Extens		Granted to Exempt Orga		ine	ss Income T			ief OMB No 1545-0687
	For ca	lendar year 2018 or other tax ye	•			. 19	$\mathcal{N}\mathcal{U}$	<i>2</i> 018
	""		irs gov/Form990T for in			ation.		2010
Department of the Treasury Internal Revenue Service	•	Do not enter SSN number					(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed			Check box if name c		· · · · · ·		D Empl (Emp	oyer identification number loyees trust, see actions)
B Exempt under section	Print	<u>Kozm</u> etsky F	amily Founda	atio	on		4	7-2082155
X 501(c n 3)	or	Number, street, and roor	n or suite no. If a P.O. box	, see ir	structions.			ated business activity code instructions)
408(e) 220(e)	Туре	3949 Maple	Avenue, No.	350)			
408A 530(a)		City or town, state or pro	vince, country, and ZIP or	r foreig	n postal code		L.	
529(a)	<u> </u>	Dallas, TX	75219				531	390
C Book value of all assets at end of year		F Group exemption num		<u> </u>				
		G Check organization type					1(a) trust	Other trust
H Enter the number of the	-		· · · · · · · · · · · · · · · · · · ·	1		the only (or first	•	
		come From Pa				complete Parts		
		ace at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedule	IVI for each addi	tional trade	e or
business, then complete		oration a subsidiary in an	affiliated group or a parer	ıt-cubcı	diary controlled group?		► \ \ Y	es X No
• • •	•	tifying number of the parei	- '. '	11-50051	dially controlled group.		٠ ــــــ ١٠	03 [22] 110
J The books are in care of					Teleph	one number 🕨	214-	462-9013
Part Unrelate	d Trac	de or Business Inc	ome		(A) Income	(B) Expe		(C) Net
1a Gross receipts or sal		****				涂密等等 符	解学 统	
b Less returns and allo			c Balance	1c				
2 Cost of goods sold (Schedule	A, line 7)		2			學以學科	
3 Gross profit Subtrac	t line 2 f	rom line 1c		3		YEAT TO S		
4a Capital gain net incor	me (attac	ch Schedule D)		4a	39,340.	"ATIMATE	3 3 7 5 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	39,340.
b Net gain (loss) (Form	1 4797, F	Part II, line 17) (attach Forr	n 4797)	4b		The same of the same		
c Capital loss deductio	n for tru	sts		4c		And the same		
, ,	•	ship or an S corporation (a	ttach statement)	5	-36,985.	@-®Stmt	· %1.6;%	-36,985.
6 Rent income (Schedi	ule C)			6				
7 Unrelated debt-finance		•		7				
•	•	and rents from a controlled	- ·	8	7.7.			
		on 501(c)(7), (9), or (17) c	rganization (Schedule 6)	10				
10 Exploited exempt act				11				
11 Advertising income (12 Other income (See in		·		12		(\$15-34)	129 266 491 B	:
13 Total. Combine line:		•		13	2,355.	7776 25 25 25 25 25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,355.
		ot Taken Elsewhe	re (See instructions fo					·
		utions, deductions mus				income)		
14 Compensation of of	ficers, di	rectors, and trustees (Sch	edule K)		ECEIVED EB 1 2 2020		14	
15 Salaries and wages				R	ECEIVE	25.050	15	
16 Repairs and mainter	nance	~	<i>t</i>		2020	<u>اڭ</u>	16	
17 Bad debts			1000	el f	EB 12 2020	RS/	17	
18 Interest (attach sch	edule) (s	ee instructions)	10	. <i>[</i> 8)=	`18	· .
19 Taxes and licenses				سا	1605eN Stat		7 19	0.
	•	e instructions for limitation	rules) Stateme	ent	100 See Stat	ement 1		
21 Depreciation (attach					21	·	222	x.
·	iaimed o	n Schedule A and elsewhe	re on return		22a		22b 23	
23 Depletion	forrad aa	umannation plans	•				24	
- 24 Contributions to de25 Employee benefit pi		•	•				25	
25 Employee benefit pi 26 Excess exempt expe	-						26	<u> </u>
27 Excess readership of	•	•					27	· -
28 Other deductions (a		•					28	
29 Total deductions.		•					29	0.
		income before net operatin	g loss deduction. Subtrac	t line 2	9 from line 13		30	2,355.
		loss arising in tax years be					30 31	
		income. Subtract line 31 fr			·		3 32	2,355.
823701 01-09-19 LHA F	or Pape	rwork Reduction Act Notic	e, see instructions.				-,	Form 990-T (2018)

