEPRECIATION DEDUCTION

STATEMENT 5

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|--------------------|----------|----------|
| DEPRECIATION | | 300,097. | |
| - SUBTOTAL - | 1 | | 300,097. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) | | | 300,097. |

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 6

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|--------------------|----------|----------|
| INTEREST EXPENSE | | 130,821. | |
| OPERATING EXPENSE | | 173,354. | |
| - SUBTOTAL - | 1 | | 304,175. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) | | | 304,175. |

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|---|--------------------|------------|------------|
| AVERAGE ACQUISITION DEBT | | 3,127,273. | |
| - SUBTOTAL - | 1 | | 3,127,273. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 | | | 3,127,273. |

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 8

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|---|-----------------|------------|------------|
| AVERAGE ADJUSTED BASIS | | 9,611,814. | |
| - SUBTOTAL - | 1 | | 9,611,814. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5 | | | 9,611,814. |

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, and ending _____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

SANTA BARBARA FOUNDATION

Employer identification number

95-1866094

Unrelated Business Activity Code (see instructions) ▶ **532000**

Describe the unrelated trade or business ▶ **REAL ESTATE RENTAL**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|--------------------|--------------|----------|
| 1 a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance ▶ | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 3 | | |
| 4 a Capital gain net income (attach Schedule D) | | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | 4b | | |
| c Capital loss deduction for trusts | | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 9 | | 5 105,153. | | 105,153. |
| 6 Rent income (Schedule C) | | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | | 10 | | |
| 11 Advertising income (Schedule J) | | 11 | | |
| 12 Other income (See instructions; attach schedule) | | 12 | | |
| 13 Total. Combine lines 3 through 12 | | 13 105,153. | | 105,153. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

| | | | | |
|--|------------|-----------|--|----------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | 14 | | |
| 15 Salaries and wages | | 15 | | |
| 16 Repairs and maintenance | | 16 | | |
| 17 Bad debts | | 17 | | |
| 18 Interest (attach schedule) (see instructions) | | 18 | | |
| 19 Taxes and licenses | | 19 | | 149. |
| 20 Depreciation (attach Form 4562) | 20 | | | |
| 21 Less depreciation claimed on Schedule A and elsewhere on return | 21a | | | |
| 22 Depletion | | 22 | | |
| 23 Contributions to deferred compensation plans | | 23 | | |
| 24 Employee benefit programs | | 24 | | |
| 25 Excess exempt expenses (Schedule I) | | 25 | | |
| 26 Excess readership costs (Schedule J) | | 26 | | |
| 27 Other deductions (attach schedule) SEE STATEMENT 10 | | 27 | | 163. |
| 28 Total deductions. Add lines 14 through 27 | | 28 | | 312. |
| 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | 29 | | 104,841. |
| 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | 30 | | 0. |
| 31 Unrelated business taxable income. Subtract line 30 from line 29 | | 31 | | 104,841. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| FORM 990-T (M) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 9 |
|--|---------------------------------|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| CAL REAL PROPERTIES, LP - 1 - ORDINARY BUSINESS INCOME (LOSS) | | 25,479. |
| CAL REAL PROPERTIES, LP - 2 - ORDINARY BUSINESS INCOME (LOSS) | | 79,674. |
| TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5 | | 105,153. |

| FORM 990-T (M) | OTHER DEDUCTIONS | STATEMENT 10 |
|---------------------------------------|------------------|--------------|
| DESCRIPTION | | AMOUNT |
| TAX PREPARATION FEES | | 163. |
| TOTAL TO SCHEDULE M, PART II, LINE 27 | | 163. |

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

SANTA BARBARA FOUNDATION

Identifying number
 95-1866094

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
 (See instructions and complete Part(s) III before Parts I and II.)

| | | | |
|---|--|---|--|
| 1 | General business credit from line 2 of all Parts III with box A checked | 1 | |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked | 2 | |
| 3 | Enter the applicable passive activity credits allowed for 2019. See instructions | 3 | |
| 4 | Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach | 4 | |
| 5 | Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D checked | 5 | |
| 6 | Add lines 1, 3, 4, and 5 | 6 | |

Part II Allowable Credit

| | | | |
|-----|--|-----|---------|
| 7 | Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return | 7 | 19,605. |
| 8 | Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 | 8 | 0. |
| 9 | Add lines 7 and 8 | 9 | 19,605. |
| 10a | Foreign tax credit | 10a | 548. |
| b | Certain allowable credits (see instructions) | 10b | |
| c | Add lines 10a and 10b | 10c | 548. |
| 11 | Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 | 11 | 19,057. |
| 12 | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- | 12 | 19,057. |
| 13 | Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions | 13 | |
| 14 | Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 | 14 | |
| 15 | Enter the greater of line 13 or line 14 | 15 | |
| 16 | Subtract line 15 from line 11. If zero or less, enter -0- | 16 | 19,057. |
| 17 | Enter the smaller of line 6 or line 16 | 17 | |

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2019)

