efi	le GRAPHIC pri	nt - DC	NOT PROCESS As Filed Data -	DLN:	93393315017501
	990-T		Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
Forn	- 99U-I		(and proxy tax under section 6033(e))		2020
		Foi	calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-20	20	2020
ъ			· · · · · · · · · · · · · · · · · · ·		Open to Public
	rtment of the Treasury nal Revenue Service	►Do	▶ Go to www.irs.gov/Form990T for instructions and the latest information not enter SSN numbers on this form as it may be made public if your organization is a 50		Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.	Print	Name of organization (  Check box if name changed and see instructions.) Dechomai Asset Trust	<b>D</b> Em 26-072	ployer identification number
_	Exempt under section  501( c3 ) 408(e)  220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 3713 Pine St	1	pup exemption number instructions)
	] 408A		City or town, state or province, and ZIP or foreign postal code Jacksonville, FL 32205		Check box if an amended return.
			k value of all assets at end of year > 554,338,538		
	Check organization t		501(c) corporation 501(c) trust 401(a) trust Other trust App	olicable re	einsurance entity
	Check if filing only to		☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		<u> </u>
			d Schedules A (Form 990-T)		
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	ıp?	. ► Yes ✓ No
	r "Yes," enter the na The books are in car		identifying number of the parent corporation ►	ana numb	per ► (404) 375-5496
L '	ne books are in car		713 Pine Street	one numi	per ► (404) 3/3-3496
		J	acksonville, FL 32205		
Pa	art I Total Ur	relate	d Business Taxable Income		
1	Total of unrelated instructions)		ss taxable income computed from all unrelated trades or businesses (see	1	11,999,299
2	Reserved .			2	
3	Add lines 1 and 2			3	11,999,299
4		•	see instructions for limitation rules)	4	10,295,433
5	Total unrelated b	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	1,703,866
6			ng loss. See instructions	6	
7	Total of unrelated Subtract line 6 from		s taxable income before specific deduction and section 199A deduction.	7	1,703,866
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8	1,000
9	·		luction. See instructions	9	<del>,</del>
10	Total deduction	<b>s.</b> Add li	nes 8 and 9	10	1,000
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter	11	1,702,866
Рa	rt III Tax Com				1,702,000
1		•	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	_
2	_		rates. See instructions for tax computation. Income tax on the amount on	<del>-</del> +	
	Part I, line 11 fro	m: 🔲	Tax rate schedule or ☑ Schedule D (Form 1041) 🥞 · · · · · · · · ▶	2	339,518
3	Proxy tax. See in			3	
4	Other tax amount			4	
5	Alternative minim		· · · · · · · · · · · · · · · · · · ·	5	474
6		•	acility income. See instructions	6	320.003
7 For I			h 6 to line 1 or 2, whichever applies	7	339,992 Form <b>990-T</b> (2020)
	aper work iteduction		Gat, 100, 112313		(2020)

	990-T (2	.020)								Page <b>2</b>
Part		Tax and Payments								
1a	Foreign	tax credit (corporations attach Form	1118; trusts attach Fo	orm 1116)	1a					
b	Other c	redits (see instructions)			<b>1</b> b					
С	General	business credit. Attach Form 3800 (	see instructions)		1c					
d	Credit fo	or prior year minimum tax (attach Fo	orm 8801 or 8827) .		1d					
e	Total c	redits. Add lines 1a through 1d .						1e		
2	Subtrac	t line 1e from Part II, line 7						2		339,992
3	Other ta	exes. Check if from: Form 4255		Form 869	7	Form 8866		3		
		ax. Add lines 2 and 3 (see instruction 1294. Enter the tax amount here	ns). 🗆 Check if includ	es tax prev	iously d	eferred und	er 	4		339,992
5	2020 ne	et 965 tax liability paid from Form 96	5-A or Form 965-B, Pa	art II, colum	ın (k), li	ne 4 .		5		0
6a	Paymen	ts: A 2019 overpayment credited to	2020		6a					
b	2020 es	timated tax payments. Check if sect	ion 643(g) election apr	olies ▶ 🗆	6b		2,137,500			
		osited with Form 8868			6c					
	•	organizations: Tax paid or withheld			6d					
	_	withholding (see instructions)			6e					
f	Credit fo	or small employer health insurance p	remiums (attach Form	8941) .	6f					
	<u>Ot</u> her cı	redits, adjustments, and payments:			6g					
7	Total n	ayments. Add lines 6a through 6g .						7		2,137,500
8	-	ed tax penalty (see instructions). Ch						8		2,137,300
9		e. If line 7 is smaller than the total o						9		
10		yment. If line 7 is larger than the to						10		1,797,508
11	-	e amount of line 10 you want: <b>Cred</b>			Julic Ove	•	P Refunded►	11		1,797,508
Part		Statements Regarding Certai			rmatic					
1		ime during the 2020 calendar year,						hority ov	er a	Yes No
		l account (bank, securities, or other)								Tes No
		of Foreign Bank and Financial Accour							,	
									· L	No
2	During t	the tax year, did the organization red	ceive a distribution fror	n, or was it	the gra	ntor of, or	ransferor to,	a foreign	trust?	No
	•	' see instructions for other forms the	-							
		e amount of tax-exempt interest rec		-						
		organization change its method of a								No
		"Yes," has the organization described	d the change on Form	990, 990-E	Z, 990-F	PF, or Form	1128? If "No,	" explain	in Part V	
Par	t V	Supplemental Information								
Provid	e the ex	planation required by Part IV, line 4l	b. Also provide any oth	er addtiona	linform	ation. See	instructions.			
		er penalties of perjury, I declare that I hav ef, it is true, correct, and complete. Declar								
Sig	n		ı							
Hei	1 6	Bryan Clontz	2021-11-11	Secretary					IRS discuss th	
			<b>/</b>						preparer show ructions)? 🗹	
		Signature of officer	Date	Title					uctions):	TES LINO
Paid	1	Print/Type preparer's name Ted R Batson Jr	Preparer's signatur	e		Date	Check it	1.00,2	1951	
Prep	oarer	Firm's name					Firm's EIN		392	
Use	Only	Firm's address ▶ 1255 Lakes Parkwa	y Suite 105				Phone no. (5	05) 502-2	746	
		Lawrenceville, GA	30043							
		· · · · · · · · · · · · · · · · · · ·					•		Form 9	<b>90-T</b> (2020)

