2021

990-T

**PUBLIC** 

**DISCLOSURE** 

### \*\* Public Disclosure Copy \*\*

Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))				
		For cal	endar year 2021 or other tax year beginning $\   \underline{JUL} \ 1$ , $\ 2021$ , and ending $\   \underline{JUN} \ 30$ , $\ 202$	22 .	2021
Depart Interna	ment of the Treasury I Revenue Service	<b>•</b>	► 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
A	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmp	loyer identification number
<b>B</b> Ex	empt under section	Print	SAN DIEGO MUSEUM OF ART	9	95-1696715
X	301( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. P.O BOX 122107	E Grou (see	up exemption number instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92112	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H (	Check if filing only to	<b>&gt;</b>	Claim credit from Form 8941 Claim a refund shown on Form 2439		
I C	Check if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<b>)</b>
J E	nter the number of	attache	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  d identifying number of the parent corporation.	<b>&gt;</b>	Yes X No
L T			DONNA DOMINIAK Telephone number	619-	232-7931
Par	t I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	8,567.
2	Reserved			2	
3	Add lines 1 and 2			3	8,567.
4	Charitable contribu	utions (	see instructions for limitation rules) STMT 1 STMT 2	4	65.
5	Total unrelated bu	siness t	taxable income before net operating losses. Subtract line 4 from line 3	5	8,502.
6	Deduction for net	operatir	ng loss. See instructions	6	
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	j	7	8,502.
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A dec	duction. See instructions	9	
10	Total deductions.			10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	7,502.
Par	t II Tax Com	putati	on		
1	Organizations tax	cable as	s corporations. Multiply Part I, line 11 by 21% (0.21)	<u> </u>	1,575.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	:	Tax rate schedule or Schedule D (Form 1041)	▶ 2	
3	Proxy tax. See ins	struction	ns	▶ 3	
4	Other tax amounts	s. See ir	nstructions	4	
5	Alternative minimu	,	*/	5	
6			cility income. See instructions	6	
7	Total. Add lines 3	through	n 6 to line 1 or 2, whichever applies	7	1,575.
LHA	For Paperwork F	Reducti	on Act Notice, see instructions.		Form <b>990-T</b> (2021)