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

| | | | |
|----|---|----|---------|
| 18 | Multiply line 14 by 75% (0.75). See instructions | 18 | |
| 19 | Enter the greater of line 13 or line 18 | 19 | |
| 20 | Subtract line 19 from line 11. If zero or less, enter -0- | 20 | |
| 21 | Subtract line 17 from line 20. If zero or less, enter -0- | 21 | |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked | 22 | |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked | 23 | |
| 24 | Enter the applicable passive activity credit allowed for 2019. See instructions | 24 | |
| 25 | Add lines 22 and 24 | 25 | |
| 26 | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 | 26 | 0. |
| 27 | Subtract line 13 from line 11. If zero or less, enter -0- | 27 | 19,057. |
| 28 | Add lines 17 and 26 | 28 | |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0- | 29 | 19,057. |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | 30 | 139. |
| 31 | Reserved | 31 | |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked | 32 | |
| 33 | Enter the applicable passive activity credits allowed for 2019. See instructions | 33 | |
| 34 | Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach | 34 | |
| 35 | Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions | 35 | |
| 36 | Add lines 30, 33, 34, and 35 | 36 | 139. |
| 37 | Enter the smaller of line 29 or line 36 | 37 | 139. |
| 38 | Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b | 38 | 139. |

Name(s) shown on return

Identifying number

SANTA BARBARA FOUNDATION

95-1866094

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

| (a) Description of credit | (b) | (c) |
|--|--|------------------------------|
| Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. | If claiming the credit from a pass-through entity, enter the EIN | Enter the appropriate amount |
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | |
| b Reserved | 1b | |
| c Increasing research activities (Form 6765) | 1c | |
| d Low-income housing (Form 8586, Part I only) | 1d | |
| e Disabled access (Form 8826) (see instructions for limitation) | 1e | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | |
| g Indian employment (Form 8845) | 1g | |
| h Orphan drug (Form 8820) | 1h | |
| i New markets (Form 8874) | 1i | |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) | 1k | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | |
| n Distilled spirits (Form 8906) | 1n | |
| o Nonconventional source fuel (carryforward only) | 1o | |
| p Energy efficient home (Form 8908) | 1p | |
| q Energy efficient appliance (carryforward only) | 1q | |
| r Alternative motor vehicle (Form 8910) | 1r | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | |
| t Enhanced oil recovery credit (Form 8830) | 1t | |
| u Mine rescue team training (Form 8923) | 1u | |
| v Agricultural chemicals security (carryforward only) | 1v | |
| w Employer differential wage payments (Form 8932) | 1w | |
| x Carbon oxide sequestration (Form 8933) | 1x | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | |
| z Qualified plug-in electric vehicle (carryforward only) | 1z | |
| aa Employee retention (Form 5884-A) | 1aa | |
| bb General credits from an electing large partnership (carryforward only) | 1bb | |
| zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | 1zz | |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | |
| b Work opportunity (Form 5884) | 4b | |
| c Biofuel producer (Form 6478) | 4c | |
| d Low-income housing (Form 8586, Part II) | 4d | |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | 139. |
| g Qualified railroad track maintenance (Form 8900) | 4g | |
| h Small employer health insurance premiums (Form 8941) | 4h | |
| i Increasing research activities (Form 6765) | 4i | |
| j Employer credit for paid family and medical leave (Form 8994) | 4j | |
| z Other | 4z | |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | 139. |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | 139. |

1118

Form
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Foreign Tax Credit—Corporations

▶ Attach to the corporation's tax return.
▶ Go to www.irs.gov/Form1118 for instructions and the latest information.

OMB No. 1545-0123

For calendar year 20 19, or other tax year beginning 20, and ending 20

Name of corporation
SANTA BARBARA FOUNDATION Employer identification number
95-1866094

Use a separate Form 1118 for each applicable category of income (see instructions).

- a** Separate Category (Enter code—see instructions.) ▶ PAS
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c** If code RBT is entered on line a, enter the country code for the treaty country (see instructions) ▶

Schedule A Income or (Loss) Before Adjustments (Report all amounts in U.S. dollars. See Specific Instructions.)

| | 1. EIN or Reference ID Number (see instructions)* | 2. Foreign Country or U.S. Possession (enter two-letter code—use a separate line for each) (see instructions) | Gross Income or (Loss) From Sources Outside the United States | | | | 5. Interest |
|---|---|--|--|--|--|---|-----------------------------|
| | | | 3. Inclusions Under Sections 951(a)(1) and 951A (see instructions) | 4. Dividends (see instructions) | 10. Section 987 Gain or Loss | 11. Section 988 Gain or Loss | |
| A | | OC | (a) Exclude Gross-Up | (b) Gross-Up (section 78) | (a) Exclude Gross-Up | (b) Gross-Up (section 78) | |
| B | | | | | | | |
| C | | | | | | | |
| Totals (add lines A through C) | | ▶ | | | | | |
| 6. Gross Rents, Royalties, and License Fees | | 7. Sales <td>8. Gross Income From Performance of Services <td>9. Section 986(c) Gain or Loss <td>10. Section 987 Gain or Loss <td>11. Section 988 Gain or Loss <td>12. Other (attach schedule)</td> </td></td></td></td> | 8. Gross Income From Performance of Services <td>9. Section 986(c) Gain or Loss <td>10. Section 987 Gain or Loss <td>11. Section 988 Gain or Loss <td>12. Other (attach schedule)</td> </td></td></td> | 9. Section 986(c) Gain or Loss <td>10. Section 987 Gain or Loss <td>11. Section 988 Gain or Loss <td>12. Other (attach schedule)</td> </td></td> | 10. Section 987 Gain or Loss <td>11. Section 988 Gain or Loss <td>12. Other (attach schedule)</td> </td> | 11. Section 988 Gain or Loss <td>12. Other (attach schedule)</td> | 12. Other (attach schedule) |
| A | | | | | | | 27,053 |
| B | | | | | | | |
| C | | | | | | | |
| Totals | | | | | | | 27,053.00 |