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### TY 2020 AdjBssAllcblDebtFincdPropSch

Name: Dechomai Asset Trust

**FTN:** 26-0724604

	20 0/21001									
Property line number from Schedule A	Property description	Adjusted basis amount	Percent allocable to debt-financed income	Adjusted basis allocable to debt-financed property (Adjusted basis multiplied by Allocable percent)						
Α	A verage adjusted basis	965,730	100.000 %	965,730						
В	A verage adjusted basis	701,154	100.000 %	701,154						
С	A verage adjusted basis	906,596	100.000 %	906,596						

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TY 2020 AvgAcquisDebtFincdPi	ropSch	

Name: Dechomai Asset Trust

**FTN:** 26-0724604

20 0/24004									
Property line number from Schedule A	Monthly average of acquisition indebtedness	Percent allocable to debt- financed income	Average acquisition debt on or allocable to debt-financed property (Monthly average multiplied by Allocable percent)						
A	712,083	100.000 %	712,083						
В	423,614	100.000 %	423,614						
С	767,231	100.000 %	767,231						

### TY 2020 DebtFinancedExpenseSchedule

Name: Dechomai Asset Trust

**EIN:** 26-0724604

#### **Expenses Directly Connected with Debt-Financed Income**

Property line number from Schedule A	Expense Descriptions	Expense Amounts	Property Total	Percent allocable to debt- financed income	Expenses directly connected allocable to debt-financed income (Total multiplied by Allocable percent)
A	Payroll	2,060	30,202		
	Interest expense	17,441			
	Taxes, permits, fees	5,123			
	Utilities	1,365			
	Insurance	594			
	Other expense	3,619			
В	Payroll	2,276	20,218		
	Interest expense	10,736			
	Taxes, permits, fees	2,466			
	Utilities	2,001			
	Insurance	1,013			
	Other expense	1,726			
С	Payroll	5,211	37,267		
	Interest expense	17,839			
	Taxes, permits, fees	7,911			
	Utilities	680			
	Insurance	519			
	Other expense	5,107			

Total expenses directly connected allocable to debt-financed

**income:** 87,687

## TY 2020 IncomeLossPartnershipSCorpSch

Name: Dechomai Asset Trust

**EIN:** 26-0724604

#### Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
Moelis Asset Management	63,793	0	63,793
TIFF Real Estate Partners II LLC	0	512	-512
Prime Window Systems LLC	174,537	0	174,537
Sequential LLC	66,078	0	66,078
Weiller Capital Advisors	0	23	23
Industry Ventures Management VIII LLC	0	140	140
Vista Holdings Group LP	130,333	0	130,333
AVT Holdings LLC	122,875	0	122,875
BIC Holding Corp	95,430	1,891	97,321
Cogent Inc	24	310	334
Groundtek of Central Florida LLC	42,301	0	42,301
Healthquest Laboratories Inc	7,895	0	7,895
KJC Holdings Inc	0	91,062	91,062
Oregon Transfer Co	2,416	374,590	377,006
PDS Arrow Holdco Inc	47	2,912	2,959
Rugged Portable Computers Ltd	168,224	0	168,224
SD Technology Inc	30,275	0	30,275
Shamrock Environmental Corporation	0	8,263	8,263
Skyview Satellite Networks Inc	83,484	0	83,484
Spectrum House Inc	184,238	0	184,238
SR Successor Inc	5	10,136	10,141
Three Advisors Inc	92	0	92
Tube Bending Incorporated	5,370	0	5,370
Vita Inc	0	13,524	13,524
Wixtoffersen 2020 Inc	0	0	0