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Form 990-T	2018) Kozmetsky Family Foundation	47-208	32155_	Page 2
Part II		-		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	2,355.
	Amounts paid for disallowed fringes		34	
		Stmt 19	35	2,355.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	24	7 87	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	שני	T	
	enter the smaller of zero or line 36		38	0.
	/i Tax Computation			
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	ı:		
70	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions	•	41	
	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income. See instructions		43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
_	Other credits (see instructions) 45b			
	General business credit Attach Form 3800 45c			
-	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d			
	Total credits. Add lines 45a through 45d	·	45e	
	Subtract line 45e from line 44		46	0.
		(attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)	(attack solicosis)	48	0.
	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			
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868 50c			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		- 100 Gr 10	
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439			
9	Other Credits, and payments.			
51	Total payments. Add lines 50a through 50g		51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55		Refunded >	55	
	Statements Regarding Certain Activities and Other Information (see insti			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other autho			Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countr			
	here >	•		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?		-
٠,	If "Yes," see instructions for other forms the organization may have to file.	Ü		Section describe
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of persury, I declare that I have examined this return, including accompanying schedules and statements, and to	he best of my know	edge and belief	, it is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowles	dge •		
Here	2. Mull 1/30/20 President		May the IHS dis the preparer sho	cuss this return with own below (see
	Signature of officer Date 1 Title		_	X Yes No
	Print/Type preparer's name Reparer's signal Date	Check	if PTIN	
D-: -		self- employe	. 1	
Paid	rer Christopher Kutac 01/29/2020			407023
Prepa	DOW HO LLD	Firm's EIN		0714325
Use C	1330 Post Oak Blvd., Suite 2400			
	Firm's address ► Houston, TX 77056-3009	Phone no.	713-62	5-3500
823711 01-			F	orm 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation > N/A	· ·				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases	2] 7	Cost of goods sold. Su	ıbtract I	ine 6			
3 Cost of labor	3		_	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2		L	7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	cquired	for resale) apply to		93	
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					<u> </u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
1. Description of property									
(1)		, - <u>, - , - , - , - , - , - , - , - , -</u>							
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	connected with t	ne income in	
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an	d 2(b) (attach sch	edule)	
(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	ı (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
		•	7	. Gross income from		3. Deductions directly conn to debt-finance		ocable	
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Oth (attac	er deduction h schedule)	is
(1)									
(2)									
(3)	· · ·		1						
(4)			1						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	edjusted basis allocable to nced property h schedule)	(). Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deduct × total of co a) and 3(b))	
(1)				%					
(2)				%					
(3)				%	L				
(4)			<u> </u>	%					
						inter here and on page 1, Part I, line 7, column (A)	Part I, lin	and on pag e 7, column (
Totals				>		. 0	•		0.
Total dividends-received deductions in	ncluded in colum	n 8							0.
									(2018)