| | 13. Total (add columns 3(a) through 12) | 14. Allocable Deductions | | | | 18. Total Income or (Loss) Before Adjustments (subtract column 17 from column 13) |
|---|---|--|--|---|---|---|
| | | (a) Dividends Received Deduction (see instructions) | (b) Deduction Allowed Under Section 250(a)(1)(A)—Foreign Derived Intangible Income | (c) Deduction Allowed Under Section 250(a)(1)(B)—Global Intangible Low-Taxed Income | (d) Depreciation, Depletion, and Amortization | |
| A | 27,053.00 | | | | | |
| B | | | | | | |
| C | | | | | | |
| Totals | 27,053.00 | | | | | |
| 14. Allocable Deductions (continued) | | | | | | |
| (g) Expenses Allocable to Gross Income From Performance of Services | (h) Other Allocable Deductions | (i) Total Allocable Deductions (add columns 14(a) through 14(h)) | 15. Apportioned Share of Deductions (enter amount from applicable line of Schedule H, Part II, column (d)) | 16. Net Operating Loss Deduction | 17. Total Deductions (add columns 14(i) through 16) | 18. Total Income or (Loss) Before Adjustments (subtract column 17 from column 13) |
| A | 24,423 | 24,423.00 | | | 24,423.00 | 2,630.00 |
| B | | | | | | |
| C | | | | | | |
| Totals | 24,423.00 | 24,423.00 | | | 24,423.00 | 2,630.00 |

*For section 863(b) income, NOLs, income from RICs, high-taxed income, section 965, and section 951A, use a single line (see instructions).

Schedule B Foreign Tax Credit (Report all foreign tax amounts in U.S. dollars.)

Part I—Foreign Taxes Paid, Accrued, and Deemed Paid (see instructions)

| 1. Credit Is Claimed for Taxes (check one): | | 2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) | | | | | |
|---|--------------|--|--|------------------------|--------------|--|-----------|
| <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Accrued | | Tax Withheld at Source on: | | | | | |
| Date Paid | Date Accrued | (a) Dividends | (b) Distributions of Previously Taxed Income | (c) Branch Remittances | (d) Interest | (e) Rents, Royalties, and License Fees | (f) Other |
| VAR | | | | | | | 4,052 |
| Totals (add lines A through C) ▶ | | | | | | | 4,052.00 |

| 2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) | | 3. Tax Deemed Paid (see instructions) | |
|--|---------------------|---------------------------------------|---|
| Other Foreign Taxes Paid or Accrued on: | | | |
| (g) Sales | (h) Services Income | (i) Other | (j) Total Foreign Taxes Paid or Accrued (add columns 2(a) through 2(i)) |
| | | | 4,052.00 |
| | | | |
| | | | 4,052.00 |
| Totals | | | |

Part II—Separate Foreign Tax Credit (Complete a separate Part II for each applicable category of income.)

| | | |
|-----------|--|-----------|
| 1a | Total foreign taxes paid or accrued (total from Part I, column 2(f)) | 4,052.00 |
| b | Foreign taxes paid or accrued by the corporation during prior tax years that were suspended due to the rules of section 909 and for which the related income is taken into account by the corporation during the current tax year (see instructions) | |
| 2 | Total taxes deemed paid (total from Part I, column 3) | () |
| 3 | Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G) | |
| 4 | Taxes reclassified under high-tax kickout | |
| 5 | Enter the sum of any carryover of foreign taxes (from Schedule K, line 3, column (xiv), and from Schedule I, Part III, line 3) plus any carrybacks to the current tax year | |
| 6 | Total foreign taxes (combine lines 1a through 5) | 4,052.00 |
| 7 | Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is not required to be completed, enter the result from the "Totals" line of column 18 of the applicable Schedule A | 2,630 |
| 8a | Total taxable income from all sources (enter taxable income from the corporation's tax return) | 94,357 |
| b | Adjustments to line 8a (see instructions) | |
| c | Subtract line 8b from line 8a | 94,357.00 |
| 9 | Divide line 7 by line 8c. Enter the resulting fraction as a decimal (see instructions). If line 7 is greater than line 8c, enter 1 | 0.0279 |
| 10 | Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus any American Samoa economic development credit) | 19,605 |
| 11 | Credit limitation (multiply line 9 by line 10) (see instructions) | 548 |
| 12 | Separate foreign tax credit (enter the smaller of line 6 or line 11). Enter here and on the appropriate line of Part III ▶ | 548.00 |

Schedule B Foreign Tax Credit (continued) (Report all foreign tax amounts in U.S. dollars.)