Part III   Tax and Payments	Port		Tax and Payments							Page 2
b Other credits (see instructions) c General business credit. Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits. Add lines 1a through 1d 2 Subtract line 1e from Rent II, line 7  3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)  4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Filter tax amount here 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Filter tax amount here 5 Current net 961 tax liability paid from Form 965-8 or Form 8658. Part II, column (8), line 4 5 0.  6a Payments: A 2020 overpayment credited to 2021 b 2021 estimated tax payments. Check if section 643(g) election applies Form 4180 6 6 6 c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) 6 Backup withholding (see instructions) 6 Ce Backup withholding (see instructions) 7 Total payments. Add lines 6a through 6g 7 Total payments. Add lines 6a through 6g 8 Estimated tax penalty (see instructions) 7 Total payments. Add lines 6a through 6g 9 Tax due, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 1 Center the amount of line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 1 Center the amount of line 10 you want. Credited to 2022 estimated tax Penalty level in the tax year of the tax year, did the organization have an interest in or a signature or other authority over a financial account, bank, securities, or other in a foreig				4440	4440)					
c General business credit. Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827)  1 Total tax Attach line 1e from Part II, line 7  2 Subtract line 1e from Part II, line 7  3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866  Check (attach statement)  4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here  4 Sourcent net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4  5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4  6 Payments: A 2020 overpayment credited to 2021  6 Payments: A 2020 overpayment credited to 2021  6 Payments: A 2020 overpayment or exitient of 43(g) election applies 6 Part II, column (k), line 4  6 Foreign organizations: Tax paid or withheld at source (see instructions)  6 Crar Adeposited with Form 8868  6 Foreign organizations: Tax paid or withheld at source (see instructions)  6 Credit for small employer health insurance premiums (attach Form 8941)  6 Credit for small employer health insurance premiums (attach Form 8941)  6 Credit for small employer health insurance premiums (attach Form 8941)  7 Total payments. Add lines 6a through 6g  8 Estimated tax penalty (see instructions). Check if Form 2220 is attached  9 Tax due, if line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid  10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  10 Tenter the amount of line 10 you want. Credited to 2022 estimated tax ▶  10 Tenter the amount of line 10 you want. Credited to 2022 estimated tax ▶  10 Tenter the amount of line 10 you want. Credited to 2022 estimated tax ▶  11 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, secunities, or other) in a foreign country if Yes, "the organization may have to file FincEN Form 11								-		
d Credit for prior year minimum tax (attach Form 8801 or 8827)   1d								-		
Total credits, Add lines 1a through 1d  Total credits, Add lines 2 and 3 (see instructions). Geheck if from: Form 4255 Form 8611 Form 8697 Form 8866  Other (attach statement)  Total tax. Add lines 2 and 3 (see instructions). Geheck if includes tax previously deferred under section 1294. Enter tax amount here  Current net 965 tax liability paid from Form 965-8, Part II, column (N), line 4  Total tax. Add lines 2 and 3 (see instructions). Geheck if includes tax previously deferred under section 1294. Enter tax amount here  Current net 965 tax liability paid from Form 965-8, Part II, column (N), line 4  Solution 1294. Enter tax amount here  Current net 965 tax liability paid from Form 965-8, Part II, column (N), line 4  Solution 1294. Enter tax amount here  Current net 965 tax liability paid from Form 965-8, Part III, column (N), line 4  Solution 1294. Enter tax amount here  Current net 965 tax liability paid from Form 965-8, Part III, column (N), line 4  Solution 1294. Enter tax amount here  Current net 965 tax liability paid from Form 965-8, Part III, column (N), line 4  Solution 1294. Enter tax amount here  Current net 965 tax liability paid from Form 965-8, Part III, column (N), line 4  Solution 1294. Enter tax amount 965-8, Part III, column (N), line 4  Solution 1294. Enter tax amount 965-8, Part III, column (N), line 4  Solution 1294. Enter tax amount 965-8, Part III, column (N), line 4  Solution 1294. Enter tax amount 965-8, Part III, line 1294. Enter 965-8, Part III, line 14, Solution 1294. Enter 965-8, Part 1294. Enter 965-96, Part III, line 14, Solution 1294. Enter 965-96, Part III, line 14, Solution 1294. Enter 965-96, Part III, line 17 for 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 organiza	_							-		
2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from:								10		
3 Other amounts due. Check if from:									1.	575.
Other (attach statement)  4 Total tax. Add lines 2 and 3 (see instructions).		Other	r amounts due. Check if from: For	n 4255 Form 86	11 Form	8697	Form 8866	<del>-</del>		
Total tax. Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here								3		
5 Current net 965 tax itability paid from Form 965.A or Form 965.B, Part II, column (k), line 4 5 0.6  6a Payments. A 2020 overpayment credited to 2021 6a 6a 2021 6a	4	Total	tax. Add lines 2 and 3 (see instructions							
b 2021 estimated tax payments. Check if section 643(g) election applies		section	on 1294. Enter tax amount here			<b></b>		4	1,	<u>575.</u>
b 2021 estimated tax payments. Check if section 643(g) election applies	5	Curre	nt net 965 tax liability paid from Form 9	965-A or Form 965-B, Part	II, column (k), I	ine 4		5		0.
c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Other	6a	Paym	ents: A 2020 overpayment credited to	2021	<u></u>	6a				
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 6a through 6g 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Part IV Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2021 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 ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4 Enter available pre-2018 NOL carryovers here ▶ \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.  5 Post-2017 NOL carryovers. Enter a vailable Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.  Business Activity Code Available post-2017 NOL carryover \$ \$  6 Did the organization change its method of accounting? (see instructions)  5 If 6 is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V	b	2021	estimated tax payments. Check if sect	on 643(g) election applies	s ▶ □	6b	480.			
