							, 2020_					
Form 990-T .	į t	Exempt Orga						ax He	eturn	\	OMB	No 1545-0047
•	_	-		tax und	er se			iC	112	_	2	019
	For ca	lendar year 2019 or other tax year	-	000T 4 1-	-441-		and ending	-41	110		_	UIJ
Department of the Treasury Internal Revenue Service		Do not enter SSN numbe	•				e latest inform if your organiz		01(c)(3).			Public Inspection for Organizations Only
A Check box if address changed		Name of organization (Check t	ox if name c	hanged	and see i	nstructions.)			[(Emp	loyer identi loyees' tru uctions)	ification number list, see
B Exempt under section	Print	SEMNANI FAM	ILY FO	DUNDAT	ION							39794
X 501(c()(3)	or	Number, street, and room	n or suite no	. If a P.O. box	x, see ır	struction	S.				lated busin	ness activity code is)
408(e) 220(e)	Туре	P.O. BOX 11										
408A 530(a) 529(a)		City or town, state or pro			r foreig 147	n postal c	ode			525	990	
C Book value of all assets at end of year		F Group exemption numb	ber (See inst	ructions.)	<u> </u>		1		7 4044 1			 {
92,513,0	51.	G Check organization typ	e D X	1 201(c) cort	poration	י <u>ו</u>	501(c) trust	45	401(a)			Other trust
n chief the number of the	uryaniza	EE STATEMENT	10211162262	-				the only (o	•			
		ace at the end of the previous		complete De	rte Lan	d II. some		complete F				е,
business, then complete			as semence,	complete ra	ii lo i aii	u II, comp	nete a Scheuule	IVI IUI GACII	auunion	ai iiauc	UI	
		ooration a subsidiary in an	affiliated orn	un or a narer	nt-suhsi	idiary con	trolled group?		▶ [Ye	es X	Σ No
	-	tifying number of the paren	-		it Juba	iolal y con	ironou group				JJ <u></u>	
J The books are in care of							Teleph	one numbe	r ▶ 8	01-	321-	7725
Part I Unrelated	d Trac	de or Business Inc	ome			(A) Income	(B)	Expenses			(C) Net
1a Gross receipts or sale	:s											
b Less returns and allow	wances		c Balance	>	1c							
2 Cost of goods sold (S	chedule	A, line 7)			2						ļ	<u>·</u>
3 Gross profit. Subtract	line 2 fi	rom line 1c			3						ļ.,	
4a Capital gain net incon	ne (attac	ch Schedule D)			4a							
		'art II, line 17) (attach Form	1 4797)		4b			<u> </u>				
c Capital loss deduction					4c		10 010			_		10 040
		s))ip or an S corporation (a	ttach statem	ent)	5	-:	12,848.	S'.	rmt_1	.7_		12,848.
6 Rent income (Schedu		၂၇			6		0 700		/_			9,722.
7 Totelated tept/finance	edancer	ne (Schedule E) nd rents from a controlled (7		9,722.	/		-	 	9,122.
					8						-	
		o <u>n 50 Q€)(7), (9), or (17) o</u>	rganization (Schedule G)	10			<u> </u>			 	
10 Explored exempt acti	, –	•			11			<u></u>			 	
11 Advertising income (\$12 Other income (See in:					12		$\overline{}$				 	
12 Other income (See in: 13 Total. Combine lines					13		-3,126.	<u> </u>		-	 	-3,126.
		ot Taken Elsewher	e (See ins	tructions fo				l			<u> </u>	
		pe directly connected wi					,					
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)	. /						14		
15 Salaries and wages										15		
16 Repairs and mainten	ance									16		
17 Bad debts										17		
18 Interest (attach sche	dule) (s	ee instructions)								18	ļ	
19 Taxes and licenses										19	<u> </u>	
20 Depreciation (attach							20	-				
·	aimed or	n Schedule A and elsewher	e on return				21a			21b	 	
22 Depletion										22		
23 Contributions to defe										23	 	
24 Employee benefit pro		/								24	 	
25 Excess exempt expe										25	 	
26 Excess readership co										26	1	
27 Other deductions (at										27 28		0.
28 Total deductions. A			loop dod	tion Cultivas	t line 20	from her	. 12			28	 	-3,126.
		ncome before net operating loss arising in tax years be					: 13			_ <u> </u>	 	
30 Deduction for net op (see instructions)	crauny I	ivaa ariainy iii tax years De	ymmig on o	ı aitti yallud	ıy ı, 2U		EE STAT	EMENT	18	_30	l	0.
/ '	axahle ::	ncome. Subtract line 30 fro	m line 29					1	_ •	31		-3,126.
T T		work Reduction Act Notice		ctions.							Form	990-T (2019)