Part III—Summary of Separate Credits (Enter amounts from Part II, line 12 for each applicable category of income. Do not include taxes paid to sanctioned countries.)

| | |
|---|--------|
| 1 Credit for taxes on section 951A category income | |
| 2 Credit for taxes on foreign branch category income | |
| 3 Credit for taxes on passive category income | 548 |
| 4 Credit for taxes on general category income | |
| 5 Credit for taxes on section 901(f) category income (combine all such credits on this line) | |
| 6 Credit for taxes on income re-sourced by treaty (combine all such credits on this line) | |
| 7 Total (add lines 1 through 6) | 548.00 |
| 8 Reduction in credit for international boycott operations (see instructions) | |
| 9 Total foreign tax credit (subtract line 8 from line 7). Enter here and on the appropriate line of the corporation's tax return | 548.00 |

Schedule C Tax Deemed Paid With Respect to Section 951(a)(1) Inclusions by Domestic Corporation Filing Return (Section 960(a))

Use this schedule to report the tax deemed paid by the corporation with respect to section 951(a)(1) inclusions of earnings from foreign corporations under section 960(a).

| 1a. Name of Foreign Corporation | 1b. EIN or Reference ID Number of the Foreign Corporation (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. E&P for Tax Year Indicated (in functional currency) | 5. Foreign Taxes Paid for Tax Year Indicated (see instructions) | 6. Section 951(a)(1) Inclusions | | 7. Tax Deemed Paid (see instructions) |
|---------------------------------|--|---|---|--|---|---------------------------------|------------------|---------------------------------------|
| | | | | | | (a) Functional Currency | (b) U.S. Dollars | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Total (add amounts in column 7). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3

Schedule D Tax Deemed Paid With Respect to Section 951A Income by Domestic Corporation Filing the Return (Section 960(d))

Use this schedule to figure the tax deemed paid by the corporation with respect to section 951A inclusions of earnings from foreign corporations under section 960(d).

Part I—Foreign Corporation's Tested Income and Foreign Taxes

| 1a. Name of Foreign Corporation | 1b. EIN or Reference ID Number of the Foreign Corporation (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Pro Rata Share of CFC's Tested Income | 5. Pro Rata Share of Tested Foreign Income Taxes Paid or Accrued by CFC |
|--|--|---|---|--|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total (add amounts in column 4) | | | ▲ | | |
| Total (add amounts in column 5) | | | | | ▲ |

Part II—Foreign Income Tax Deemed Paid

| 1. Global Intangible Low-Taxed Income (Section 951A Inclusion) | 2. Inclusion Percentage. Divide Part II, Column 1, by Part I, Column 4 Total | 3. Multiply Part I, Column 5 Total, by Part II, Column 2 Percentage | 4. Tax Deemed Paid (Multiply Part II, column 3, by 80%. Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3.) |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

Schedule E Tax Deemed Paid With Respect to Previously Taxed Income by Domestic Corporation Filing the Return (Section 960(b))
Part I—Tax Deemed Paid by Domestic Corporation

Use this schedule to report the tax deemed paid by the domestic corporation with respect to distributions of previously taxed earnings from foreign corporations under section 960(b).

| 1a. Name of Distributing Foreign Corporation | 1b. EIN or Reference ID Number of the Foreign Corporation (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Distribution of Previously Taxed Income (PTI) | 5. Foreign Income Taxes Properly Attributable to PTI and Not Previously Deemed Paid |
|--|--|---|---|--|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total (add amounts in column 5). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3 ▶

Part II—Tax Paid or Deemed Paid by First- and Lower-Tier Foreign Corporations

Use this schedule to report the tax paid or deemed paid by a foreign corporation with respect to distributions of previously taxed earnings from lower-tier foreign corporations under section 960(b) that relate to distributions reported in Part I (see instructions).

| 1a. Name of Distributing Foreign Corporation | 1b. EIN or Reference ID Number of the Foreign Corporation (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4a. Name of Recipient Foreign Corporation | 4b. EIN or Reference ID Number of the Foreign Corporation (see instructions) | 5. Tax Year End (Year/Month) (see instructions) | 6. Country of Incorporation (enter country code—see instructions) | 7. Previously Taxed Income (PTI) Distributed | 8. Foreign Income Taxes Properly Attributable to PTI and Not Previously Deemed Paid |
|--|--|---|---|---|--|---|---|--|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

Schedule F-1 Tax Deemed Paid by Domestic Corporation Filing Return—Pre-2018 Taxable Years of Foreign Corporations

Use this schedule to figure the tax deemed paid by the corporation with respect to dividends from a first-tier foreign corporation under section 902(a), and deemed inclusions of earnings from a first- or lower-tier foreign corporation under section 960(a). Report all amounts in U.S. dollars unless otherwise specified.

IMPORTANT: Applicable to dividends or inclusions from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend or inclusion, do not complete Schedule F-1 (see instructions).