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments: Form 2439 Form 4136	С		• • • • • • • • • • • • • • • • • • • •					-		
Total for small employer health insurance premiums (attach Form 8941) 6f	d							-		
Solution of the credits, adjustments, and payments: Form 4439 Other Total payments. Add lines 6a through 6g Total payments. Add lines 6a through 6g Stimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Refunded  Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid  Refunded  Tax due. If line 7 is maller than the total of lines 4, 5, and 8, enter amount overpaid in 10 your and the second of lines 4 is a farger than the total of lines 4 is a farger than the total of lines 4 is a farger than the total of lines 4 is an another than the total of lines 4 is a farger than the total of lines 4 is and the farger than								-		
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The part V Statements (If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid									1.	095.
11   Enter the amount of line 10 you want: Credited to 2022 estimated tax										0000
Part IV       Statements Regarding Certain Activities and Other Information (see instructions)         1       At any time during the 2021 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										
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FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here     During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?   X	1	At an	y time during the 2021 calendar year, c	id the organization have a	an interest in or	a signature o	or other authority		Yes	s No
here ▶  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.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4 Enter available pre-2018 NOL carryovers here ▶ \$		over a	a financial account (bank, securities, or	other) in a foreign country	/? If "Yes," the	organization	may have to file			
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foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4 Enter available pre-2018 NOL carryovers here   \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.  5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.  Business Activity Code		here	<b>&gt;</b>							X
If "Yes," see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year  4 Enter available pre-2018 NOL carryovers here ▶ \$	2	Durin	g the tax year, did the organization rec	eive a distribution from, or	was it the grar	ntor of, or trai	nsferor to, a			
3 Enter the amount of tax-exempt interest received or accrued during the tax year   4 Enter available pre-2018 NOL carryovers here   5 Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.  5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.  Business Activity Code    Available post-2017 NOL carryover  \$  6a Did the organization change its method of accounting? (see instructions)    b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  Supplemental Information										<u> </u>
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\$  6a Did the organization change its method of accounting? (see instructions)  b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"  explain in Part V  Supplemental Information		trie ai			art II, IIIIe 17 101					
6a Did the organization change its method of accounting? (see instructions)  b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"  explain in Part V  Supplemental Information			Busilless Act	vity Code			post-2017 NOL C	arryover		
6a Did the organization change its method of accounting? (see instructions)  b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"  explain in Part V  Supplemental Information										
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"  explain in Part V  Supplemental Information	6а	Did th	ne organization change its method of a	counting? (see instruction		Υ				x
explain in Part V Part V Supplemental Information	b		· ·	• '	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PF, or Form 1	128? If "No,"			
					<i>.</i>		······			
Provide the explanation required by Part IV line 6b. Also, provide any other additional information. See instructions	Part	<b>V</b>	Supplemental Information							
	Provide	the ex	xplanation required by Part IV. line 6b.	Also, provide any other ac	Iditional inform	ation. See ins	structions.			
	o							dge and bel	ef, it is true,	
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 taxpaver) is based on all information of which preparer has any knowledge.			street, and complete. Declaration of proparet (only the	L .	CHIEF	FINANC:	TAT.	lav the IRS o	liscuss this return	n with
Sign correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  CHIEF FINANCIAL	Here					R		-		
Sign Here    correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.   CHIEF FINANCIAL   May the IRS discuss this return with the preparer shown below (see			Signature of officer	Date	Title		in	structions)?	X Yes	No
Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. CHIEF FINANCIAL  OFFICER    May the IRS discuss this return with the preparer shown below (see			Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. CHIEF FINANCIAL    May the IRS discuss this return with the preparer shown below (see instructions)?   X   Yes   No	Paid					0.404 :=	self- employed			
Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. CHIEF FINANCIAL   OFFICER   May the IRS discuss this return with the preparer shown below (see instructions)?	Prepa	arer		<u> </u>		2/01/2				
Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. CHIEF FINANCIAL   OFFICER   May the IRS discuss this return with the preparer shown below (see instructions)?	Use C	Only					Firm's EIN			
Sign Here    CHIEF FINANCIAL   May the IRS discuss this return with the preparer shown below (see instructions)?					U		Dia /	7601	121 0	4.4.0
Sign Here    CHIEF FINANCIAL   May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes No	1007::		riin s address  CARLSBAD,	CA 92008			Pnone no. (			
Sign Here    CHIEF FINANCIAL   May the IRS discuss this return with the preparer shown below (see instructions)?	123/17 0	11-31-22							rorm JJU-	• (2021)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - NEW MOUNTAIN PARTNERS IV (AIV-C)	N/A	4.
CHARITABLE CONTRIBUTIONS - NEW MOUNTAIN PARTNERS V (AIV-B), LP	N/A	1.
CHARITABLE CONTRIBUTIONS - NEW MOUNTAIN PARTNERS V (AIV-A) LP CHARITABLE CONTRIBUTIONS - NEW	N/A N/A	25.
MOUNTAIN PARTNERS IV (AIV-E) LP CHARITABLE CONTRIBUTIONS - NEW	N/A	32.
MOUNTAIN PARTNERS V (AIV-F) LP	,	3.
TOTAL TO FORM 990-T, PART I, LI	NE 4	65.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020			
TOTAL CARI	YOVER ENT YEAR 10% CONTRIBUTIONS	65		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	65 757	-	
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	0 0 0	-	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		-	65
TOTAL CONT	RIBUTION DEDUCTION			65

#### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SAN DIEGO MUSEUM OF ART

► 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).

501(c)(3) Organizations Only

B Employer identification number

95-1696715

<u>C</u>	Unrelated business activity code (see instructions) > 90000	3		<b>D</b> Sequen	ce: 1	L of 1			
<u>E</u>	Describe the unrelated trade or business PASS-THROUGH	IN	VESTMENTS						
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net			
1:	Gross receipts or sales								
b	·	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
	Capital gain net income (attach Sch D (Form 1041 or Form								
	1120)). See instructions	4a	2,009.			2,009.			
b		4b	2,009. -1,779.			2,009. -1,779.			
c		4c	•						
5	Income (loss) from a partnership or an S corporation (attach								
	statement) STATEMENT 3	5	13,684.			13,684.			
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12							
13	Total. Combine lines 3 through 12	13	13,914.			13,914.			
Pa	Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be								
	directly connected with the unrelated business in	come	•						
<u> </u>					1.1				
1	Compensation of officers, directors, and trustees (Part X)								
2	Salaries and wages				2				
3	Repairs and maintenance				3				
4	Bad debts				4				
5	Interest (attach statement). See instructions				5 6				
6	Taxes and licenses		7		-				
7	Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return				8b				
8 9					9				
10	Depletion Contributions to deferred compensation plans				10				
11					11				
12	Employee benefit programs  Excess exempt expenses (Part VIII)				12				
13	Excess readership costs (Part IX)				13				
14	Other deductions (attach statement)		SEE STAT	EMENT 4	14	5,347.			
15					15	5,347.			
16	Unrelated business income before net operating loss deduction. So				'	-,			
	column (C)				16	8,567.			
17	Deduction for net operating loss. See instructions				17	0.			
18	Unrelated business taxable income. Subtract line 17 from line 16				18	8,567.			
LHA						e A (Form 990-T) 2021			

Pac	ıe	2

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	on <b>&gt;</b>		Page 2
1	Inventory at beginning of year	-		1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	ere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property p	roduced or acquired fo	r resale) apply to the o	organization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Propert	y Leased with Re	eal Property)	
1	Description of property (property street address, city, sta	ate, ZIP code). Check i	f a dual-use. See instru	uctions.	
	Α				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
	_				
5	Total deductions. Add line 4 columns A through D. Ent	er here and on Part I, Ii	ine 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (se	e instructions)			
1	Description of debt-financed property (street address, ci	ty, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
3	financed property (attach statement)				
6		%	%	%	n/
6	Divide line 4 by line 5	<u>%</u>	%	<u>%</u>	%
7	Gross income reportable. Multiply line 2 by line 6 L	Enter have and an Dad	t Llino 7 column (A)		0.
8	<b>Total gross income</b> (add line 7, columns A through D).	Enter here and on Pan	i, iiile 7, column (A)	<b>&gt;</b>	0.
0	Allocable deductions Multiply line 2s by line 6	Τ	T		
9	Allocable deductions. Multiply line 3c by line 6 <b>Total allocable deductions.</b> Add line 9, columns A thro	uah D. Enter hare and	on Port Llino 7	an (D)	0.
10 11	Total dividends-received deductions included in line				0.
<u> </u>	Total altidorido roccitos deductions incidaded in line			······································	<u></u>

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)	r age <b>o</b>
			_			E	xempt Contro	lled Org	ganization	s .	
	Name of controlle organization	d	2. Employer identification number			al of specified nents made that is included controlling organized tion's gross in		included olling orga	in the aniza-	6. Deductions directly connected with income in column 5	
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>											
	'. Taxable Income	۱ ،	Net unrelated		Controlled Or otal of specif		ons 10. Part o	of colur	mn O	44	Deductions directly
,	. Taxable income	in	come (loss) e instructions)		yments mad		that is inc	luded i	n the ation's	,	connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instr	ructions)		
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	<b>4.</b> Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1 -1						A del ana accepta in
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
					line 9, colu						line 9, column (B)
Totals Part	VIII Exploited E	vemnt /	Activity Income,	Other 1	Than Adve	0.	Income	:			0.
1	Description of exploite		Cuvity income,	Julei I	man Auve	ı uəni		see ins	uucuons)		
2	Gross unrelated busin	•	e from trade or busi	nece Ente	r here and or	n Dart I	line 10. colum	ο (Δ)		2	
3	Expenses directly con					,	•	. , .		-	
-										3	
4	Net income (loss) from										
	`					•				4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2021

