Form 990-T	E	Exempt Orga	anization B			ax Return	L	OMB No 1545-0687
•		0	and proxy tax u	nder sec	tion 6033(e))			2018
•	Força	lendar year 2018 or other tax			, and ending		.	2010
Department of the Treasury nternal Revenue Service	>	► Go to ww Do not enter SSN numb			s and the latest informa public if your organiza	tion is a 501(c)(3).		pen to Public Inspection for 11(c)(3) Organizations Only
Check box if address changed		Name of organization (Check box if nam	ne changed a	nd see instructions.)			er identification number rees' trust, see ions)
Exempt under section x 501(c)(3)	Print or	Number, street, and roo		hox, see ins	tructions.		Unrelate	6560945 ed business activity code
408(e) 220(e)	Type	25701 SCIENCE PA					(See ins	tructions)
408A 530(a)		City or town, state or pr		P or foreign	postal code			
529(a)		CLEVELAND OH		·		9 (00099	l
Book value of all assets at end of year		F Group exemption nui) 🕨				
181,304	250,	G Check organization ty	/pe 🕨 🗓 501(c) (corporation	501(c) trust	401(a) tr	ust	Other trust
Enter the number of the	organiza	ition's unrelated trades o	r businesses. 🕨	1	Describe ti	ne only (or first) unrel	ated	
trade or business here						omplete Parts I-V. If		
describe the first in the b	lank spa	co at the end of the previ	ious sentence, complete	Parts I and	II, complete a Schedule	M for each additional	trade c	or
business, then complete								
During the tax year, was If "Yes," enter the name a		poration a subsidiary in al tifying number of the par		arent subsid	ary controlled group?	▶	_ Yes	Lx_ No
The books are in care of Part I Unrelated		BARRY REIS de or Business In	COMA		Telepho (A) Income	ne number > 216 (B) Expenses	-593	- 2900 (C) Net
		Je or Dusiness in			(A) moone	(D) Expenses		(0) 100
 1a Gross receipts or sale b Less returns and allow 			c Balance	▶ 1c				
2 Cost of goods sold (S		Δ line 7)	C Dalalice P	2				
Gross profit Subtract		. ,	ıN/\	3				
la Capital gain net incom			W /	4a	204 356.			204,356
	•	Part II, line 17) (attach For	rm 4797)	4b	204,330,			
c Capital loss deduction			,	4c				
•		ship or an S corporation ((attach statement)	5	105,588.	STMT 2		105,588
Rent income (Schedu			,	6				
7 Unrelated debt-financ		ne (Schedule E)		7				
Interest, annuities, roy	yaltıes, a	and rents from a controlle	ed organization (Schedule	F) 8				
9 Investment income of	a sectio	on 501(c)(7), (9), or (17)	organization (Schedule	(G) 9		· · · · · · · · · · · · · · · · · · ·	_	<u> </u>
0 Exploited exempt active	vity inco	me (Schedule I)		10				
1 Advertising income (S	Schedule	3 J)		11				
2 Other income (See ins		•		12			_	
3 Total. Combine lines				13	309 944			309 944
		ot Taken Elsewhoutions, deductions mu				income)		
				EC.E.1 V			44	
Compensation of offSalaries and wages	icers, ai	rectors, and trustees (Sc			2019	_	14	 -
6 Repairs and mainten	ance		3008 N	ov 22	2019	<u>-</u>	16	
7 Bad debts	anoc		16		<u>\</u>		17	
B Interest (attach sche	dule) (s	ee instructions)	0	GDEN	. UT	-	18	
9 Taxes and licenses	. , ,	·· · · · · · · · · · · · · · · · ·			. 9	 	19	
•	ons (Se	e instructions for limitation	on rules)		SEE STATEMENT	· 3	20	
1 Depreciation (attach			•		21			
		n Schedule A and elsewh	ere on return		22a		22b	
B Depletion						L	23	
Contributions to defe		mpensation plans				L	24	
Employee benefit pro						<u> </u>	25	
Excess exempt expe						_	26	
Excess readership co							27	
B Other deductions (at						_	28	
9 Total deductions. A							29	
_		ncome before net operati)—	30	309,94
		loss arising in tax years b		nuary 1, 201	& (see instructions)	_	31	
		ncome. Subtract line 31 f					32	309 944
23701 01-09-19 LHA FO	r Paper	work Reduction Act Noti	ice, see instructions	55		Ma.	1	Form 990-T (201
31115 130236	5 34	-6560945	2018.0403		ID & INEZ M	yb (Yers folini	ン フ <u>タ</u> ጥ	I 34-65601
IJUZJ(, 54	0000340	70T0.0403	O DAV.	го с тива и	THUND LOOM	JAI.	1 34-0300.