Part I—Dividends and Deemed Inclusions From Post-1986 Undistributed Earnings

| 1a. Name of Foreign Corporation (Identify DISCs and former DISCs) | 1b. EIN (if any) of the Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Post-1986 Undistributed Earnings (in functional currency) (attach schedule) | 5. Opening Balance in Post-1986 Foreign Income Taxes | 6. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated | |
|---|---|--|---|---|--|--|--|--|
| | | | | | | | (a) Taxes Paid | (b) Taxes Deemed Paid (see instructions) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7. Post-1986 Foreign Income Taxes (add columns 5, 6(a), and 6(b)) | 8. Dividends and Deemed Inclusions | | 9. Divide Column 8(a) by Column 4 | | 10. Multiply Column 7 by Column 9 | 11. Section 960(c) Limitation | 12. Tax Deemed Paid (subtract column 11 from column 10) | |
| | (a) Functional Currency | (b) U.S. Dollars | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total (add amounts in column 12). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3. | | | | | | | ▶ | |

Schedule F-1 Tax Deemed Paid by Domestic Corporation Filing Return—Pre-2018 Taxable Years of Foreign Corporations (continued)

IMPORTANT: Applicable to dividends or inclusions from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend or inclusion, do not complete Schedule F-1 (see instructions).

Part II—Dividends Paid Out of Pre-1987 Accumulated Profits

| 1a. Name of Foreign Corporation (Identify DISCs and former DISCs) | 1b. EIN (if any) of the Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code— see instructions) | 4. Accumulated Profits for Tax Year Indicated (in functional currency computed under section 902) (attach schedule) |
|---|---|--|---|--|--|
| | | | | | |
| | | (a) Functional Currency | (b) U.S. Dollars | (a) Functional Currency | (b) U.S. Dollars |
| 5. Foreign Taxes Paid and Deemed Paid on Earnings and Profits (E&P) for Tax Year Indicated (in functional currency) (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total (add amounts in column 8b). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3 | | | | | |

Part III—Deemed Inclusions From Pre-1987 Earnings and Profits

| 1a. Name of Foreign Corporation (Identify DISCs and former DISCs) | 1b. EIN (if any) of the Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code— see instructions) | 4. E&P for Tax Year Indicated (in functional currency translated from U.S. dollars, computed under section 964) (attach schedule) |
|--|---|--|---|--|---|
| | | | | | |
| | | (a) Functional Currency | (b) U.S. Dollars | (a) Functional Currency | (b) U.S. Dollars |
| 5. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total (add amounts in column 8). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3 | | | | | |

Schedule F-2 Tax Deemed Paid by First- and Second-Tier Foreign Corporations Under Section 902(b)—Pre-2018 Taxable Years of Foreign Corporations

Use Part I to compute the tax deemed paid by a first-tier foreign corporation with respect to dividends from a second-tier foreign corporation. Use Part II to compute the tax deemed paid by a second-tier foreign corporation with respect to dividends from a third-tier foreign corporation. **Report all amounts in U.S. dollars unless otherwise specified.**

IMPORTANT: Applicable to dividends from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend, do not complete Schedule F-2 (see instructions).

Part I—Tax Deemed Paid by First-Tier Foreign Corporations

Section A—Dividends Paid Out of Post-1986 Undistributed Earnings (Include the column 10 results in Schedule F-1, Part I, column 6(b).)

| 1a. Name of Second-Tier Foreign Corporation and Its Related First-Tier Foreign Corporation | 1b. EIN (if any) of the Second-Tier Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Accumulated Profits for Tax Year Indicated (in functional currency—see instructions) | 5. Opening Balance Post-1986 Foreign Income Taxes |
|--|---|--|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 6. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated (b) Taxes Deemed Paid (see instructions) | 7. Post-1986 Foreign Income Taxes (add columns 5, 6(a), and 6(b)) | | 8. Dividends Paid (in functional currency) | | 9. Divide Column 8(a) by Column 4 | 10. Tax Deemed Paid (multiply column 7 by column 9) |
|---|---|-----------------------|--|-------------------------------|-----------------------------------|---|
| | 1a. Taxes Paid | 1b. Taxes Deemed Paid | (a) of Second-Tier Corporation | (b) of First-Tier Corporation | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Section B—Dividends Paid Out of Pre-1987 Accumulated Profits (Include the column 8(b) results in Schedule F-1, Part I, column 6(b).)

| 1a. Name of Second-Tier Foreign Corporation and Its Related First-Tier Foreign Corporation | 1b. EIN (if any) of the Second-Tier Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Accumulated Profits for Tax Year Indicated (in functional currency—attach schedule) |
|--|---|--|---|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 5. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated (in functional currency—see instructions) | 6. Dividends Paid (in functional currency) | | 7. Divide Column 6(a) by Column 4 | 8. Tax Deemed Paid (see instructions) |
|--|--|-------------------------------|-----------------------------------|---|
| | (a) of Second-Tier Corporation | (b) of First-Tier Corporation | | |
| | | | | (a) Functional Currency of Second-Tier Corporation (b) U.S. Dollars |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Schedule F-2 Tax Deemed Paid by First- and Second-Tier Foreign Corporations Under Section 902(b)—Pre-2018 Taxable Years of Foreign Corporations (continued)

IMPORTANT: Applicable to dividends from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend, do not complete Schedule F-2 (see instructions).