Total share of gross income: 1,177,417

Total share of deductions: 503,363

Total gain or loss: 674,054

As Filed Data -

Name: Dechomai Asset Trust

**EIN:** 26-0724604

Total gross receipts

BWCA III Interests LLC

_	
	Partnership or S Corporation name
	raitheishib of 5 Colbolation hame

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Share of gross income

14,499

Share of deductions

Gain or loss

DLN: 93393315017501

14,499

Total share of gross income: 14,499 Total share of deductions: 0

Total gain or loss: 14,499

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DLN: 93393315017501

Name: Dechomai Asset Trust

**EIN:** 26-0724604

Total avece veccinte

IUtai	giuss	receipts	

SFI Real Estate Holdings LLC

Partnership or S Corporation name

Share of gross income

39,803

Share of deductions

Gain or loss

39,803

Total share of gross income: 39,803

Total share of deductions: 0

Total gain or loss: 39,803

efile	e GRAPHIC print	t - DO NOT PROCESS As	Filed I	Data -						DLN:	9339331501750
SCH	HEDULE A	Unrelate	d Bu	sines	s Ta	axable Ir	ncon	ne			OMB No. 1545-0047
(Fo	rm 990-T)	From an I	Unre	lated	Tra	de or Bu	ısine	ess			2020
	ment of the Treasury l Revenue Service	►Go to www.irs.gov/F ►Do not enter SSN numbers on t								(3).	Open to Public Inspection fo 501(c)(3) Organizations Onl
	ame of the organiza omai Asset Trust	ation						iployer id 24604	entific	ation	number
<b>c</b> U	nrelated business a	ctivity code (see instructions) <b>&gt;</b> 9	01101	<b>D</b> Seq	uence	:	1		of		3
E D	escribe the unrelate	ed trade or business ▶ Unrelated	investm	ent activi	ties						
Pai	rt I Unrelated	Trade or Business Income	1			(A) Income	•	(B) E	cpense	es	(C) Net
1a	Gross receipts or sa	ales									
b	Less returns and allow	vances c	Balan	ce <b>▶ 1</b>	3						
2	Cost of goods sold	(Part III, line 8)		. 2							
3	Gross Profit. Subtra	act line 2 from line 1c		. 3							
4a		come (attach Sch D (Form 1041 o			06.1	44.00					44.004.00
		tions)		_		11,29	4,056				11,294,05
	- , , ,	rm 4797) (attach Form 4797) (see	e instructi	· · —	+						
	Capital loss deduct			40	-						
5	` '	a partnership or an S corporation	•		ر <b>چ</b> ه	67	4,054				674,05
6	•	IV)		_	-		0			0	57 1,00
7	•	anced income (Part V)				7	8,258		6	6,026	12,23
8	Interest, annuities,	royalties, and rents from a contr VI)	olled				0			0	·
9	organizations (Part	of section 501(c)(7), (9), or (17)					0			0	
10		ctivity income (Part VIII)									
11	_	(Part IX)			-		0			0	
12	•	instructions; attach statement)			-						
13		es 3 through 12				12,04				6,026	11,980,34
Par		ns Not Taken Elsewhere (S with the unrelated business i			for li	mitations on	deduc	ctions) De	eduction	ons m	ust be directly
1	Compensation of o	fficers, directors, and trustees (Pa	rt X) .							1	
2	Salaries and wages									2	
3	Repairs and mainte	enance								3	
4					•					4	
5	•	, ,			•					5	
6					•					6	25,49
7	, ,	th Form 4562) (see instructions)			•	7				┤ <u> </u>	
8		laimed in Part III and elsewhere o			•	8a				8b 9	
9	'	formed community when								-	
10 11		ferred compensation plans								10	
12		enses (Part VIII)								12	
13		costs (Part IX)								13	
14	Other deductions (a	` '								14	
15	,	,								15	25,49
16		income before net operating loss								16	11,954,85
17		perating loss (see instructions)								17	22,00 .,00