Part	IX	Advertising Income					<u> </u>
1	Nan	ne(s) of periodical(s). Check box if reporting	two or more periodic	als on a conso	lidated basis.		
	Α	<b></b>					
	В	<u> </u>					
	c [	<u> </u>					
	D L						
Enter	amour	nts for each periodical listed above in the c	orresponding column.			Γ	
			A		В	С	D
2		ss advertising income		(4)			
	Add	columns A through D. Enter here and on I	Part I, line 11, column	(A)			0.
a	Dira	at advanticing costs by poviadical					
3 a		ct advertising costs by periodical				<b>•</b>	0.
а	Auu	Columns A through b. Enter here and on i	art i, iiile 11, column				
4	Adv	ertising gain (loss). Subtract line 3 from line	e				
		or any column in line 4 showing a gain,					
		plete lines 5 through 8. For any column in					
	line	4 showing a loss or zero, do not complete					
	lines	s 5 through 7, and enter zero on line 8					
5		dership costs					
6		ulation income					
7		ess readership costs. If line 6 is less than					
		5, subtract line 6 from line 5. If line 5 is les					
_		n line 6, enter zero					
8		ess readership costs allowed as a	,				
		uction. For each column showing a gain or 4, enter the lesser of line 4 or line 7					
а		line 8, columns A through D. Enter the gre		umns total or	zero here and on		
-		II, line 13					0.
Part		Compensation of Officers, Dire	ectors, and Trust	ees (see ins	structions)		
					3	3. Percentage	4. Compensation
		1. Name	2.	Title	of	f time devoted	attributable to
						to business	unrelated business
(1)						%	
(2)						%	
(3)						<u>%</u> %	
(4)		L				90	
Total	I. Ente	r here and on Part II, line 1					0.
Part			instructions)				-
		,	,				

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
AG REALTY FUND VIII LP - ORDINARY BUSINESS INCOME (LOSS)	-350
AG REALTY FUND VIII LP - NET RENTAL REAL ESTATE INCOME	-6,884
AG REALTY FUND VIII LP - OTHER INCOME (LOSS)	-702
MONTAUK TRIGUARD FUND IV LP - ORDINARY BUSINESS INCOME	
(LOSS)	-2,054
MONTAUK TRIGUARD FUND V LP - ORDINARY BUSINESS INCOME	
(LOSS)	-2,372
MONTAUK TRIGUARD FUND VII LP - ORDINARY BUSINESS INCOME	5 046
(LOSS)	-7,046
NEW MOUNTAIN PARTNERS IV (AIV-C) LP - ORDINARY BUSINESS	1 581
INCOME (LOSS)	1,571
NEW MOUNTAIN PARTNERS IV (AIV-C) LP - INTEREST INCOME NEW MOUNTAIN PARTNERS IV (AIV-C) LP - DIVIDEND INCOME	19 5
NEW MOUNTAIN PARTNERS IV (AIV-C) LP - DIVIDEND INCOME NEW MOUNTAIN PARTNERS V (AIV-B), LP - ORDINARY BUSINESS	5
INCOME (LOSS)	7,594
NEW MOUNTAIN PARTNERS V (AIV-B), LP - INTEREST INCOME	4
NEW MOUNTAIN PARTNERS V (AIV-B), LP - OTHER INCOME (LOSS)	2
NEW MOUNTAIN PARTNERS IV (AIV-C)LP - ORDINARY BUSINESS	_
INCOME (LOSS)	1,983
NEW MOUNTAIN PARTNERS IV CAYMAN (AIV-A) LP - ORDINARY	_,,,,,
BUSINESS INCOME (LOSS)	1,565
NEW MOUNTAIN PARTNERS IV CAYMAN (AIV-A) LP - OTHER INCOME	•
(LOSS)	-2
NEW MOUNTAIN PARTNERS V (AIV-A) LP - ORDINARY BUSINESS	
INCOME (LOSS)	-1,126
NEW MOUNTAIN PARTNERS V (AIV-D) LP - ORDINARY BUSINESS	
INCOME (LOSS)	25,762
NEW MOUNTAIN PARTNERS V (AIV-D) LP - OTHER INCOME (LOSS)	2
NEW MOUNTAIN PARTNERS V (AIV-E) LP - ORDINARY BUSINESS	
INCOME (LOSS)	-39
NEW MOUNTAIN PARTNERS V (AIV-E) LP - DIVIDEND INCOME	112
NEW MOUNTAIN PARTNERS V (AIV-E) LP - OTHER INCOME (LOSS)	-1,500
NEW MOUNTAIN PARTNERS IV (AIV-E) LP - ORDINARY BUSINESS	7 724
INCOME (LOSS) NEW MOUNTAIN PARTNERS IV (AIV-E) LP - INTEREST INCOME	7,734 192
NEW MOUNTAIN PARTNERS IV (AIV-E) LP - INTEREST INCOME NEW MOUNTAIN PARTNERS IV (AIV-E) LP - OTHER INCOME (LOSS)	21
NEW MOUNTAIN PARTNERS V (AIV-E) LP - OTHER INCOME (LOSS) NEW MOUNTAIN PARTNERS V (AIV-D) LP - ORDINARY BUSINESS	21
INCOME (LOSS)	-2,151
NEW MOUNTAIN PARTNERS V (AIV-D) LP - INTEREST INCOME	89
NEW MOUNTAIN PARTNERS V (AIV-F) LP - ORDINARY BUSINESS	0,5
INCOME (LOSS)	-2,996
NEW MOUNTAIN PARTNERS V (AIV-F) LP - INTEREST INCOME	179
CANTERBURY CONSULTING PC FUND I (B), LP - ORDINARY BUSINESS	
INCOME (LOSS)	-1,349
CANTERBURY CONSULTING PC FUND I (B), LP - OTHER INCOME	
(LOSS)	-4,579
	<del></del>
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	13,684