1) 1) 1) 10 10 10 10 10		identifi			4 . Tot	tal of specified	5. Pari	t of column 4 t	hat is	6. Deductions directly	
2) 3) 4) 7, Tavalele frozene 8, Not irreniched excerne (losse) (eme nest activers) 9, Takel of senected payments (mess nest activers) 10, Part of column 9 their a michaeled (mess nest activers) 11, Decomption of income 11, Decomption of income 12, Amount of income 13, Decomption of income 14, Selections (see instructions) 1, Decomption of income 2, Amount of income 2, Amount of income 3, Decomption of income 2, Amount of income 3, Decomption of income 4, Selections (call aples col into the selection of payments (call aples col into the		""		e instructions)	lated income nstructions) 4. Total paymen		include	included in the controlling		connected with income	
3 10 10 10 10 10 10 10	1)	· + -									
mexempt Controlled Organizations 7. Taskbis browns 8. Not unablate frome (boss) (disce instructions) (disce instructions) 9. Total of apparatus II. Part occurs 9 that is excluded in the controlling organizations 11. Part occurs 9 that is excluded in the controlling organizations Add columns 5 and III. Enter here and for page 1. Part 1. Ine 8, column (9) Add columns 5 and III. Enter here and for page 1. Part 1. Ine 8, column (9) 1. Description of econe 2. Amount of inscers 3. Description of econe 2. Amount of inscers 3. Description of econe 3. Description of econe 3. Description of econe 4. But another of econe in the column (9) 2. Amount of inscers 3. Description of econe 3. Description of econe 4. But another of econe in the column (9) 4. But another of econe in the column (9) 5. Task description (see instructions) 5. Task description (see instructions) 4. Not income pleas 4. But another of econe (see instructions) 5. Cross of each of econe and on page 1. Part I, live 9, column (9) 1. Description of econe 2. Amount of inscers 3. Expenses of econy organization (see instructions) 4. Not income pleas (see instructions) 7. Excess example of econe and organization (9) 2. Amount of inscers and organization (9) 2. Amount of inscers and on page 1. Part I, live 9, column (9) 2. Amount of inscers and on page 1. Part I, live 9, column (9) 2. Amount of inscers and on page 1. Part I, live 9, column (9) 2. Amount of inscers and on page 1. Part I, live 9, column (9) 3. Expenses of encoding organization (9) 4. Not income pleas and organization (9) 4. Not income pleas and organization (9) 4. Not income pleas and organization (9) 5. Crodes income and organization (9) 6. Expenses of the page 1. Part I, live 9, column (9) 6. Expenses of the page 1. Part I, live 9, column (9) 6. Expenses of the page 1. Part I, live 9, column (9) 7. Excess readers ones the page 1. Part I, live 9, column (9) 7. Excess readers ones the page 1. Part I, live 9, column (9) 7. Excess readers ones the page 1. P											
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Chedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (attach schedule) 4. Sit-issides (attach schedule) (attach schedule) 5. Total deduction and schedule (attach schedule) (attach schedule) 1. Description of control income (see instructions) 1. Description of oxploited Exempt Activity Income, Other Than Advertising Income 1. Description of oxploited exempt Activity Income, Other Than Advertising Income 1. Description of oxploited exempt Activity Income, Other Than Advertising Income 2. Gross urrelated business more brade or business income 1. Description of oxploited exempt Activity Income, Other Than Advertising Income 2. Gross urrelated business more brade or business income 1. Description of oxploited exempt Activity Income, Other Than Advertising Income 2. Gross urrelated business more brade or business income 1. Description of oxploited exempt Activity Income, Other Than Advertising Income 2. Gross urrelated business more brade or business income 1. Description of oxploited exempt Activity Income, Other Than Advertising Income 2. Gross urrelated business income 3. Expanses derectly connected or business income 4. Nat more intended in the activity bit in the oxploit of the oxploi						Enter here and	on page	1, Part I,	Enter he	re and on page 1, Part I,	
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1. Description of income 2. Amount of income directly connected (attach schedule) (a				· ,, \- ,, · · \		•					
State Stat	1, Descr	ription of income		2. Amount of	ıncome	directly conne	cted	4. Set-	asides chedule)	5. Total deduction and set-asides (col 3 plus col 4	
Enter here and on page 1. Part 1, line 9, column (A))									`	
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Enter here and on page 1. Part I, line 9, column (A) Enter here and on page 1. Part I, line 9, column (A)											
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Enter here and on page 1, Part I, line 10, col (A) O . O . O . O . O . Chedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7 1) 1) 2) 3) 1) 2) 3) 4. Advertising gain or (loss) (col 2 minus cols 5 through 7 Enter here and on page 1, Part II, line 26 Part III Inne 26 Fine here and on page 1, Part II, line 26 Fine here and on page 1,				 						<u> </u>	
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1) 2) 3) 4)	1. Name of periodical	advertising		or (loss) (c s col 3) If a g	ol 2 minus ain, compu					7. Excess readershi costs (column 6 minu column 5, but not mo than column 4)	
2)	1)			2003	74.70	XX	***				
3) 4)								<u> </u>			
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A Control May and a security Advantage Advanta						22					
				\$650K\$CDX***	* X X X X X X	229			I		

Form 990-T (2018) Kozmetsky Family Foundation 47-20821 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 per	riodical	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)	Production of the second secon			Enter here and on page 1, Part II, line 27
Totals, Part	II (lines 1-5)	•	, 0.	0.				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	Income (Loss) from Partnerships	Statement 16
Description		Net Income or (Loss)
Income (loss)	ue Fund II, LP - Ordinary Business	-23,863
Income (loss)	artners IV, LP - Ordinary Business	22,177
Business Income (loss	structure Fund, LP - Ordinary) structure Fund II, LP - Ordinary	-936
Business Income (loss		18,379
(loss)	Ordinary Business Income (loss)	170 -52,912
Total Included on For	m 990-T, Page 1, line 5	-36,985
Form 990-T	Contributions	Statement 17
Description/Kind of P	roperty Method Used to Determine FMV	Amount
From Part I, Line 25,	990-PF N/A	3,263,371
Total to Form 990-T,	Page 1, line 20	3,263,371