	 -		_	
נ	15			
Form 990		34-65	60945	Page 2
Part				
. 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (si	ee instructions)	33	309,944.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions) STMT 4	35	309,944.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum of		
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,		
	enter the smaller of zero or line 36		38	0.
Part	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from;		
	Tax rate schedule or Schedule D (Form 1041)		▶ 40	
41	Proxy tax. See instructions		▶ 41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
С	General business credit. Attach Form 3800	45c		
d	, , , , , , , , , , , , , , , , , , , ,	45d		
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 Other (attach sche	dule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018	50a		
	2018 estimated tax payments	50b		
	Tax deposited with Form 8868	50c		
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
9	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	50g		
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	<u></u>
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	55	
Part \	/I Statements Regarding Certain Activities and Other Informati	on (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	<u> </u>		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the			-
	here >	.,		-x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor to, a foreign trust	7	_ x
	If "Yes," see instructions for other forms the organization may have to file.	-, 		
5.9	Enter the amount of tay-exampt interest received or accrued during the tay year.			1

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.

Sign Here TREASURER Signature of officer

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

Paid **Preparer Use Only**

Print/Type preparer's name Preparer's signature јасов соок

11/15/2019

Date

56

PTIN self-employed

P01240455

13-5381590

Form 990-T (2018)

Firm's name ▶ BDO USA, LLP 32125 SOLON ROAD

Firm's address > SOLON, OH 44139-2284

Phone no. 440-248-8787

Firm's EIN ▶

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory va	aluation N/A			_	_	
1 Inventory at beginning of year	1			6 Inventory at end of year				T .	
2 Purchases	2	•	_	Cost of goods sold. Su		ne 6			
3 Cost of labor	3		from line 5. Enter here and in			Part I,			
4a Additional section 263A costs				line 2			7	1	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	sonal Property	Lease	ed With Real Pro	perl	ty) 	
1. Description of property									
(1)								 -	
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0/->5			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal p	onal property (if the percents property exceeds 50% or if d on profit or income)	age	3(a) Deductions directly columns 2(a) as		cted with the income i (attach schedule)	n
(1)						-			
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)	>		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstruc	tions)					
				Gross income from	(2)	3. Deductions directly conto debt-finance		perty	
1. Description of debt-fi	nanced property			financed property (a		(a) Straight line depreciation (attach schedule)		(D) Other deduction (attach schedule)	ıs
(1)							+-		
(2)							1		
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6.	Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)			8, Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%		•	1		
(2)				%					
(3)				%					
(4)				%					
-						nter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals				>		0			0.
Total dividends-received deductions in	icluded in column	8							0.
			_					Form 990-T	(2010)

