Form 990-T	E>	kempt Organization	Bus	siness Income T der section 6033(e	Tax Retur	n`	OMB No 1545-0047	
	For cale	ndar year 2019 or other tax year begin		•		, j	2019	
Department of the Treasury	l or care	► Go to www.irs.gov/Form990					<u> </u>	
Internal Revenue Service	▶Do	not enter SSN numbers on this form a	(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 ) D Employer identification number (Employees' trust, see instructions )						
B Exempt under section	1	MIMI AND PETER HAAS	FU	ND				
X 501( C(X) 3 )	Print	Number, street, and room or suite no	faPO	box, see instructions		94-6	064551	
408(e) 220(e	Type						ated business activity code structions )	
408A 530(a		201 FILBERT STREET  City or town, state or province, country, and ZIP or foreign postal code						
C Book value of all assets	†	SAN FRANCISCO, CA 9				5259	90	
at end of year	F Gro	oup exemption number (See instruct			· · · · · · · · · · · · · · · · · · ·		•	
209,239,084.	G Che	eck organization type   X 501	(c) co	rporation 501(c)	trust	401(a)	trust Other trust	
		anization's unrelated trades or busine	sses	<u>1</u>	Describe	the only	(or first) unrelated	
trade or business he	re ► <u>IN</u> V	VESTMENTS		. If only one,	complete Parts I-\	/ If more	e than one, describe the	
•		e end of the previous sentence, cor	nplete	Parts I and II, complete a So	chedule M for each	n additior	nal	
trade or business, th					·			
		corporation a subsidiary in an affili			ontrolled group?.		▶ Yes X No	
		Identifying number of the parent co			e number ▶ (41	5)50	1_4885	
		RGONAUT SECURITIES CO	MPAI	1	(B) Expens		(C) Net	
		or Business Income	Ι-	(A) Income	(b) Expens	es	(C) Net	
1a Gross receipts or b Less returns and allow		c Balance ▶	1c					
		lule A, line 7)	12				<del>                                     </del>	
3 Gross profit Sub	tract line	2 from line 1c \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3					
4a Capital gain pet	ncome-(a	ettech Scheeule D	4a					
b Net gain (loss) (Fe		Partell, line 17) (attach Form 4797)	4b					
c Capital loss deda	ction for t	trusts	4c					
5 Income (loss) from a	arruekahib <i>b</i>	y angs தாற்றிறிடுநி(attach statement)	5	-173,136.	ATCH A		-173,136.	
6 Rentincom# (Stock	ipdule C)	· · · · · · · · · · · · · · · · · · ·	6	_			<u></u>	
7 Unrelated dett-fi	r <del>lanced <u>m</u></del>	rcome (Schedule-E)	7		_/			
4/		nterirom a controlled organization (Schedule F)					<u> </u>	
		11(c)(Z). (9); or (17) organization (Schedule G)	9	/				
•	•	ncome (Schedule I)	10				<del> </del>	
		dule J)	11	40,543.	ATCH 2		40,543.	
		ough 12			AION Z		-132,593.	
Part II Deductio	ns Not	Taken Elsewhere (See insti	uctio		eductions) (D	eduction	ons must be directly	
		he unrelated business incom		y.,• .•.	, ,		•	
14 Compensation of	officers,	directors, and trustees (Schedule K)				. 14		
15 Salaries and wag	es					. 15		
16 Repairs and mair	itenance					. 16		
17 Bad debts		<i></i>				. 17		
18 Interest (attach s	chedule)	(see instructions)			· • • • • • • • •	. 18	30,000.	
19 Taxes and license	s				· • • • • • • • • • • • • • • • • • • •	. 19	30,000.	
		4562)		r 1		⊢		
•		on Schedule A and elsewhere on re						
		compensation plans						
		s						
		Schedule I)						
		Schedule J)						
27 Other deductions	(attach s	schedule)	<del>//</del> /			27		
28 Total deductions	. Add line	schedule)	<b>!</b> (.)	U + U		. 28	30,000.	
29 Unrelated busine	ss taxab	ole income before net operating	loss	deduction Subtract line	28 from line 1	3 29	-162,593.	
30 Deduction for ne	t operatin	ng loss arising in tax years beginnin	ng on c	or after January 1, 2018 (see	instructions)	30	190,903.	
		e income Subtract line 30 from line	29 .	<del> </del>	<u> </u>	. 41	-353,496.	