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2

Form 990	-T (20 <u>1</u> 9)	SEMNANI FAMILY FOUN	DATION			7	4-2639	794	Page 2
Part	И	Total Unrelated Business Taxal	ole Income			1			
32/	Total of	unrelated business taxable income computed	from all unrelated trades or businesses (s	see instructi	ions)	3	2 –	3,1	26.
33	Amoun	ts paid for disallowed fringes				1 3	3		
34	Charital	ble contributions (see instructions for limitatio	n rules)			عہ ع			0.
35	Total ur	nrelated business taxable income before pre-20	18 NOLs and specific deduction Subtract	t line 34 from	the sum of lines 32 and 3	3/ 3	5 -	3,1	<u> 26.</u>
		on for net operating loss arising in tax years b				19 3			0.
37	Total of	unrelated business taxable income before spe	ecific deduction. Subtract line 36 from line	35		A 87	7	3,1	26.
		deduction (Generally \$1,000, but see line 38			φ	31	3	1,0	00.
39	Unrelat	ed business taxable income. Subtract line 38	8 from line 37. If line 38 is greater than line	e 37,		. I			
	enter th	e smaller of zero or line 37				1 39	9 -	3,1	<u> 26.</u>
Part	IV .	Fax Computation							
40	Organiz	ations Taxable as Corporations. Multiply line	e 39 by 21% (0 21)			▶ 40	<u> </u>		0.
41	Trusts	Taxable at Trust Rates. See instructions for ta	ax computation. Income tax on the amount	t on line 39	from:		_		
	Та	ax rate schedule or Schedule D (Form	1041)			▶ 4	<u> </u>		
42	Proxy t	ax. See instructions				▶ 42	2		
43	Alternat	ive minimum tax (trusts only)				43	3		
44	Tax on	Noncompliant Facility Income. See instruction	ons			_44	4		
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, which	never applies			4	5		0.
Part	۷ .	Tax and Payments							
46 a	Foreign	tax credit (corporations attach Form 1118; tru	ists attach Form 1116)	46a					
b	Other c	redits (see instructions)		46b					
c	General	business credit. Attach Form 3800		46c					
d	Credit f	or prior year minimum tax (attach Form 8801	or 8827)	46d			_		
e	Total ci	edits Add lines 46a through 46d				46	e		
47	Subtrac	t line 46e from line 45			_	47	<u>'</u>		0.
48	Other ta	ixes. Check if from Form 4255	Form 8611 Form 8697 Form	n 8866 🖳	Other (attach schedu	ıle) 48	3		
49	Total ta	x. Add lines 47 and 48 (see instructions)				49)		0.
50	2019 ne	et 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line 3			50)		0.
51 a	Paymer	its: A 2018 overpayment credited to 2019		51a		_			
b	2019 es	timated tax payments		51b		ᆀ.			
C	Tax dep	osited with Form 8868		51c					
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)	51d					
е	Backup	withholding (see instructions)		51e		_			
		or small employer health insurance premiums	(attach Form 8941)	511					
9	Other co		orm 2439			ľ			
l			ther Total	► 51g	l	<u> </u>			
		syments. Add lines 51a through 51g	. \square			52			
		ed tax penalty (see instructions). Check if Forn				53			
		If line 52 is less than the total of lines 49, 50				54			
	•	yment If line 52 is larger than the total of line				55	-,		
	Enter th	e amount of line 55 you want: Credited to 202	20 estimated tax	tion (Refunded	> 56	<u> </u>		
Part		Statements Regarding Certain						T.,	
		ime during the 2019 calendar year, did the org						Yes_	No
		inancial account (bank, securities, or other) in						-	- }
		Form 114, Report of Foreign Bank and Financi	ial Accounts. If "Yes," enter the name of the	e toreign co	ountry				 -1
								\vdash	X
		the tax year, did the organization receive a dist		transteror t	o, a foreign trust?			H-	
		see instructions for other forms the organizat							
59		e amount of tax exempt interest received or a		d atatamanta	and to the best of my ke	evelodae as	ad boliof, it in true	لتصيا	
Sign	co	nder penalties of peruity, i declare that I have examined rrect, and complete Declaration of preguer (other than	talis return, including accompanying schedules and taxpayer) is based on all information of which prep	parer has any	knowledge	Owledge at	ig belief, it is due	•,	
Here		1/9////////////////////////////////////	L LANIMONA OFFICE	ED.			IRS discuss this		/rth
		Signature of officer	Date OFFICE	<u>ek</u>		the prep Instruct	oarer shown belo lons)? X Yo	_	No
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					28	NU
		Print/Type preparer's name	Preparer's signature	Date	Check		PTIN		
Paid		DODEDM t DADEM	1////////	11/14	self- emplo		P00570	610	
Prep	arer	ROBERT L. BABEK	porus Listed	11/11/2			11-198		3
Use	Only	Firm's name ► MARCUM LLP	IIPDOX CMPPPM CIITME	2 2000	Firm's EIN		TT_T20	U J Z .	-
			UEROA STREET, SUITE	2 Z J U (li li	/21	0) 432	_7/	nη
		Firm's address ► LOS ANGELE	B, CR 3001/		Phone no.	(31	Form 9		
923711 0	11-27-20						LOLLI 💇	~ ~	(5013)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	tory v	aluation N/A	\				
1 Inventory at beginning of year	1		$\overline{}$	Inventory at end of year	ar	·	6		
2 Purchases	2		7	Cost of goods sold. Si	ubtract l	ine 6			_
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income ((see instructions)	(From Real	Property and	l Pers	sonal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)		<u>.</u> .	·						
(2)									—
(3)									—
(4)					_				—
	2. Rent receiv	ed or accrued							
(a) From personal property (if the percent for personal property is more 10% but not more than 50%)	centage of than	(b) From real a of rent for p the ren	ind perso personal p nt is base	onal property (if the percenta property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connect nd 2(b) (a	ed with the Income in ttach schedule)	
(1)		Ì							
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total Income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instruc	ctions)					
				Gross income from or allocable to debt-		3. Deductions directly cont to debt-finance	nected w ed prope	irty	
1. Description of debt-fin	anced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			<u>† </u>			 	+		
(2)									
(3)									
(4) SEE STATEMENT 2	0								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deduction olumn 6 x total of colum 3(a) and 3(b))	
(1)			1	%		• **	+		
(2)				%					_
(3)				%				*	
(4)			1	%					
STATEMENT 21	STAT	EMENT 22				nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1 Part I, line 7, column (8)	
Totals						9,722	.		0.
Total dividends-received deductions in	cluded in column	18							0.