Schedule F - Interest,	Annuitie	s, Roya	lties, a					zatio	ns (see in	structio	ns)
•				Exempt	Controlled C	rganızatı	ions				
1. Name of controlled organiza	tion	2. Em identifi num	cation		related income e instructions)		tal of specified ments made	includ			6. Deductions directly connected with income in column 5
(1) ·				1				╁			
(2)				 				<u> </u>			
(3)								 			
(4)				1	_	 		 			
Nonexempt Controlled Organ	rations	<u> </u>		l		1				L	
7. Taxable Income		inrelated incor	20 (1000)	O Total	of specified pay		10. Part of colu	0 41-		144.5	reductions directly connected
, raxado incomo		see instruction		9 . 10tai	made	ments	in the controll		nızatıon's		th income in column 10
(1)											
(2)											
(3)											
(4)											_
							Add colur Enter here and line 8,		e 1, Part I,	1	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0
Schedule G - Investme		me of a	Section	501(c)	(7), (9), or	(17) Oı	rganizatior	1		•	
(see inst	ructions)				1						
1. Desc	ription of inco	eme			2. Amount of	income	3. Deduction directly connect (attach schedu	ected	4. Set	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)					Ì						
					Enter here and Part I, line 9, co				•		Enter here and on page 1 Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ac	dvertis	ing Income	е			
			2 -		4. Net incom	ne (loss)					7 -
1. Description of exploited activity	unrelated incom	iross business e from business	directly of with proof un	penses connected oduction related is income	from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3) If a ie cols 5	5. Gross inco from activity is not unrelated business inco	that ted	attribu	penses table to mn 5	Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
		re and on , Part I,		re and on 1, Part I,							Enter here and
		col (A)		col (B)							on page 1, Part II, line 26
Totals •]	0.		0.	,						0.
Schedule J - Advertisi	ng Inco	me (see	nstructio	ns)		•			•		
Part I Income From					solidated	l Basis	}				
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu hrough 7			6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)								_			
(4)		_	T				-				7
Totals (carry to Part II, line (5))	•		0.		0.						0
totals (cally to Fall II, line (3))			٠٠١		<u>۰۰۱</u>				L		0.

Form **990-T** (2018)

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.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	, ,	,		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	1	•		0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	***
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM '990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

FLOW THROUGH OF INCOME OR LOSS FROM VARIOUS PARTNERSHIPS.

TO FORM 990-T, PAGE 1

60

FORM 990-T	INCOME (LOSS)	FROM PARTNERSH	IPS STA	TEMENT	2
DESCRIPTION				T INCOM	_
CLEVELAND FEDERATION PE DAVIDSON KEMPNER INSTIT					353.
BUSINESS INCOME (LOSS)					<386.>
EIG ENERGY XIV-A, LP -			S)	. 39,	591.
EIG ENERGY XVI, LP - OR LEXIN AMTRUST REAL ESTA		•	INESS	<52,	945.>
INCOME (LOSS)				2,	437.
LEXINGTON MIDDLE MARKET	INVESTORS III	CAYMAN AIV -			
ORDINARY BUSINESS INCOM LEXINGTON MIDDLE MARKET		, LP - ORDINARY			329.
BUSINESS INCOME (LOSS)				<9,	455.>
LEXINGTON MIDDLE MARKET	INVESTORS IV,	LP - ORDINARY			400
BUSINESS INCOME (LOSS) OCH-ZIFF REAL ESTATE TE	EIMD ID ODD	THARV DISCTNESS	TNOOME	<49,	133.>
(LOSS)	FUND DP - ORD.	INAKI DUSINESS .	INCOME	1 2 4	251
TRG FORESTRY FUND 8-B L	P - ORDINARY BU	JSINESS INCOME	(LOSS)	·-	251. 454.>
TOTAL INCLUDED ON FORM	990-T, PAGE 1,	LINE 5		105.	588.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED CONTRIBUTIONS	SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2013	UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2014	15,909,340			
FOR TAX YEAR 2015	6,561,081			
FOR TAX YEAR 2016	6,792,093			
FOR TAX YEAR 2017	7,706,084	-	•	
TOTAL CARRYOVER		36,968,598		
TOTAL CURRENT YEAR 10% C	CONTRIBUTIONS			
TOTAL CONTRIBUTIONS AVAI	LABLE	36,968,598		
TAXABLE INCOME LIMITATIO	N AS ADJUSTED	0		
EXCESS 10% CONTRIBUTIONS		36,968,598		
EXCESS 100% CONTRIBUTION	IS	0		
TOTAL EXCESS CONTRIBUTIO	ons	36,968,598		
ALLOWABLE CONTRIBUTIONS	DEDUCTION			C
TOTAL CONTRIBUTION DEDUC	TON.			- 0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/05	2,570,475.	2,570,475.	0.	0.
12/31/08	2,752.	2,752.	0.	0.
12/31/09	707,864.	707,864.	0.	0.
12/31/10	746,007.	304,395.	441,612.	441,612.
12/31/11	408,169.	0.	408,169.	408,169.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	849,781.	849,781.