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Pas	t #	Total Unrelated Business Taxable Income					
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses	(see	13			
	instruct	ons)	. ! .	32	-3	353,	496.
33	Amount	s paid for disallowed fringes					
34	Charita	ole contributions (see instructions for limitation rules)					
35	Total	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract					
			6	35	-3	353,	496.
36		on for net operating loss arising in tax years beginning before January 1, 2018		<del>                                      </del>			
30							
		ons)		36		353,	106
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	~	37			
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	~	38		<u> </u>	<u>000.</u>
39		d business taxable income. Subtract line 38 from line 37 If line 38 is greater than line	37,				
		smaller of zero or line 37	ببلا	39		353,	496.
Par	t IV	Tax Computation					
40	Organiz	ations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶	40			
41	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax	on				
	the amo	unt on line 39 from Tax rate schedule or Schedule D (Form 1041)	. ,▶	41			
42	Proxy ta						
43	Alternat	ve minimum tax (trusts only).		43			
44	Tax on	Noncompliant Facility Income. See instructions		44			
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	• • •	45			
Par		Tax and Payments	<del></del>	1 40 ]			
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a					
				1			
				1			
ان	General	business credit Attach Form 3800 (see instructions)		-			
d	Credit to	r prior year minimum tax (attach Form 8801 or 8827)		1			
		edits. Add lines 46a through 46d		46e			
47		line 46e from line 45		47			
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched					
49	Total ta	x. Add lines 47 and 48 (see instructions)	·U·	49			0.
50		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3p		50			
51 a	Paymen	s A 2018 overpayment credited to 2019	00.	111			
b	2019 es	timated tax payments		] <b>'</b>			
C	Tax dep	osited with Form 8868					
d	Foreign	organizations Tax paid or withheld at source (see instructions)		]			
		withholding (see instructions)		]			
		r small employer health insurance premiums (attach Form 8941)		1			
		edits, adjustments, and payments Form 2439		1			
9		rm 4136 Other Total ▶ 51g					
52		yments. Add lines 51a through 51g		52		61.	000.
53		d tax penalty (see instructions) Check if Form 2220 is attached	<u>ˈ</u>	53			
			۱	54			
54		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	, ,	<del> </del>		61 (	000.
55		ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	\ \	55	<del></del>		000.
`56		amount of line 55 you want Credited to 2020 estimated tax ▶31,000. Refunde		56		30,1	-000
Par		Statements Regarding Certain Activities and Other Information (see Instru					
57		time during the 2019 calendar year, did the organization have an interest in or a signatu				Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n nc	ay have	to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the	foreign o	ountry		
	here 🕨						X
58	During t	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	fore	ign trust?			Х
	If "Yes,"	see instructions for other forms the organization may have to file					
59	Enter th	e amount of tax-exempt interest received or accrued during the tax year > \$			'		_
	Un	der penallies of penury, I declare that I have examined this return, including accompanying schedules and statements, and to	the i	best of my k	nowledge	and beli	ef, it is
Sigr	f to	e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_				
Here		YNN MERZ ( MY) 2/2 11/09/2020 EXECUTIVE DIRECTOR		ay the IRS th the pre			
		nature of officer Date Title	_ 1	e instructions)	_		No
		Print/Type preparer's hame Preparer's signature Date		.T.T.	PTIN		احتنيا
Paid		Ψ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Chec	:k ıf employed			
Prep	arer	Eurola acusa			J		
	Only	Firm's name		s EIN ►			
	-	Firm's address	Phon Phon	e no			

Form 990-T (2019)									Page	e 3
Schedule A - Cost of Go	ods Sold. Er	nter method	of inventory	valuation	<b>&gt;</b>					
1 Inventory at beginning of y	ear 1		6	Inventory	at end of ye	ar	6			
2 Purchases	2		7			id. Subtract line				
3 Cost of labor	3			6 from line 5 Enter here and in Part						
4a Additional section 263A co	osts			I, line 2			7			
(attach schedule)	4a		8					ect to	Yes N	0
<b>b</b> Other costs (attach schedul	le) . 4b			property	produced	or acquired for	resale)	apply		
5 Total. Add lines 1 through				to the org	anization?.	<u> </u>	<u></u>	<u></u>	X	
Schedule C - Rent Income	(From Real P	roperty a	nd Personal	Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1. Description of property			<u> </u>							_
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrue	ed			_				
(a) From personal property (if the p for personal property is more tha more than 50%)		percenta	rom real and pera age of rent for pe of the rent is bas	rsonal property	y exceeds	3(a) Deductions dir in columns 2(a				
(1)										
(2)										
(3)										_
(4)			-							
Total		Total							<del></del>	
(c) Total income. Add totals of co	, ,	•				(b) Total deduction Enter here and on	page 1,			
here and on page 1, Part I, line 6,			<del></del>			Part I, line 6, colum	n (B) 🕨		<del> </del>	
Schedule E - Unrelated De	ebt-Financed li	ncome (se	e instructions	)		Sadvatiana directiva ann	nantad wath	as allegabl	lo to	
4.5			2. Gross inco		J 3. L	3. Deductions directly connected with or allocable to debt-financed property				
1. Description of debi	t-financed property		l			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)					(4.1.4	on concounty				_
(2)										_
(3)			- · · · -							_
(4)	<del></del>									_
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjust of or allocal debt-financed (attach sche	ble to property	6. Colu 4 divid by colu	ded		income reportable n 2 x column 6)	(column	ocable ded 6 x total o (a) and 3(t	of columns	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals						e and on page 1, ee 7, column (A)	Enter he Part I, I	ere and or ine 7, colu	n page 1, umn (B)	
Total dividends-received deduction										_
										_

64551	Page 4
-	
6. Deductions connected with in column	ıncome
	<del></del>
Deductions directed with inco	ectly me in
	<del></del>
columns 6 and here and on pa I, line 8, column	111 age 1, n (B)
5. Total deduction and set-asides plus col. 4	(col 3
nter here and or art I, line 9, coli	page 1, umn (8)
7. Excess expense (column 6 roclumn 5, because the column	es minus out not an
Enter here	and
on page Part II, line	1,
	<del></del> -
<del></del>	
7. Excess rea costs (colu minus colum	mn 6
	Lb. a.a.