18

	ule A (FOITH 990-1) 2020				Page Z
'ar		nethod of inventory va	aluation <b>&gt;</b>		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statemen	t)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year $\ldots$			7	
8	Cost of goods sold. Subtract line 7 from line 6	5. Enter here and in Part	I, line 2	8	
9	Do the rules of section 263A (with respect to pr	roperty produced or acqu	ired for resale) apply to	the organization?	☐ Yes ☐ No
Par	IV Rent Income (From Real Proper	rty and Personal Pro	perty Leased with	Real Property)	_
1	Description of property (property street address	s, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A		•	•	
	в				
	c 🗆				
	$D \square$				
		Α	В	С	
2	Rent received or accrued			-	
	From personal property (if the percentage of				
_	rent for personal property is more than 10% but not more than 50%)				
h	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D .				
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter	here and on Part I, line	6, column (A) . ►	0
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
	, , , , , , , , , , , , , , , , , , , ,				
5	<b>Total deductions.</b> Add line 4 columns A through	gh D. Enter here and on	Part I, line 6, column (B	) · · · · <b>›</b> .	0
Par	t V Unrelated Debt-Financed Incom	ne (see instructions)			_
1	Description of debt-financed property (property	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	ons)
	<b>A</b> ☐ 4433-4435 Lockwood Av		,	(000 )	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Los Angeles, CA 90029				
	B 6149 Piedmont Ave Los Angeles, CA 90042				
	C 139 South St Andrews				
	Los Angeles, CA 90004				
	D 🗆				
		Α	В	С	
2	Gross income from or allocable to debt-	7		•	
-	financed property	35,811	25,635	42,966	
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)	0	0	0	
b	Other deductions (attach statement)	<b>9</b> 30,202	20,218	<b>9</b> 37,267	
C	Total deductions (add lines 3a and 3b, columns				
	A through D)	30,202	20,218	37,267	
4	Amount of average acquisition debt on or				
	allocable to debt-financed property (attach statement)	712,083	<b>9</b> 423,614	767,231	
_	,	712,003	25,014	25 /07,231	
5	Average adjusted basis of or allocable to debt- financed property (attach statement)	965,730	<b>%</b> 701,154	906,596	
6	Divide line 4 by line 5	73.740 %	60.420 %	84.630 %	
7	Gross income reportable. Multiply line 2 by line 6	26,407	15,489	36,362	
•	mosmo reportation manapig mile 2 by mile 0	20,707	15,765	50,502	
8	Total gross income. (add line 7, columns A th	nrough D). Enter here an	d on Part I, line 7, colun	nn (A) ▶	78,258
9	Allocable deductions. Multiply line 3c by line 6	22,271	12,216	31,539	
		, ,	,	· · ·	
10	Total allocable deductions. Add line 9, colum	nns A through D. Enter h	ere and on Part I, line 7	, column (B) 🕨	66,026
11	Total dividends-received deductions include	ed in line 10			0

Schedule Part VI	A (Form 990-T) 2020  Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page <b>3</b>
Part V.	Interest, Annuit	ies, Roya	Titles, and Re	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	<b>5.</b> Part of colu		6. Deductions directly
<b>1.</b> N	lame of controlled organi	ization	2. Employer identification number	: (lasa)		payments made		that is included in the controlling organization's gross income		connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (	<b>9), or (1</b> 7 <b>3.</b> Deduc	7) Organ	ization (setly 4	column (A)  0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(	add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (	Other Th	an Adver	tising In	icome (see	instructions)		
<b>1</b> Des	scription of exploited acti	vitiy:								
<b>2</b> Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
<b>5</b> Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
<b>6</b> Exp	enses attributable to inc	ome entere	d on line 5 .					[	6	
	ess exempt expenses. S								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page <b>4</b>
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B	)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	ater of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name		2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	,				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed D	Data -				DI	N:	93393315017501
SC	HEDULE A	Unrela	ted Bus	siness	Ta	xable Ind	con	1e		OMB No. 1545-0047
(Fo	rm 990-T)					de or Bus				2020
	tment of the Treasury al Revenue Service	►Go to www.irs.go ►Do not enter SSN numbers							. C	pen to Public Inspection for i01(c)(3) Organizations Only
	lame of the organiza omai Asset Trust	ition						iployer identificat 24604	ion	number
<b>c</b> (	Inrelated business ac	ctivity code (see instructions)	<b>▶</b> 525910	<b>D</b> Seque	ence:	<b>'</b>	2	of		3
<b>E</b> [	Describe the unrelate	ed trade or business ▶ Invest	ment Manage	ement						
Pa	rt I Unrelated	Trade or Business Inco	me			(A) Income		(B) Expenses		(C) Net
1a	Gross receipts or sa	ales								
b	Less returns and allow	vances	<b>c</b> Balanc	e <b>▶ 1</b> c						
2	Cost of goods sold	(Part III, line 8)		. 2						
3	Gross Profit. Subtra	act line 2 from line 1c		. 3						
4a		come (attach Sch D (Form 10- ctions)		. 4a						
b	Net gain (loss) (For	m 4797) (attach Form 4797)	(see instruction	ons) 4b						
c	Capital loss deducti	ion for trusts		4c						
5	, ,	a partnership or an S corpor	•		<b>چ</b>	14,	499			14,499
6	Rent income (Part 1	IV)		. 6			0		0	
7	Unrelated debt-fina	nced income (Part V)		. 7			0		0	
8		royalties, and rents from a c		. 8			0		0	
9	Investment income organizations (Part	of section 501(c)(7), (9), or VII)	(17)	. 9			0		0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10						
11	Advertising income	(Part IX)		. 11			0		0	
12	•	instructions; attach statemer	•							
13	Total. Combine line	es 3 through 12		. 13		14,	499		0	14,499
Pai		ns Not Taken Elsewhere with the unrelated busine		uctions f	or lin	nitations on d	educ	tions) Deduction	s m	ust be directly
1	Compensation of of	fficers, directors, and trustees	s (Part X) .						1	0
2	Salaries and wages							_	2	
3	Repairs and mainte	enance							3	
4	Bad debts								4	
5		tement) (see instructions)							5	
6									6	
7	· ·	h Form 4562) (see instruction	-			7			Λ.	
8 9	•	laimed in Part III and elsewh				8a			8b 9	
10	•	ferred compensation plans						<u> </u>	10	
11		regrams					•	<u> </u>	11	
12		enses (Part VIII)							12	
13		costs (Part IX)						<u> </u>	13	0
14	Other deductions (a	,						<u> </u>	14	
15	•	Add lines 1 through 14 .						_	15	0

