

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1909

OMB No 1545-0087

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 2019

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(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 X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ

94-2856701

Number, street, and room or suite no. If a P.O. box, see instructions

1510 EAST FLOWER STREET

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

PHOENIX, AZ 85014

523900

C Book value of all assets at end of year

F Group exemption number (See instructions)

495,209,485

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or business here ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X Yes No If "Yes," enter the name and identifying number of the parent corporation ATCH 2 HOSPICE 40-033 8886

J The books are in care of DEBORAH SHUMWAY Telephone number 602-530-6900

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest annuities, royalties, and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total. Total net income: -104,353.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule) (see instructions), Taxes and licenses, Charitable contributions (See instructions for limitation rules), Depreciation (attach Form 4562), Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses (Schedule I), Excess readership costs (Schedule J), Other deductions (attach schedule), Total deductions. Add lines 14 through 28, Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions), Unrelated business taxable income Subtract line 31 from line 30. Total net income: -106,164.

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-49 for tax credits and payments, and lines 50a-55 for total payments and overpayment.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 regarding foreign interests and tax-exempt interest.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer: Deborah Shumway, Date: 18/13/20, Title: EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, and PTIN. Includes firm name and address.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 5 main rows and 4 sub-rows for line 8. Includes fields for inventory at beginning/end of year, purchases, cost of labor, and cost of goods sold.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

Table for Schedule C with 2 main columns for rent received and deductions. Includes sub-rows for personal property and real property, and a total row.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table for Schedule E with 5 main columns: Description of debt-financed property, Gross income, Deductions, Gross income reportable, and Allocable deductions.

Schedule F- Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

Schedule G- Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

Schedule I- Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals

Schedule J- Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))

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 27
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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14. ▶			

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

PARTNERSHIP K-1 PASS THROUGH ACTIVITY

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ

94-2856701

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

HOSPICE OF THE VALLEY
86-0338886

ATTACHMENT 3

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

AG REALTY FUND VIII, L.P.	-39,050.
MONTAUK TRIGUARD FUND VII, L.P.	-10,737.
MONTAUK TRIGUARD FUND V, L.P.	-8,630.
SALIENT MLP TOTAL RETURN FUND, L.P.	-95,874.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-154,291.</u>

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ
 FEIN 94-2856701
 FOR YEAR ENDED SEPTEMBER 30, 2019
 FORM 990-T, LINE 31

NET OPERATING LOSS CARRYFORWARD

<u>TAX YEAR</u>	<u>NOL GENERATED</u>	<u>AMOUNT UTILIZED IN PRIOR YEARS</u>	<u>AMOUNT UTILIZED IN 9/30/2019</u>	<u>AMOUNT EXPIRED IN 9/30/2019</u>	<u>CARRYFORWARD TO 9/30/2020</u>
9/30/2019	106,164	-	-	-	106,164
	106,164	-	-	-	106,164

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ
 FEIN 94-2856701
 FOR YEAR ENDED: SEPTEMBER 30, 2019
 FORM 990-T, LINE 20

CHARITABLE CONTRIBUTIONS CARRYFORWARD

<u>TAX YEAR</u>	<u>CHARITABLE CONTRIBUTION GENERATED</u>	<u>AMOUNT UTILIZED IN PRIOR YEARS</u>	<u>AMOUNT UTILIZED IN 9/30/2019</u>	<u>AMOUNT EXPIRED IN 9/30/2019</u>	<u>CARRYFORWARD TO 9/30/2020</u>
9/30/2014	1,000,000	(15,079)	-	(984,921)	-
9/30/2017	1,150,000	(5,773)	-	-	1,144,227
9/30/2018	1,150,000	(2,806)	-	-	1,147,194
9/30/2019	5,500,000	-	-	-	5,500,000
	<u>8,800,000</u>	<u>(23,658)</u>	<u>-</u>	<u>(984,921)</u>	<u>7,791,421</u>

**SCHEDULE D
(Form 1120)**

Capital Gains and Losses

OMB No 1545-0123

2018

Department of the Treasury
Internal Revenue Service

▶ 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

Name

Employer identification number

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ

94-2856701

Part I Short-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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 Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11 49,938.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 49,938.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17 49,938.
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns				18 49,938.

Note: If losses exceed gains, see **Capital losses** in the instructions

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

Schedule D (Form 1120) 2018