## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

1 Issuer's name	Issuer			2 Issuer's employer identification number (EIN)
United Development Fund	ding IV	26-2775282		
3 Name of contact for ac		4 Telephon	e No. of contact	5 Email address of contact
Investor Relations			(682)688-5528	investorrelations@umth.com
6 Number and street (or P.O. box if mail is not delivered				7 City, town, or post office, state, and ZIP code of contact
2201 W. Royal Lane, Suite		donvered to	street address) of contact	Irving, TX 75063
8 Date of action	240	O Class	sification and description	11 Virig, 1X 75065
			·	
various	T	commor	1	
10 CUSIP number	11 Serial number(s	5)	12 Ticker symbol	13 Account number(s)
910187103			ν.	
				See back of form for additional questions.
				ate against which shareholders' ownership is measured for nareholders in excess of its current
and accumulated earning				
	-			
		-		
				rity in the hands of a U.S. taxpayer as an adjustment per reduced the basis of the security in the hands
of the U.S. taxpayer(s) as	follows:			
3/22/2024: Distribution pe	er share of \$0.065, 10	00% return o	f canital	,
6/26/2024: Distribution pe			<del></del>	
9/25/2024: Distribution pe	er share of \$0.130, 10	00% return o	f capital	
12/27/2024: Distribution p	per share of \$0.065, 1	00% return	of capital	*
	÷			,
valuation dates ► Ea	rnings and profits we	ere calculate	d under IRC. Sec. 312 and	ulation, such as the market values of securities and the
of earnings and profits re	duce the shareholde	r's tax basis	in its snares to the extent	of basis.

Part II		Organizational Action (contin	nued)				
17 Lis		applicable Internal Revenue Code se (c) (2)	ection(s) and subsection(s)	upon which the tax tr	eatment	is based ▶	•
				(X)			
	_						
<b>18</b> Ca	n anv	resulting loss be recognized? ► N	0				
10 0	iii aiiy	resulting loss be recognized?	0				
40 D						Theo	a antique que effective
		any other information necessary to i f distribution identified above.	mplement the adjustment,	such as the reportable	е тах уеа	ar > These	e actions are effective
on the u	ate 0	distribution identified above.					
				1			
		penalties of perjury, I declare that I have					
- 1	bellet,	it is true, correct, and complete. Declara	tion of preparer (other than off	cer) is based on all inforr	nation of	wnich prepa	arer nas any knowledge.
Sign		110	)			11	1/ 7/
Here	Signa	ture > The ey # h	derfor		Date ►	1-10	t-d5
	201 4		/			050	
	Print y	/our name ► Stacey H. Dwyer	Propararia aignatura			CFO	DTIM
Paid		Print/Type preparer's name	Preparer's signature		Date		Check if PTIN
Prepa		<u> </u>					self-employed
Use O	nly	Firm's name					Firm's EIN ▶
Sand For	m go	Firm's address ►  37 (including accompanying statements)	ente) to: Department of the	Treasury Internal Par	venue S	ervice Oc	Phone no.