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
ACCOUNTING FEES INVESTMENT MANAGEMENT FEES STATE TAX LIABILITY		1,200. 3,419. 728.
TOTAL TO SCHEDULE A, PART II, L	INE 14	5,347.

#### 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-RIC, 1120-SF, or certain Forms 990-T. 
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

SAN DIEGO MUSEUM OF ART 95-1696715					1696715
Did the corporation dispose of any investmer If "Yes," attach Form 8949 and see its instruc					► Yes X No
Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
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 ga or loss from Form(s) 89 Part I, line 2, column	49,	(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					
<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on					2.6
Form(s) 8949 with <b>Box C</b> checked					36.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	,
<ul><li>6 Unused capital loss carryover (attach computa</li><li>7 Net short-term capital gain or (loss). Combine</li></ul>				<u>6</u> 7	36.
Part II   Long-Term Capital Gail					. 50.
See instructions for how to figure the amounts					(h) Gain or (loss)
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 ga or loss from Form(s) 89 Part II, line 2, column	49,	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 <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					1,973.
Form(s) 8949 with <b>Box F</b> checked					1,913.
<ul><li>11 Enter gain from Form 4797, line 7 or 9</li><li>12 Long-term capital gain from installment sales</li></ul>	from Form 6252 line 26 or 27			11 12	
13 Long-term capital gain or (loss) from like-kind				13	
44.0 9.1 1 19.19.19	a cachanges from Form 6024			14	
15 Net long-term capital gain or (loss). Combine				15	1,973.
Part III Summary of Parts I and		• • • • • • • • • • • • • • • • • • • •			, , , , , , , , , , , , , , , , , , , ,
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capital	loss (line 15)		16	36.
17 Net capital gain. Enter excess of net long-term				17	1,973.
18 Add lines 16 and 17. Enter here and on Form			·	18	2,009.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

121051

LHA

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

Schedule D (Form 1120) 2021

Department of the Treasury Internal Revenue Service

sta

Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

SAN DIEGO MUSEUM OF ART

Social security number or taxpayer identification no.

95-1696715

DIE	70 107071
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.	rted to the IRS by you

and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I 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 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) ir combine the result Code(s) with column (g) the instructions CANTERBURY CONSULTING PC FUND (B),LP 36. 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

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.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2021)

above is checked), or line 3 (if Box C above is checked)

Attachment Sequence No. 12A Page 2

Form 8949 (2021)

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.

#### SAN DIEGO MUSEUM OF ART

xpayer identification no

C

С

SAN DIEGO MUSE							090/13
Before you check Box D, E, or F belo statement will have the same informa proker and may even tell you which b	w, see whether y	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A sur reported to the IF	bstitute SS by your
Part II Long-Term. Transaction		ıl assets vou held n	nore than 1 vear are	generally long-term (s	ee instructio	ons). For short-term to	ransactions.
see page 1.  Note: You may aggregate all							
codes are required. Enter the	totals directly on S	Schedule D, line 8a	; yoù aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).
You must check Box D, E, or F below. Of you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep	, ,				•		
(E) Long-term transactions rep			-	•		,	
X (F) Long-term transactions not	` '	`	,				
1 (a)	(b)	(c)	(d)	(e)		it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f)	. See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
MONTAUK TRIGUARD						adjustificite	
FUND VII LP							1,977.
NEW MOUNTAIN							, -
PARTNERS IV							
(AIV-C)LP							-4.
- /							
2 Totals. Add the amounts in colun	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each tot	tal here and inclu	ıde on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if B	ox F above is ch	necked)					1,973.
Note: If you checked Box D above b	ut the basis repo	orted to the IRS	was incorrect, ente	er in column (e) the	basis as r	eported to the IRS	S, 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.

