	*			_				
Form	9₽0`-T	ļ	empt Organization) (and proxy ta	x ur	ider section 6033	(e)) 1904	1	OMB No 1545-0687
	C	For cale	ndar year 2018 or other tax year begi	nning _	10/01 , 2018, and end	ling 09/30	2019	2018
Departme	int of the Treasury	1	► Go to www.irs.gov/Form990		Ĺ			
Internal Re	evenue Service	▶ Do	not enter SSN numbers on this form	as it m	ay be made public if your or	ganization is a 501(Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed		Name of organization (Check t	ox if na	ame changed and see instruction	ns)		oyer identification number oyees' trust, see instructions)
	ot under section]	HOSPICE ENDOWMENT I	'RUS'	r FUND OF PHOENI	X, AZ		
X 50	1(C) <u>03</u>)	Print or	Number, street, and room or suite no	lf a P (D box, see instructions			856701
_	8(e) 220(e)	Туре	1510 5305 510155 65	·>==	n			lated business activity code instructions)
<u> </u>	8A530(a)	ļ	1510 EAST FLOWER ST City or town, state or province, counti					
	9(a) value of all assets	1	PHOENIX, AZ 85014	y, and	ZIF of loreign postal code		5239	00
	of year	F Gro	up exemption number (See instruct	tions)	>			
495,	,209,485.		ck organization type X 501			c) trust	401(a)	trust Other trust
			nization's unrelated trades or busine			Describe	the only	(or first) unrelated
trade	or business her	e ▶ <u>A</u>	rch 1		If only one	, complete Parts I	V If more	e than one, describe the
fırst ı	in the blank spa	ce at the	end of the previous sentence, co	mplete	e Parts I and II, complete a	Schedule M for each	ch addition	nal
	or business, the							
			corporation a subsidiary in an affil			controlled group?	.77. 7	Yes No
			Identifying number of the parent co	rporat		ne number > 60	2-530-	6900
			or Business Income		(A) Income	(B) Expen		(C) Net
	ross receipts or s			\Box	(, ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 -1 44 14
	ss returns and allowa		c Balance ▶	1c			7	1 1 2 2 2 3 3
2 Cc	ost of goods sole	d (Schedu	ule A, line 7)	2		م عو محمد ا		4. 4 A
			2 from line 1c	3		14.4 "		
4a Ca	ipital gain net in	icome (at	tach Schedule D)	4a	49,938.		+	49,938.
			Part II, line 17) (attach Form 4797)	4b		, ,,		
			usts	4c	-154,291.	ATCH '3	* * *	-154,291.
			an S corporation (attach statement)	<u>5</u>	154,251.	AICH 3	<u> </u>	151,251.
			ome (Schedule E)	7				
			ts from a controlled organization (Schedule F)	8				
9 Inve	estment income of a	section 501	(c)(7), (9), or (17) organization (Schedule G)	9				
10 Ex	ploited exempt a	activity in	come (Schedule I)	10				
11 Ad	vertising income	e (Schedu	ıle J)	11				
			ons, attach schedule)	12_		13 × 4 5 × 1 + 1 +	<u>,</u>	
13 Tot	tal Combine lin	es 3 thro	ugh 12	13	-104,353.	laduations \ (F		-104,353.
Partii			aken Elsewhere (See instribe directly connected with the				хсері іс	or contributions,
14 Co	mnensation of o	officers d	rectors, and trustees (Scheduce K)				. 14	
							· —	
16 Rep	pairs and mainte	enance .	122		88		16	
17 Bac	d debts		20 AUG	31	2020 0		. 17	
18 Inte	erest (attach sch	nedule) (s	ee instructions).		ا کیا لیمید	<i>.</i>	18	
19 Tax	es and licenses			アドレ	N, Ull		. 19	1,811.
20 Cha	aritable contribu	itions (Se	ee instructions for limitation rules)				. 20	
21 Dep	oreciation (attac	h Form 4	562)		21			
			on Schedule A and elsewhere on rel				. 22b	
			ompensation plans					
			····					
			chedule I)					
27 Exc	ess readership of	costs (Sch	nedule J)				. 27	
28 Oth	er deductions (attach scl	nedule)				. 28	
29 Tota	al deductions. A	Add lines	14 through 28) 29	1,811.
			income before net operating				30	-106,164.
		-	loss arising in tax years beginning			771	. 31	-106,164.
			income Subtract line 31 from line tice, see instructions	30	<u></u>	·····	. 32	Form 990-T (2018)
	29294 ISA E9294 ISA						912	(2016)
101							7116	