Schedule F - Interest,	Annuitie	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	ns)
				Exempt 0	Controlled O	rganizati	ons				-
1. Name of controlled organiza	tlon	2. Emp identific numb	ation		elated income instructions)	4. Tot payr	al of specified nents made	include	of column 4 of in the contraction's gross i	olling	6. Deductions directly connected with income in column 5
_(1)										<u> </u>	
(2)											
(3)					-						
(4)			~-						 -		
Nonexempt Controlled Organ	izations							<u> </u>			
7. Taxable Income	1	inrelated income	(loss)	O Total	of specified payr	nents	10. Part of colu	nn 9 that i	is included	11. D	eductions directly connected
7. Taxable medine		see instructions)		g. Total t	made	nema	in the controll	ng organia Income	zation's		h Income in column 10
(1)						Ì					
(2)						1					·
(3)											
(4)	 					1					_
							Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme	nt Incon	ne of a S	ection :	501(c)(7), (9), or (17) Org	anization				
(see inst	ructions)										
1 Desc	cription of inco	me			2 Amount of	income	 Deduction directly connectly connectly connectly 	cted	4. Set-a (attach s		 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											_
(3)											
(4)											
					Enter here and o Part I, line 9, co		٠.				Enter here and on page 1, Part I, line 9, column (B)
Totals				>		0.					0.
Schedule I - Exploited (see instri	_	Activity I	ncome	, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. G unrelated Incom- trade or t	e from	3. Exp directly co with prot of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus columingaln, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 . Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1					Ì					
(2)											
(3)											
(4)											
	Enter her page 1, line 10,	, Part I,	Enter here page 1, line 10, c	Part I,		•	,	•			Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisi	ng Incon		structions							· -	
Part I Income From					olidated	Basis					
		2. Gross	<u> </u>), Direct	4. Advert	ising gain	5. Circulat	100	6. Reade	orahin	7. Excess readership costs (column 6 minus
Name of periodical		advertising income		rtising costs	col 3) If a ga	iln, compute			cost		column 5, but not more than column 4)
(1)											1
(2)					_						1
(3)					_						1
(4)											
Totals (carry to Part II, line (5))	•	0	•	0							0.
											Form 990-T (2019)

Form 990-T (2019), SEMNANI FAMILY FOUNDATION 74-26397

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)				1			1
(3)							İ
(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 26
Totals, Part II (lines 1-5)	▶	0.	0.		_	•	0.