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 14,499

16 17 Deduction for net operating loss (see instructions) . . . . . Unrelated business taxable income. Subtract line 17 from line 16

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2020

14,499

17

18

Sche	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation <b>&gt;</b>		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement	)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · · · · · · · · · · · · · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	<b>D</b> D	Α	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	<b>D</b>				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	<b>Total gross income.</b> (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020  Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page <b>3</b>
Part V.	Interest, Annuit	ies, Roya	Titles, and Re	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	<b>5.</b> Part of colu		6. Deductions directly
<b>1.</b> N	lame of controlled organi	ization	2. Employer identification number	: (lasa)		payments made		that is included in the controlling organization's gross income		connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (	<b>9), or (1</b> 7 <b>3.</b> Deduc	7) Organ	ization (setly 4	column (A)  0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(	add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (	Other Th	an Adver	tising In	icome (see	instructions)		
<b>1</b> Des	scription of exploited acti	vitiy:								
<b>2</b> Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
<b>5</b> Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
<b>6</b> Exp	enses attributable to inc	ome entere	d on line 5 .					[	6	
	ess exempt expenses. S								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page <b>4</b>
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B	)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	ater of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name		2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	,				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	- DO NOT PROCESS	As Filed [	Data -						DLN:	93393315017501
SC	HEDULE A	Unrela	ated Bus	siness	Ta	axable In	con	ne			OMB No. 1545-0047
	orm 990-T)	From a	an Unrel	lated <sup>-</sup>	Tra	de or Bus	sine	ess			2020
	tment of the Treasury al Revenue Service	►Go to www.irs.ge ►Do not enter SSN number								(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza nomai Asset Trust	ition						iployer i 24604	dentific	ation	number
<b>c</b> (	Jnrelated business a	ctivity code (see instructions	) ▶ 531120	<b>D</b> Sequ	ence	:	3		of		3
E [	Describe the unrelate	ed trade or business ▶ Real I	Estate Manag	ement							
Pa	rt I Unrelated	Trade or Business Inc	ome			(A) Income		(B) E	xpense	es	(C) Net
1a	Gross receipts or sa	ales									
b	Less returns and allow	vances	<b>c</b> Baland	:e <b>▶ 1</b> c							
2	Cost of goods sold	(Part III, line 8)		. 2							
3	Gross Profit. Subtra	act line 2 from line 1c		. 3							
4a		come (attach Sch D (Form 10 ctions)		. 4a							
b	Net gain (loss) (Fo	rm 4797) (attach Form 4797	) (see instruction	ons) 4b							
C	Capital loss deduct	ion for trusts		4c							
5	, ,	a partnership or an S corpo	•		<b>9</b>	39,	,803				39,803
6	Rent income (Part	IV)		. 6			0			0	
7	Unrelated debt-fina	inced income (Part V)		. 7			0			0	
8		royalties, and rents from a volume.		. 8			0			0	
9	Investment income organizations (Part	of section 501(c)(7), (9), o	r (17)	. 9			0			0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10							
11	Advertising income	(Part IX)		. 11			0			0	
12	•	instructions; attach stateme	•								
13	Total. Combine line	es 3 through 12		. 13		39,	,803			0	39,803
Pai		ns Not Taken Elsewher with the unrelated busin		ructions f	or li	mitations on c	deduc	ctions) D	eduction	ons m	ust be directly
1	Compensation of of	fficers, directors, and trustee	es (Part X) .							1	0
2	Salaries and wages									2	
3	Repairs and mainte	enance								3	
4	Bad debts									4	
5	Interest (attach sta	tement) (see instructions)								5	
6	Taxes and licenses									6	9,855
7	Depreciation (attac	h Form 4562) (see instruction	ons)			7					
8	Less depreciation c	laimed in Part III and elsewh	nere on returr	١.		8a				8b	
9	Depletion									9	
10		ferred compensation plans .								10	
11		rograms								11	
12		enses (Part VIII)								12	
13	•	costs (Part IX)								13	0
14	Other deductions (	,								14	
15		<b>-</b>								15	9,855
16	Unrelated business	income before net operating	ı Ioss deducti	on. Subtra	ct lir	e 15 from Part	I. line	e 13. colui	mn (C)	∣ 16	29.948