SCHEDULÉ D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

DAVID & INEZ MYERS FOUNDATION 34-6560945 Short-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on the lines below (d) (e) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (Q) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) This form may be easier to complete if you round off cents to whole dollars. 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 1,911. 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 1,911, 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on the lines below. (e) Cost (ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) (d) (g) Adjustments to gain or loss from Form(s) 8949 This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) Part II, line 2, 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 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 92,038. 110,407. 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 15 202,445. Part III | Summary of Parts I and II

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

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

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

Schedule D (Form 1120) 2018

16

17

18

1,911.

202,445. 204,356.

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.

34-6560945

DAVID & INEZ MYERS FOUNDATION

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

Part I | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box, if more than one box applies for your short-term transactions, complete a separate Form 8849, page 1, for each applicable box m 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 (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (e) (h) loss. If you enter an amount Description of property **Proceeds** Cost or other Gain or (loss). Date acquired Date sold or in column (g), enter a code in (sales price) Subtract column (e) (Example 100 sh. XYZ Co.) basis. See the (Mo., day, yr) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr.) (g) Amount of see Column (e) in combine the result Code(s) with column (g) the instructions adjustment EIG ENERGY XVI, LP 335. LEXINGTON MIDDLE MARKET INVESTORS III LP 541. LEXINGTON MIDDLE MARKET INVESTORS IV, LP 1,035. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

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

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

Form 8949 (2018)

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

Social security number or taxpayer identification no.

DAVID & INEZ MYERS FOUNDATION

34-6560945

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.

broker and may even tell you which							
Part II Long-Term. Transacti see page 1 Note: You may aggregate a	II long-term transac	tions reported on I	Form(s) 1099-B shov	ving basis was report	ed to the IR	S and for which no a	diustments or
codes are required Enter the You must check Box D, E, or F below.	e totals directly on	Schedule D, line 8	a, you aren't require	d to report these tran	sactions on	n Form 8949 (see inst	ructions).
If you have more long-term transactions than wi	Il fit on this page for o	ne or more of the boxe	es, complete as many fo	orms with the same box o	hecked as yo	u need	or each applicable box
(D) Long-term transactions re	ported on Form(s	s) 1099-B showir	ng basis was repo	rted to the IRS (see	e Note abo	ove)	
(E) Long-term transactions rej	ported on Form(s	s) 1099-B showin	ng basis wasn't re	ported to the IRS		·	
X (F) Long-term transactions no			-				
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	ou enter an amount	Gain or (loss).
(Example. 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column (f	(g), enter a code in). See instructions.	Subtract column (e)
,	1, , ,,,,	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
ELG DADDON WIT ID				the madedona	(.,	adjustment	107
EIG ENERGY XVI, LP					<u> </u>		31,091.
LEXINGTON MIDDLE MARKET	ļ						
INVESTORS III CA					ļ		32.
LEXINGTON MIDDLE MARKET	ļ						
INVESTORS III LP							42,053.
LEXINGTON MIDDLE MARKET							
INVESTORS IV, LP							18,862.
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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) ▶

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.