Schedule F - Interest, Ann	uities, Royaltie	s, and Rer	nts Fro	om Contro	lled O	rganiza	tions (se	e instructi	ions)						
				ntrolled Org											
Name of controlled organization	2. Employer identification numb		,		3 Net unrelated income (loss) (see instructions)		l ;		of specified included i		5. Part of column 4 that is included in the controlling organization's gross income		d in the controlling		6. Deductions directly connected with income in column 5
(1)	<del></del>														
(2)															
(3)															
(4)															
Nonexempt Controlled Organi	zations									· <u> </u>					
7. Taxable Income	8. Net unrelated in (loss) (see instruc			otal of specific ayments made	d	ınclu	art of columr ded in the co ization's gros	ntrolling		. Deductions directly nected with income in column 10					
(1)															
(2)															
(3)															
(4)															
Totals				(9), or (17		Enter Part	here and on I, line 8, colu	page 1, mn (A)	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)					
1. Description of income	2. Amount of	Гіпсоте		3. Deduc directly con (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)					
(1)			<u> </u>					·· <u> </u>							
(2)			<u> </u>												
(3)															
(4)	Enter here and									Enter here and on page 1					
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		er Tha	an Adverti	sing In	come	see instru	ictions)		Part I, line 9, column (8)					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business ind	with n of	4. Net incomfrom unrelate or business 2 minus coll If a gain, coll colls 5 thro	ed trade (column umn 3) empute	from a	ss income ctivity that unrelated ss income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)					
(1)										<del></del>					
(2)								<del></del>							
(3)	-	·-						<u> </u>							
(4)		· <del></del> . ·				<del>-</del>		†							
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	ırti,					J		Enter here and on page 1, Part II, line 25					
Schedule J-Advertising Ir			المحمد:	data d Bas	in										
Part I Income From Per	iouicais Report	eu on a Co	JIISOII	ualeu Das	, io			T		<del></del>					
1. Name of periodical	2. Gross advertising income	3. Direct advertising of		gain or (los 2 minus co a gain, cor	Advertising or (loss) (col inus col 3) If income costs incompute 5 through 7		•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)							
(1)							-								
(2)								-							
(3)															
(4)		-													
Totals (carry to Part II, line (5))															
The Court of the Control of the Cont	·									Form 990-T (2019)					

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 ▶						
	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) ▶						

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) ATCH 3		%	
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

ATTACHMENT 1

## FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

NET INVESTMENT INCOME (UBTI RELATED) FROM PSHIPS: BAUPOST VALUE PARTNERS LP IV (FEIN: 26-2208448) NATURAL GAS PARTNERS IX LP (FEIN: 26-0632609) LESS: COST & PERCENTAGE DEPLETION HCP PRIVATE EQUITY FUND LP (FEIN: 52-2335224) HFCP IX (PARALLEL) LP (FEIN: 98-1450120) HCP CDH V INVESTORS, LP (FEIN: 80-0884122) THE VARDE FUND XI(B) (FEEDER), LP (FEIN: 46-2022036) THE VARDE FUND XII(B) (FEEDER), LP (FEIN: 81-0992297)	-148,838. -3,632. -2,088. 2,224. -13,943. 88. -6,947.
INCOME (LOSS) FROM PARTNERSHIPS	-173,136.

ATTACHMENT	2	

PART I - LINE 12 - OTHER INCOME
STATE INCOME TAX OVERPAYMENT

40,543.

PART I - LINE 12 - OTHER INCOME

40,543.

ATTACHMENT 3

## SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MIRIAM L. HAAS C/O ARGONAUT SECURITIES CO. 1155 BATTERY STREET, LS7W SAN FRANCISCO, CA 94111	TRUSTEE/PRESIDENT	0	0.
ARI A. LURIE C/O ARGONAUT SECURITIES CO. 1155 BATTERY STREET, LS7W SAN FRANCISCO, CA 94111	TRUSTEE	0	0.
DANIEL L. LURIE C/O ARGONAUT SECURITIES CO. 1155 BATTERY STREET, LS7W SAN FRANCISCO, CA 94111	TRUSTEE	0	0.
LYNN MERZ C/O ARGONAUT SECURITIES CO. 1155 BATTERY STREET, LS7W SAN FRANCISCO, CA 94111	EXECUT.DIR/SECRETARY/TREASURER	0	0.
TOTAL COMPENSATION			0.