Part II—Dividends Deemed Paid by Second-Tier Foreign Corporations

Section A—Dividends Paid Out of Post-1986 Undistributed Earnings (In general, include the column 10 results in Section A, column 6(b), of Part I. However, see instructions for Schedule F-1, Part I, column 6(b), for an exception.)

| 1a. Name of Third-Tier Foreign Corporation and Its Related Second-Tier Foreign Corporation | 1b. EIN (if any) of the Third-Tier Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Post-1986 Undistributed Earnings (in functional currency—attach schedule) | 5. Opening Balance in Post-1986 Foreign Income Taxes | 8. Dividends Paid (in functional currency) | | 9. Divide Column 8(a) by Column 4 | 10. Tax Deemed Paid (multiply column 7 by column 9) |
|--|--|--|---|---|--|--|---|--|-----------------------------------|---|
| | | | | | | | 7. Post-1986 Foreign Income Taxes (add columns 5, 6(a), and 6(b)) | (a) of Third-Tier Corporation (b) of Second-Tier Corporation | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Section B—Dividends Paid Out of Pre-1987 Accumulated Profits (In general, include the column 8(b) results in Section A, column 6(b), of Part I. However, see instructions for Schedule F-1, Part I, column 6(b) for an exception.)

| 1a. Name of Third-Tier Foreign Corporation and Its Related Second-Tier Foreign Corporation | 1b. EIN (if any) of the Third-Tier Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Accumulated Profits for Tax Year Indicated (in functional currency—attach schedule) | 7. Divide Column 6(a) by Column 4 | | 8. Tax Deemed Paid (see instructions) | |
|--|--|--|---|---|--|---|--|---------------------------------------|--|
| | | | | | | 6. Dividends Paid (in functional currency) (a) of Third-Tier Corporation (b) of Second-Tier Corporation | 8. Tax Deemed Paid (see instructions) (a) Functional Currency of Third-Tier Corporation (b) U.S. Dollars | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Schedule F-3 Tax Deemed Paid by Certain Third-, Fourth-, and Fifth-Tier Foreign Corporations Under Section 902(b)—Pre-2018 Taxable Years of Foreign Corporations

Use this schedule to report taxes deemed paid with respect to dividends from eligible post-1986 undistributed earnings of fourth-, fifth-, and sixth-tier controlled foreign corporations. **Report all amounts in U.S. dollars unless otherwise specified.**

IMPORTANT:

Applicable to dividends from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend, do not complete Schedule F-3 (see instructions).

Part I—Tax Deemed Paid by Third-Tier Foreign Corporations (In general, include the column 10 results in Schedule F-2, Part II, Section A, column 6(b). However, see instructions for Schedule F-1, Part I, column 6(b), for an exception.)

| 1a. Name of Fourth-Tier Foreign Corporation and Its Related Third-Tier Foreign Corporation | 1b. EIN (if any) of the Fourth-Tier Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Post-1986 Undistributed Earnings (in functional currency—attach schedule) | 5. Opening Balance in Post-1986 Foreign Income Taxes | 6. Foreign Taxes Paid and Deemed Paid for Tax Year Indicated | | 10. Tax Deemed Paid (multiply column 7 by column 9) |
|--|---|--|---|---|--|--|---|--|---|
| | | | | | | | 7. Post-1986 Foreign Income Taxes (add columns 5, 6(a), and 6(b)) | 8. Dividends Paid (in functional currency) (a) of Fourth-Tier CFC (b) of Third-Tier CFC | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

Schedule F-3 Tax Deemed Paid by Certain Third-, Fourth-, and Fifth-Tier Foreign Corporations Under Section 902(b)—Pre-2018 Taxable Years of Foreign Corporations (continued)

IMPORTANT: Applicable to dividends from taxable years of foreign corporations beginning on or before December 31, 2017. If taxpayer does not have such a dividend, do not complete Schedule F-3 (see instructions).

Part II—Tax Deemed Paid by Fourth-Tier Foreign Corporations (In general, include the column 10 results in column 6(b) of Part I. However, see instructions for Schedule F-1, Part I, column 6(b), for an exception.)

| 1a. Name of Fifth-Tier Foreign Corporation and Its Related Fourth-Tier Foreign Corporation | 1b. EIN (if any) of the Fifth-Tier Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Post-1986 Undistributed Earnings (in functional currency—attach schedule) | 5. Opening Balance in Post-1986 Foreign Income Taxes | 8. Dividends Paid (in functional currency) | | 9. Divide Column 8(a) by Column 4 | 10. Tax Deemed Paid (multiply column 7 by column 9) |
|--|--|--|---|---|--|--|--|------------------------|-----------------------------------|---|
| | | | | | | | (a) of Fifth-Tier CFC | (b) of Fourth-Tier CFC | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part III—Tax Deemed Paid by Fifth-Tier Foreign Corporations (In general, include the column 10 results in column 6(b) of Part II, above. However, see instructions for Schedule F-1, Part I, column 6(b), for an exception.)