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 (2019)

FORM 990-T	DESCRIPTION (IF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 16
10141 550 1	DDDCMII I IOM (ondimination b	INTERNAL ONNERSHED	DIMILIMINI 10
		BUSINESS ACTIVIT	rΥ	
		DODINDDD HOLLY.	• •	

UBTI PASSED THROUGH FROM PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INC	OME (LOSS) FROM PA	RTNERSHIPS	STATEMENT 17
DESCRIPTION			NET INCOME OR (LOSS)
LK OPPORTUNITIES FUND II Q : (LOSS) LK OPPORTUNITIES FUND II Q :			-10,583
INCOME CASTLE CREEK CAPITAL PARTNE JLL PARTNERS FUND VIII, L.P LEAVITT EQUITY PARTNERS II,	INTEREST INCOM	E	-783. 2,900. 1,667.
INCOME (LOSS)	D.I. OKDINAKI D	ODINEDO	-6,049
TOTAL INCLUDED ON FORM 990-	r, page 1, line 5		-12,848
FORM 990-T NE	T OPERATING LOSS D	EDUCTION	STATEMENT 18
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
	0.		
12/31/18 5,268.	0.	5,268.	5,268.

SEMNANI FAMILY FOUNDATION

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 19
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	33,502.	2,105.	31,397.	31,397.
12/31/09	433.	0.	433.	433.
12/31/10	613.	0.	613.	613.
12/31/11	2,569.	0.	2,569.	2,569.
12/31/15	6,208.	0.	6,208.	6,208.
12/31/16	19,444.	0.	19,444.	19,444.
12/31/17	16,904.	0.	16,904.	16,904.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	77,568.	77,568.

.

	CHEDOLE E - ONKE	LATED DEBT-FINANC	ED INCOME	STATEMENT 20
1. DESCRIPTION OF PRO	ACTIVIT OPERTY NUMBER		3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
ARROWHEAD CAPITAL				
III, LP - WHEEL PI OF CREDIT	RO LINE 2	18,484.		
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
18.	100.	18.00	3,327.	
1. DESCRIPTION OF PRO	ACTIVIT		3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
ARROWHEAD CAPITAL III, LP - APPRISS OF CREDIT		3,971.		
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	
88.	100.	88.00	3,494.	
		_		
1. DESCRIPTION OF PRO	ACTIVIT		3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
DESCRIPTION OF PRO ARROWHEAD CAPITAL	PERTY NUMBER FUND	Y	DEPRECIATION	OTHER
1. DESCRIPTION OF PROPERTY OF	FUND F OF	GROSS INCOME 2,901. 6. PERCENT	DEPRECIATION	

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED	INCOME	STATEMENT 21
	AVERAGE ACQUISITION DEBT		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
ARROWHEAD CAPITAL FUND III, LP - WHEEL PRO LINE OF CRED	2	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
AVERAGE AQUISITION DEBT		18.
DESCRIPTION OF DEBT-FINANCED PROPERTY ARROWHEAD CAPITAL FUND III, LP - APPRISS LINE OF CREDIT	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
ARROWHEAD CAPITAL FUND III, LP - APPRISS LINE OF	NUMBER	OUTSTANDING
ARROWHEAD CAPITAL FUND III, LP - APPRISS LINE OF CREDIT BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH	NUMBER	OUTSTANDING DEBT 88. 88. 88. 88. 88. 88. 88.

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
ARROWHEAD CAPITAL FUND III, LP - DCG LINE OF CREDIT	4	DEBT
BEGINNING FIRST MONTH		100.
BEGINNING SECOND MONTH		100.
BEGINNING THIRD MONTH		100.
BEGINNING FOURTH MONTH		100.
BEGINNING FIFTH MONTH		100.
BEGINNING SIXTH MONTH		100.
BEGINNING SEVENTH MONTH		100.
BEGINNING EIGHTH MONTH		100.
BEGINNING NINTH MONTH		100.
BEGINNING TENTH MONTH		100.
BEGINNING ELEVENTH MONTH		100.
BEGINNING TWELFTH MONTH		100.
TOTAL OF ALL MONTHS		1,200.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		100.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 9.90-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 22 AVERAGE ADJUSTED BASIS			
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER		
ARROWHEAD CAPITAL FUND III, LP - WHEEL PRO LINE OF CRED	2	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		100. 100.	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		100.	
DESCRIPTION OF DEBT-FINANCED PROPERTY			
ARROWHEAD CAPITAL FUND III, LP - APPRISS LINE OF CREDIT	3	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		100.	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		100.	
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER		
ARROWHEAD CAPITAL FUND III, LP - DCG LINE OF CREDIT	4	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		100. 100.	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		100.	

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5