15590201 163675 08769.000

## Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2021

Sequence No. 27
Identifying number

SAN DIEGO MUSEUM OF ART 95-1696715 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) SEE STATEMENT 5 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -1,779.Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 1,779 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -1,779.Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

Part III Gain From Disposition of Propert	y Und	er Sections 1245,	1250, 1252	, 12	54, and 1255 (see	e instructions)
<b>19 (a)</b> Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
_ A						
<u>B</u>						
<u>C</u>						
D						
These columns relate to the properties on				_		
lines 19A through 19D.	<b>•</b>	Property A	Property I	В	Property C	Property D
<b>20</b> Gross sales price ( <b>Note:</b> See line 1a before completing.)	20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:	05-					
a Depreciation allowed or allowable from line 22	25a 25b					
b Enter the smaller of line 24 or 25a  26 If section 1250 property: If straight line depreciation	230					
was used, enter -0- on line 26g, except for a corporation subject to section 291.						
<b>a</b> Additional depreciation after 1975. See instructions	26a					
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
<b>d</b> Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
<b>b</b> Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b  28 If section 1254 property:	27c					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b					
<ul> <li>29 If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>	29a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of	olumne	A through D through li	ne 29h hefore (	noina	to line 30	
		7 tanough B anough in	10 200 001010 (			
30 Total gains for all properties. Add property columns	A throu	gh D, line 24			30	
31 Add property columns A through D, lines 25b, 26g,	27c, 28l	b, and 29b. Enter here	and on line 13		31	
32 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 468	4, line 33. Ente			
from other than casualty or theft on Form 4797, line	6				32	
Part IV Recapture Amounts Under Section	ns 179	9 and 280F(b)(2) W	/hen Busine	ess l	Use Drops to $5\overline{0}$ %	or Less
(see instructions)					(a) Section	(b) Section
22 Section 170 expanse deduction or depreciation alle	wahla in	n prior voare	Γ	33	179	280F(b)(2)
<ul><li>33 Section 179 expense deduction or depreciation allo</li><li>34 Recomputed depreciation. See instructions</li></ul>				34		
35 Recapture amount. Subtract line 34 from line 33. Se		structions for where to	Г	35		

118012 12-17-21

Form **4797** (2021)

Form 4797 (2021) SAN DIEGO MUSEUM OF ART

FORM 4797 PROPERTY HELD		PERTY HELD	MORE THAN	ONE YEAR	STATEMENT 5		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS	
AG REALTY FUND VIII LP NEW MOUNTAIN						-1,584.	
PARTNERS IV (AIV-C) LP NEW MOUNTAIN						4.	
PARTNERS V (AIV-B), LP NEW MOUNTAIN						1.	
PARTNERS IV (AIV-E) LP NEW MOUNTAIN						-206.	
PARTNERS V (AIV-F) LP						6.	
TOTAL TO 4797, P	PART I, LINE	2				-1,779.	

#### 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-RIC, 1120-SF, or certain Forms 990-T. 
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name

Employer identification number

SAN DIEGO MUSEUM O	F ART			95-	1696715
Did the corporation dispose of any investmen	nt(s) in a qualified opportuni	ty fund during the tax ye	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru					
Part I Short-Term Capital Gai	ns and Losses - Asse	ets Heid One Year	or Less		(h) Cain ay (lasa)
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column		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					
<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked					36.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	,			6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	36.
Part II Long-Term Capital Gai	ns and Losses - Asse	ets Heid More Than	n One Year		
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.	<b>(d)</b> Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(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 <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					1 072
Form(s) 8949 with <b>Box F</b> checked					1,973.
				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind	-			13	
	Lines On three rate 44 in an income			14	1,973.
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		<u>n</u>		15	1,973.
16 Enter excess of net short-term capital gain (lir		loce (line 15)		16	36.
17 Net capital gain. Enter excess of net long-term				17	1,973.
<b>18</b> Add lines 16 and 17. Enter here and on Form				18	2,009.
Note: If losses exceed gains, see Capital Los		וויסמטופ וווופ טוו טנוופו ופנעוווא	·	10	2,000.
Tiolo. II 100000 000000 gains, see Capital Los	969 III 1110 111911 110110119.				