| 1a. Name of Sixth-Tier Foreign Corporation and Its Related Fifth-Tier Foreign Corporation | 1b. EIN (if any) of the Sixth-Tier Foreign Corporation | 1c. Reference ID Number (see instructions) | 2. Tax Year End (Year/Month) (see instructions) | 3. Country of Incorporation (enter country code—see instructions) | 4. Post-1986 Undistributed Earnings (in functional currency—attach schedule) | 5. Opening Balance in Post-1986 Foreign Income Taxes | 8. Dividends Paid (in functional currency) | | 9. Divide Column 8(a) by Column 4 | 10. Tax Deemed Paid (multiply column 7 by column 9) |
|---|--|--|---|---|--|--|--|-----------------------|-----------------------------------|---|
| | | | | | | | (a) of Sixth-Tier CFC | (b) of Fifth-Tier CFC | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Schedule G Reductions of Taxes Paid, Accrued, or Deemed Paid

Part I—Reduction Amounts

| | | |
|----------|---|--|
| A | Reduction of Taxes Under Section 901(e)—Attach separate schedule | |
| B | Reduction of Foreign Oil and Gas Taxes—Enter amount from Schedule I, Part II, line 4 | |
| C | Reduction of Taxes Due to International Boycott Provisions—Enter appropriate portion of Schedule C (Form 5713), line 2b. Important: Enter only "specifically attributable taxes" here | |
| D | Reduction of Taxes for Section 6038(c) Penalty—Attach separate schedule | |
| E | Taxes suspended under section 909 | |
| F | Other Reductions of Taxes 1. Enter code—see instructions ▲ 2. If more than one code is entered on line F1 or if code OTH is entered on line F1, attach schedule (see instructions). | |

Total (add lines A through F). Enter here and on Schedule B, Part II, line 3 ▲

Part II—Other Information

| | | |
|----------|--|--------------------------|
| G | Check this box if, during the tax year, the corporation paid or accrued any foreign tax that was disqualified for credit under section 901(m) | <input type="checkbox"/> |
| H | Check this box if, during the tax year, the corporation paid or accrued any foreign tax that was disqualified for credit under section 901(j), (k), or (l) | <input type="checkbox"/> |

Schedule H Apportionment of Certain Deductions (Complete only once for all categories of income.)

Part I—Research and Experimental Deductions

| | (a) Sales Method | | | (b) Gross Income Method—Check method used: | | | (c) Total R&E Deductions | | |
|---|------------------------------|------------------------------|--------------------|--|------------------------------|------------------|--------------------------|----------------------|-----------------------|
| | Product Line #1 (SIC Code:) | Product Line #2 (SIC Code:) | (i) R&E Deductions | Product Line #1 (SIC Code:) | Product Line #2 (SIC Code:) | (v) Gross Income | (vi) R&E Deductions | (vii) R&E Deductions | (viii) R&E Deductions |
| 1 Totals (see instructions) | | | | | | | | | |
| 2 Total to be apportioned | | | | | | | | | |
| 3 Apportionment among statutory groupings (see instructions): | | | | | | | | | |
| a Enter Code | | | | | | | | | |
| (1) Section 245A dividend | | | | | | | | | 0.00 |
| (2) Other | | | | | | | | | 0.00 |
| (3) Total line a | | | | | | | | | 0.00 |
| b Enter Code | | | | | | | | | |
| (1) Section 245A dividend | | | | | | | | | 0.00 |
| (2) Other | | | | | | | | | 0.00 |
| (3) Total line b | | | | | | | | | 0.00 |
| c Enter Code | | | | | | | | | |
| (1) Section 245A dividend | | | | | | | | | 0.00 |
| (2) Other | | | | | | | | | 0.00 |
| (3) Total line c | | | | | | | | | 0.00 |
| d Enter Code | | | | | | | | | |
| (1) Section 245A dividend | | | | | | | | | 0.00 |
| (2) Other | | | | | | | | | 0.00 |
| (3) Total line d | | | | | | | | | 0.00 |
| e Enter Code | | | | | | | | | |
| (1) Section 245A dividend | | | | | | | | | 0.00 |
| (2) Other | | | | | | | | | 0.00 |
| (3) Total line e | | | | | | | | | 0.00 |
| f Enter Code | | | | | | | | | |
| (1) Section 245A dividend | | | | | | | | | 0.00 |
| (2) Other | | | | | | | | | 0.00 |
| (3) Total line f | | | | | | | | | 0.00 |
| 4 Total foreign (add lines 3a(3), 3b(3), 3c(3), 3d(3), 3e(3), and 3f(3)) | | | | | | | | | 0.00 |

Important: See Computer-Generated Schedule H in instructions.