Deduction for net operating loss (see instructions) 17 17

18 **Unrelated business taxable income.** Subtract line 17 from line 16 29,948

Sche	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation <b>&gt;</b>		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement	)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · · · · · · · · · · · · · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	<b>D</b> D	Α	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	<b>D</b>				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	<b>Total gross income.</b> (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020  Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page <b>3</b>
Part V.	Interest, Annuit	ies, Roya	Titles, and Re	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	<b>5.</b> Part of colu		6. Deductions directly
<b>1.</b> N	lame of controlled organi	ization	2. Employer identification number	: (lasa)		payments made		that is included in the controlling organization's gross income		connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (	<b>9), or (1</b> 7 <b>3.</b> Deduc	7) Organ	ization (setly 4	column (A)  0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(	add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (	Other Th	an Adver	tising In	icome (see	instructions)		
<b>1</b> Des	scription of exploited acti	vitiy:								
<b>2</b> Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
<b>5</b> Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
<b>6</b> Exp	enses attributable to inc	ome entere	d on line 5 .					[	6	
	ess exempt expenses. S								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page <b>4</b>
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B	)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	ater of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name		2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	,				
				Schedul	e A (Form 990-T) 2020

efile	GRAPHIC	orint - DO NOT PROCESS As I	Filed Data -		D	LN:	93393315017501
SCH	EDULE D	Conit	al Caina and	Lacaca			OMB No. 1545-0092
	า 1041)	Саріі	al Gains and	Losses			
<b>چ</b>		► Attach to Fo	orm 1041, Form 522	7, or Form 990-T.			2020
Departn:	ent of the Treasury	▶ Use Form 8949 to list y	our transactions fo	r lines 1b, 2, 3, 8b, 9,			2020
Internal	Revenue Service	► Go to www.irs.gov/F1	041 for instructions	and the lastest infor	mation.		
Name	of estate or tr	ust			Employer	iden	tification number
					26-072460	)4	
Not	e: Form 522	27 filers need to complete only	Parts I and II		1		
		any investment(s) in a qualified opport		tax vear?			
		n 8949 and see its instructions for addi		· L Yes.			
		erm Capital Gains and Loss				ruct	ions)
		how to figure the amounts to enter on	CS—ASSELS HEIC	One real of Les	(g)	uct	(h) Gain or (loss)
	nes below.	now to figure the amounts to enter of	(d)	(e)	Adjustments to	gain	Subtract column (e)
			Proceeds (sales price)	Cost (or other basis)	or loss from Fo	rm(s)	from column (d) and
	orm may be ea ole dollars.	sier to complete if you round off cents	(sales price)	(or other basis)	8949, Part I, lii column (g)		combine the result with column (g)
	ole dollars.				column (g)	,	with column (g)
1a	Totals for all s						
		-B for which basis was reported					
		f for which you have no see instructions). However, if					
	,	report all these transactions					
		, leave this line blank and go					
	to line 1b						
<b>1</b> b	Totals for all t with <b>Box A</b> ch	ransactions reported on Form(s) 8949 lecked					
2	Totals for all t with <b>Box B</b> ch	ransactions reported on Form(s) 8949 ecked					
3							
4	Short-term ca	pital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5	Net short-term	n gain or (loss) from partnerships, S coi	porations, and other	estates or trusts		5	4,276
6	Short-term ca Carryover Wor	pital loss carryover. Enter the amount, ksheet	if any, from line 9 of t	he 2019 Capital Loss		6	( )
7		rm capital gain or (loss). Combine lin ) on the back			d on line	7	4,276
Part	Long-T	erm Capital Gains and Losse	es—Assets Held	More Than One	Year (see ii	ıstrı	uctions)
	_	how to figure the amounts to enter on			(g)		(h) Gain or (loss)
	nes below.	,	(d) Proceeds	(e) Cost	Adjustments to		Subtract column (e)
	orm may be ea ole dollars.	sier to complete if you round off cents	(sales price)	(or other basis)	or loss from Foi 8949, Part II, li column (g)	ne 2,	
8a		ong-term transactions reported					
		-B for which basis was reported I for which you have no					
	adjustments (	see instructions). However, if					
		report all these transactions					
	to line 8b	, leave this line blank and go					
	Totals for all t	ransactions reported on Form(s) 8949					
9		ransactions reported on Form(s) 8949					
10	Totals for all t	ransactions reported on Form(s) 8949	8,635,551	4,887,156			3,178,938
11	Long-term can	oital gain or (loss) from Forms 2439, 46	L			11	-,2,2,20
12		gain or (loss) from partnerships, S corp				12	5,007,762
13	Capital gain di					13	3,007,702
14	Gain from For					14	3,103,080
15		ital loss carryover. Enter the amount, i				1	3,103,000
1.5	Carryover Wor					15	( )
16	Net long-terr 18a, column (	m capital gain or (loss). Combine line 3) on the back	es 8a through 15 in co	lumn (h). Enter here an	nd on line	16	11,289,780
For Da		, tion Act Notice, see the Instructions for F		Cat. No. 11376V		Schad	ule D (Form 1041) 2020