LHA

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

Schedule D (Form 1120) 2021

Department of the Treasury Internal Revenue Service

#### Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

Social security number or taxpayer identification no.

95-1696715

SAN DIEGO MUSEUM OF ART	95-169671
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your	
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was repo	ted to the IRS bv vour

<u>broker and may even tell you which box to check</u> 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 1 Adjustment, if any, to gain or (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) ir combine the result Code(s) with column (g) the instructions CANTERBURY CONSULTING PC FUND (B),LP 36. 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

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.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2021)

above is checked), or line 3 (if Box C above is checked)

Attachment Sequence No. 12A

Form 8949 (2021)

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.

#### SAN DIEGO MUSEUM OF ART

95-1696715 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 Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). 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 Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment MONTAUK TRIGUARD FUND VII LP 1,977. NEW MOUNTAIN PARTNERS IV (AIV-C)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 8b (if Box D above is checked), line 9 (if Box E 1,973. above is checked), or line 10 (if Box F above is checked)

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

Form 8949 (2021)

## Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment 27

Identifying number

SAN DIEGO MUSEUM OF ART 95-1696715 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) SEE STATEMENT 6 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -1,779.Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 1,779 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -1,779.Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

Part III Gain From Disposition of Propert	y Und	er Sections 1245,	1250, 1252	, 12	54, and 1255 (see	e instructions)
<b>19 (a)</b> Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
_ A						
<u>B</u>						
<u>C</u>						
D						
These columns relate to the properties on				_		
lines 19A through 19D.	<b>•</b>	Property A	Property I	В	Property C	Property D
<b>20</b> Gross sales price ( <b>Note:</b> See line 1a before completing.)	20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:	05-					
a Depreciation allowed or allowable from line 22	25a 25b					
b Enter the smaller of line 24 or 25a  26 If section 1250 property: If straight line depreciation	230					
was used, enter -0- on line 26g, except for a corporation subject to section 291.						
<b>a</b> Additional depreciation after 1975. See instructions	26a					
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
<b>d</b> Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
<b>b</b> Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b  28 If section 1254 property:	27c					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b					
<ul> <li>29 If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>	29a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of	olumne	A through D through li	ne 29h hefore (	noina	to line 30	
	- Clairing	7 tanough B anough in	10 200 001010 (			
30 Total gains for all properties. Add property columns	A throu	gh D, line 24			30	
31 Add property columns A through D, lines 25b, 26g,	27c, 28l	b, and 29b. Enter here	and on line 13		31	
32 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 468	4, line 33. Ente			
from other than casualty or theft on Form 4797, line	6				32	
Part IV Recapture Amounts Under Section	ns 179	9 and 280F(b)(2) W	/hen Busine	ess l	Use Drops to $5\overline{0}$ %	or Less
(see instructions)					(a) Section	(b) Section
22 Section 170 expanse deduction or depreciation alle	wahla in	n prior voare	Γ	33	179	280F(b)(2)
<ul><li>33 Section 179 expense deduction or depreciation allo</li><li>34 Recomputed depreciation. See instructions</li></ul>				34		
35 Recapture amount. Subtract line 34 from line 33. Se		structions for where to	Г	35		

Form **4797** (2021)

FORM 4797	PROI	PERTY HELD	MORE THAN	ONE YEAR	ST.	ATEMENT 6
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AG REALTY FUND VIII LP NEW MOUNTAIN						-1,584.
PARTNERS IV (AIV-C) LP NEW MOUNTAIN						4.
PARTNERS V (AIV-B), LP NEW MOUNTAIN						1.
PARTNERS IV (AIV-E) LP NEW MOUNTAIN						-206.
PARTNERS V (AIV-F) LP						6.
TOTAL TO 4797, F	PART I, LINE	2				-1,779.

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#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print SAN DIEGO MUSEUM OF ART 95-1696715 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your P.O BOX 122107 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92112 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) DONNA DOMINIAK The books are in the care of ▶ P.O. BOX 122107 - SAN DIEGO, CA 92112 Telephone No. ► 619-232-7931 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. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$  JUN  $\hspace{0.5cm}$  30 ,  $\hspace{0.5cm}$  2022 ► X tax year beginning JUL 1, 2021 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 4,500. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 480. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 4,020. using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)