Form 990-T Contributions Summary		Statement 18
Qualified Contributions Subject to 100% Limit		
Carryover of Prior Years Unused Contributions For Tax Year 2013 For Tax Year 2014 For Tax Year 2015 For Tax Year 2016 For Tax Year 2017		
Total Carryover Total Current Year 10% Contributions	3,263,371	
Total Contributions Available Taxable Income Limitation as Adjusted	3,263,371 0	_
Excess 10% Contributions Excess 100% Contributions Total Excess Contributions	3,263,371 0 3,263,371	_
Allowable Contributions Deduction		0
Total Contribution Deduction		0

Form 990-T	Net	Operating Loss D	eduction	Statement 19
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/17	50,550.	0.	50,550.	50,550.
NOL Carryov	ver Available This	Year	50,550.	50,550.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No 1545-0123

Name

Employer identification number

	Kozmetsky Family Fo	_	47-2082155				
	art 🐘 Short-Term Capital Gai	ns and Losses (See	instructions.)				
to e	instructions for how to figure the amounts nter on the lines below. If form may be easier to complete if you	(d) Proceeds (sates price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)	1 9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
rou	nd off cents to whole dollars.	MILITY CATO					
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						
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4		
5	Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5		
6	Unused capital loss carryover (attach computa	ition)			6	<u>(</u>	
	Net short-term capital gain or (loss). Combin			. 	7		
	artili: Long-Term Capital Gai	ns and Losses (See	instructions)			<u>,</u>	
See to e	instructions for how to figure the amounts nter on the lines below.	(d)	(e) Cost	(g) Adjustments to gair	1	(h) Gain or (loss) Subtract	
This	form may be easier to complete if you and off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,)	column (e) from column (d) and combine the result with column (g)	
88	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b	Totals for all transactions reported on						
	Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on						
_	Form(s) 8949 with Box E checked			-			
10	Totals for all transactions reported on					83.	
	Form(s) 8949 with Box F checked		<u></u> -			39,257.	
	Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales	from Form 60E0 June 06 or 0	7		11	35,2574	
	Long-term capital gain or (loss) from like-kin		1		13		
	Capital gain distributions	a exchanges from Form 6024			14		
	Net long-term capital gain or (loss) Combine	lines 8a through 14 in colum	ın h		15	39,340.	
	art III Summary of Parts I and					· · · · · · · · · · · · · · · · · · ·	
	Enter excess of net short-term capital gain (lii		al loss (line 15)		16		
	Net capital gain. Enter excess of net long-term	· ·		ne 7)	17	39,340.	
18	Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns.		18	39,340.	
	Note: If losses exceed gains, see Capital loss	es in the instructions.					

JWA

Schedule D (Form 1120) 2018

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

realists) shown on retain traine and	OON OF MAPAYO	i identinication ii	o not required in a	snown on page 1		taxpayer ide	ntification no.
Kozmetsky Fami	ly Founda	ation				47-2	082155
Before you check Box D, E, or F belo statement will have the same information	w see whether	vou received any	Form(s) 1099-B o	r substitute statem r basis (usually you	ent(s) from yo r cost) was re	our broker A sui	bstitute IS by your
Bart II Long-Term						\	
Part II Long-Term. Transactions see page 1 Note: You may aggregate all							
You must check Box D, E, or F below. C							
If you have more long-term transactions than will	fit on this page for one	or more of the boxes,	complete as many form	s with the same box ched	ked as you need		acri applicació sox
(D) Long-term transactions rep	•	•		•	Note above	e)	
(E) Long-term transactions rep				ported to the IRS			
X (F) Long-term transactions not				 	à dimatan ant d	14 40	
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	loss. If you in column (g) column (f). S	if any, to gain or enter an amount), enter a code in the instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(, 22), ,. ,		the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
Northstar							
Mezzanine Partners					L		
IV, OP-VIA						<u> </u>	83.
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2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract			,		
negative amounts) Enter each to		• •			'		

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

83.

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