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN	: 93393315017501
	EDULE I	Alternative	Minimum Ta	x –Estates and Trust	S	OMB No. 1545-0092
(For	m 1041)	7.11.00111.01.11.0			. •	2020
-	tment of the Treasury	NGo to www ire go	► Attach to	Form 1041 structions and the latest informat	ion	2020
	al Revenue Service		V/FORMIO41 IOI INS	ctructions and the latest informat		
Name	e of estate or trus	st			Employer i	dentification number
					26-0724604	<u> </u>
Pa	rt I Estate'	s or Trust's Share of Alte	rnative Minimun	n Taxable Income		
1	Adjusted total ir	ncome or (loss) (from Form 104	1, line 17). <b>ESBTs,</b> s	ee instructions	1	1,703,866
2	Interest				2	
3	Taxes				3	
4	Refund of taxes				4	( )
5	. ,	rence between regular tax and $ ho$			5	
6	Net operating lo	ess deduction. Enter as a positiv	e amount		6	
7	•	, ,	· ·	ar tax	7	
8	-	ousiness stock (see instructions	•		8	
9		ntive stock options (excess of A	-	•	9	
10		nd trusts (amount from Schedul	• • • • • • • • • • • • • • • • • • • •	•		
11		roperty (difference between AM		•		172
12		assets placed in service after 1	•	•	12	1,198
13		s (difference between AMT and	-	•		
14 15		(difference between AMT and ro s (difference between regular ta	-		14 15	
16		racts (difference between regular ta	•		15	
17	-	fference between regular tax ar	-		17	
18	- ,	xperimental costs (difference be	•		18	
19			-			()
20						( )
21						
22		net operating loss deduction (Se			22	()
23				ugh 22		1,705,236
		Part II below before going to li				
24	Income distribut	tion deduction from Part II, line	42	24		
25	Estate tax dedu	ction (from Form 1041, line 19)		25		
26	Add lines 24 and	d 25			26	
27	Estate's or trust	's share of alternative minimum	n taxable income. Sub	otract line 26 from line 23 .	27	1,705,236
	If line 27 is:					_
			orm 1041, Schedule	G, line 1c. The estate or trust isn't lia	able for	
	the alternative r	minimum tax. , but less than \$186,400, go to	line 43			
		nore, enter the amount from lin		o to line 50.		
	• ESBT's, see in		_			
Pai	t III Income	e Distribution Deduction	on a Minimum Ta	ax Basis		_
28		ative minimum taxable income (			28	
29	•	empt interest (other than amou	,	7)	29	
30	Total net gain fr	om Schedule D (Form 1041), li	ne 19, column (1). If	a loss, enter -0-	30	
31	Capital gains for	r the tax year allocated to corpu	is and paid or permai	nently set aside for charitable		
	purposes (from	Form 1041, Schedule A, line 4)			· ·   31	
32	Capital gains pa	id or permanently set aside for	charitable purposes f	rom gross income (see instructions)	32	
33	Capital gains co	mputed on a minimum tax basi:	s included on line 23		33	()
34	Capital losses co	omputed on a minimum tax bas	is included on line 23	. Enter as a positive amount	34	
35	Distributable ne or less, enter -0		ncome (DNAMTI). Co	mbine lines 28 through 34. If zero	35	
36		d to be distributed currently (fro		lule B, line 9)		
37	·-			d (from Form 1041, Schedule B, line		
38		ns. Add lines 36 and 37			38	
39		ome included on line 38 (other i				
40		e distribution deduction on a m			40	
				1041 Cat No. 515170		I (Form 1041) (2020)

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67

Enter the **smaller** of line 55 or line 58 . . . .

Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet

for the regular tax, enter the amount from Form 1041, line 22;

Enter the **smaller** of line 55 or line 56 . . . . . . . .

Enter the **smaller** of line 64 or line 65. This amount is taxed at 0%

Subtract line 63 from line 62. If zero or less, enter -0-

If line 60 is \$197,900 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28)

Subtract line 59 from line 55 . . .