Schedule H Apportionment of Certain Deductions (Complete only once for all categories of income.) (continued)

Part II—Interest Deductions, All Other Deductions, and Total Deductions

| | (a) Average Value of Assets— Check method used: | | (b) Interest Deductions | | (c) All Other Deductions (see instructions) | (d) Totals (add the corresponding amounts from column (c), Part I; columns (b)(ii) and (b)(iv), Part II; and column (c), Part II) |
|--|---|--|-------------------------------|-----------------------------------|---|--|
| | <input type="checkbox"/> Nonfinancial Corporations | <input type="checkbox"/> Tax book value <input type="checkbox"/> Alternative tax book value | (i) Financial Corporations | (ii) Nonfinancial Corporations | | |
| 1a Totals (see instructions) | | | | | | |
| b Amounts specifically allocable under Temporary Regulations section 1.861-10T(e) | | | | | | |
| c Other specific allocations under Temporary Regulations section 1.861-10T | | | | | | |
| d Assets excluded from apportionment formula | | | | | | |
| 2 Total to be apportioned (subtract the sum of lines 1b, 1c, and 1d from line 1a) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3 Apportionment among statutory groupings (see instructions): | | | | | | |
| a Enter Code | | | | | | |
| (1) Section 245A dividend | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (2) Other | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (3) Total line a | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| b Enter Code | | | | | | |
| (1) Section 245A dividend | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (2) Other | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (3) Total line b | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| c Enter Code | | | | | | |
| (1) Section 245A dividend | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (2) Other | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (3) Total line c | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| d Enter Code | | | | | | |
| (1) Section 245A dividend | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (2) Other | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (3) Total line d | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| e Enter Code | | | | | | |
| (1) Section 245A dividend | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (2) Other | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (3) Total line e | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| f Enter Code | | | | | | |
| (1) Section 245A dividend | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (2) Other | | | 0.00 | 0.00 | 0.00 | 0.00 |
| (3) Total line f | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 Total foreign (add lines 3a(3), 3b(3), 3c(3), 3d(3), 3e(3), and 3f(3)) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Section 904(b)(4) Adjustments

| | |
|--|--|
| 5 Expenses Allocated and Apportioned to Foreign Source Section 245A Dividend. Enter the sum of lines 3a(1), 3b(1), 3c(1), 3d(1), 3e(1), and 3f(1). Include the column (d) result as a negative amount on Schedule B, Part II, line 8b | |
| 6 Enter expenses allocated and apportioned to U.S. source section 245A dividend. Include the column (d) result as a negative amount on Schedule B, Part II, line 8b | |

Important: See Computer-Generated Schedule H in instructions.

SPECIALTY EQUIPMENT MARKET ASSOCIATION
Form 1118 - Passive Category Income
EIN 95-2544340
FYE June 30, 2019

Schedule A, part 7 - Other Income

| Type | EIN | Country | Gross Amount | Total Deduction | Taxes Paid | Taxes Accrued |
|-------------------------------|------------|----------------|---------------------|------------------------|-------------------|----------------------|
| Flowthrough from Schedule K-1 | 45-3359493 | OC | 2,657 | 5,187 | 226 | |
| Flowthrough from Schedule K-1 | 82-4088317 | OC | 195 | 2,483 | | |
| Flowthrough from Schedule K-1 | 13-3701947 | OC | 4 | | | |
| Flowthrough from Schedule K-1 | 26-2531463 | OC | 1,813 | 3,996 | 1,089 | 4 |
| Flowthrough from Schedule K-1 | 26-3990313 | OC | 12,451 | 6,779 | 157 | (15) |
| Flowthrough from Schedule K-1 | 65-1265800 | OC | | 4 | | |
| Flowthrough from Schedule K-1 | 20-8395095 | OC | 348 | 1,458 | | 2 |
| Flowthrough from Schedule K-1 | 71-1012623 | OC | 2,214 | 2,217 | 3 | 3 |
| Flowthrough from Schedule K-1 | 26-1902666 | OC | 6,720 | 1,560 | 2,400 | 7 |
| Flowthrough from Schedule K-1 | 20-4552399 | OC | 651 | 739 | 177 | |
| | | | 27,053 | 24,423 | 4,052 | 1 |

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.

2019

Name **SANTA BARBARA FOUNDATION** Employer identification number **95-1866094**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and 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 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 | | | | 8. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | 8. |

Part II Long-Term Capital Gains and Losses (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss). Subtract 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 | | | | -4,998. |
| 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 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | -4,998. |

Part III Summary of Parts I and II

| | | |
|--|-----------|-----------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns | 18 | 0. |

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

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 FOUNDATION

95-1866094

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|---|----------------------------------|---|--|--------------------------------|--|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | PASSTHROUGH FROM PARTNERSHIP | VARIOUS | VARIOUS | | | | | <1.> |
| | PASSTHROUGH FROM PARTNERSHIP | VARIOUS | VARIOUS | | | | | <43.> |
| | PASSTHROUGH FROM PARTNERSHIP | VARIOUS | VARIOUS | | | | | 76. |
| | PASSTHROUGH FROM PARTNERSHIP | VARIOUS | VARIOUS | | | | | 140. |
| | PASSTHROUGH FROM PARTNERSHIP | VARIOUS | VARIOUS | | | | | <5,170.> |
| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) | | | | | | | | <4,998.> |

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.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. SANTA BARBARA FOUNDATION | Taxpayer identification number (TIN) 95-1866094 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

JANET MOCKER

- The books are in the care of ▶ **1111 CHAPALA STREET, SUITE 200 - SANTA BARBARA, CA 93101**
Telephone No. ▶ **805-963-1873** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. SANTA BARBARA FOUNDATION | Taxpayer identification number (TIN) 95-1866094 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 1111 CHAPALA STREET, SUITE 200 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

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Telephone No. ▶ **805-963-1873** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | |
|---|-----------|-------------------|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ 17,000. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ 17,000. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.