Maximum amount subject to the 0% rate

if zero or less, enter -0-

58

62

63 64

65

66

67

11.974.519

\$2,650

2.650

2,650

1,705,236

1,702,586

59

60

61

Schedule I (Form 1041) (2020)

1.705.236

47	Multiply line 46 by 25% (0.25)	47	
48	Subtract line 47 from line 43. If zero or less, enter -0	48	_
49	Subtract line 48 from line 44	49	1,705,236
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is —  • \$197,900 or less, multiply line 49 by 26% (0.26).  • Over \$197,900, multiply line 49 by 28% (0.28) and subtract \$3,958 from the result	50	339.992
51	Alternative minimum foreign tax credit (see instructions)	51	333/332
52	Tentative minimum tax. Subtract line 51 from line 50	52	339,992
53	Enter the tax from Form 1041. Schedule G. line 1a (minus any foreign tax credit from Schedule G. line 2a)	53	339.518

Sche	dule I (Form 1041) (2020)				Page <b>3</b>	
Part IV Line 50 Computation Using Maximum Capital Gains Rates (continued)						
68	Maximum amount subject to rates below 20%	68	\$13,150			
69	Enter the amount from line 64	69	2,650			
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	70				
71	Add lines 69 and 70	71	2,650			
72	Subtract line 71 from line 68. If zero or less, enter -0-	72	10,500			
73	Enter the <b>smaller</b> of line 67 or 72	73	10,500			
74	Multiply line 73 by 15% (0.15)			74	1,575	
75	Add lines 66 and 73	75	13,150			
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line	81, 0	therwise, go to line 76.			
76	Subtract line 75 from line 65	76	1,692,086			
77	Multiply line 76 by 20% (0.20)			77	338,417	
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78.					
78	Add lines 60, 75, and 76	78				
79	Subtract line 78 from line 55	79				
80	Multiply line 79 by 25% (0.25)			80		
81	Add lines 61, 74, 77 and 80			81	339,992	
82	If line 55 is \$197,900 or less, multiply line 55 by 26% (0.26). Otherwise, multip and subtract \$3,958 from the result					
	and subtract \$3,930 from the result			82	473,508	

Enter the **smaller** of line 81 or line 82 here and on line 50

83

83

Schedule I (Form 1041) (2020)

339,992

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DLN: 93393315017501

OMB No. 1545-0074

Department of the

Internal Revenue Service

Treasury

# 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.

Attachment Sequence No. 12A

Pechomai Asset Trust				Social Security III	illiber or t	axpayer identiii	cation number
rectional Asset Trust	26-0724604						
efore you check Box A, B, or C belo tatement will have the same inform roker and may even tell you which	ation as Form 1						
Part I Short-Term. Transactions long-term transactions Note: You may aggree and for which no adjusto report these transactions.	s, see page 2. gate all short- stments or coo	term transact les are requir	ions reported of ed. Enter the t	on Form(s) 1099-E	showing	basis was repo	rted to the IRS
ou must check Box A, B, or C be orm 8949, page 1, for each applical omplete as many forms with the sa	low. Check on ble box. If you h	ly one box. If nave more shor	more than one b	ox applies for your s ns than will fit on thi	hort-term is page for	transactions, com one or more of th	plete a separate ne boxes,
(A) Short-term transactions rep (B) Short-term transactions rep (C) Short-term transactions not	orted on Form(	s) 1099-B show	ving basis <b>wasn'</b>	•		oove)	
1 (a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)					(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the resul with column (g)
2 Totals. Add the amounts in colum (subtract negative amounts). Ente include on your Schedule D, line checked), line 2 (if Box B above Box C above is checked).	er each total her 1b (if Box A ab is checked), or l	re and ´ ove is <b>line 3</b> (if		()			

Form 8949 (2020) Attachment Sequence No. 12A Page 2 Social security number or taxpayer identification number Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Dechomai Asset Trust 26-0724604 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. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term 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. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. (h) If you enter an amount in column (g), (e) Gain or (loss). enter a code in column (f). (c) (d) Cost or other basis. (b) Subtract column (e) Date sold or See the separate instructions. Proceeds See the **Note** below Description of property Date acquired from column (d) disposed of (sales price) and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) and (Mo., day, yr.) (see instructions) in the separate (f) (g) combine the result instructions Code(s) from Amount of with column (q) instructions adjustment 438,725 139 South St. Andrews Place, Los 1,425,000 (906, 596)Angeles, CA 90004 4433-4435 Lockwood Avenue, Los 1.092.262 (965,730) 93,305 Angeles, CA 90029 6149 Piedmont Avenue 805,000 (701,154)62,744 17127 NE 83rd CT, Redmond, VA 98072 1,065,000 324,838 (324,713)776,800 (551.137)225,663 Wixtofferson 2020 Belmont Instrument Corporation 2,468,286 (562,364)1,905,922 1,003,203 (875,462) 127,741 Spectrum House 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 8,635,551 (4,887,156)**Box F** above is checked) 3.178,938

. . . . . . . . . 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.