Form	n 990-T (2018)		Page
Pa	rt III		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	-106,164
34	Amounts paid for disallowed fringes		
		104	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1 1	
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1 1	
	of lines 33 and 34	36	-106,164
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36.		
	enter the smaller of zero or line 36	38	-106,164
Pa	rt IV Tax Computation	1	
		-1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax See instructions	4/1	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		
		 94	
	tV Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
b	Other credits (see instructions)	1 1	
С	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	i	
_	Total credits. Add lines 45a through 45d	45e	
46	·	46	
	Subtract line 45e from line 44	+	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018	\	
	2018 estimated tax payments		
	Tax deposited with Form 8868		
		1	
	Foreign organizations Tax paid or withheld at source (see instructions)	1.	
	Backup withholding (see instructions)	1	
	Credit for small employer health insurance premiums (attach Form 8941)	1	
g	Other credits, adjustments, and payments Form 2439	1 1	
	Form 4136 Other Total ▶ 50g	<u>.l'</u> l	
51		51	28,146.
52		52	
		53	
			20 146
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	, 	28,146.
<u>55</u>	Enter the amount of line 54 you want	55	
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)	<u> </u>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If The Italian Accounts Ital		1 1.1
		oroign country	X
	here		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?	X
	If "Yes," see instructions for other forms the organization may have to file		[]
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		1 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	st of my knowledge	and belief, it is
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
	[Data Data D	the IRS discuss	
Here	1010010	the preparer s	
		سند کننگ پر سرسی میں	res No
D-:-I	Print/Type preparer's name Preparer signature Date Check	PTIN	
Paid	PATRICK SHIELDS Self-em	ployed P015	508556
Prepa	TERM'S name District & TOOMS O.D. DDF	IN▶ 34-656	55596
Use (602-322-	
	The second secon		90-T (2018)
104			(2010

b Other costs (attach schedule) . 4b	Form 990-T (201&)								Page 3
2 Purchases	Schedule A - Cost of C	Soods Sold. E	nter metho	d of inventory v	aluation	>			
2 Purchases							ar	6	
4a Additional section 263A costs (attach schedule) . 4a	2 Purchases	2						7.	
(attach schedule)	3 Cost of labor	3			6 from	line 5 Ei	nter here and in	أسسنا	
b Other costs (attach schedule) . 4b	4a Additional section 263A	costs			Part I, line	2		7	
S Total. Add lines 1 through 4b 5	(attach schedule)	4a		8	Do the	rules of	section 263A (w	oth respect to	
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (11) (12) (13) (14) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (20) (30) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	b Other costs (attach sched	tule) . 4b			property	produced	or acquired for	resale) apply	- T
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2 Rent received or accrued	(2)								
2 Rent received or accrued	(3)								
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(attach schedule) (attach schedule) (1) (2) (3) (4)	1 Description of de	bt-financed property		allocable to debt	-financed	(a) Straigh			ions
(2) (3) (4)			_	property	<u>'</u>				
(3) (4)	(1)								
(4)	(2)								
	(3)								
A Amount of supress	(4)								
acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 7 Gross income reportable (column 2 x column 6 x total of columns 3(a) and 3(b))	allocable to debt-financed debt-financed property		ole to property	4 divided	divided / Gross if		2 x column 6) (column 6 x tota		columns
1) %	1)				%				
2) %	2)				%				
3) %	3)				%				
4) %	4)				%				
Enter here and on page 1, Part I, line 7, column (A) Fotals Enter here and on page 1, Part I, line 7, column (B)	Totals				•				

Page 4

Schedule F. Interest, Ani		L	Exemp	pt Controlled Or	ganızat	ions				
Name of controlled organization	2. Employer identification num	nber		unrelated income (see instructions)		l of specifi ents made	include	of column 4 to d in the contr ation's gross ii	rolling	6 Deductions directly connected with income in column 5
(1)										
(2)					ļ					
(3)	_ 									
(4)					<u> </u>					<u></u>
Nonexempt Controlled Organ			- 1 -			1 40 5	and of action	n O that is		4. Doductions directly
7 Taxable Income	8 Net unrelated (loss) (see instru			9 Total of specific payments made		ınclu	art of colum ded in the c ization's gro	ontrolling		Deductions directly nnected with income in column 10
(1)						ļ			<u> </u>	
(2)									<u> </u>	
(3)								-	-	
(4)			<u> </u>				columns 5		<u> </u>	dd columns 6 and 11
Totals	ncome of a Se	ction 5	 501(c)	(7), (9), or (17		Ente Part	here and or I, line 8, coli	n page 1, umn (A)		ter here and on page 1. art i, line 8, column (B)
1 Description of income	2 Amount o	of income		3 Deduc directly col (attach sch	nnected			et-asides i schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)	<u> </u>									
(2)	<u> </u>									
(3)										
(4)	<u> </u>									
Totals ▶	Enter here and Part I, line 9, o	column (A))	r Than Adverti	sing In	come (see instru	ictions)		
	Part I, line 9, o	3. E di conne prod)	4 Net incomfrom unrelation business 2 minus collif a gain, collif	ne (loss) ed trade (column umn 3) impute	5 Gro from a is not	see instru	6 Experatributal	ble to	
Totals	Part I, line 9, of the part Activity In 2. Gross unrelated business income from trade or	3. E di conne prod	Other Expenses irectly ected will duction of irelated	4 Net incomfrom unrelation business 2 minus collif a gain, collif	ne (loss) ed trade (column umn 3) impute	5 Gro from a is not	is income itivity that unrelated	6 Exper	ble to	expenses (column 6 minus column 5, but not more than
Totals	Part I, line 9, of the part Activity In 2. Gross unrelated business income from trade or	3. E di conne prod	Other Expenses irectly ected will duction of irelated	4 Net incomfrom unrelation business 2 minus collif a gain, collif	ne (loss) ed trade (column umn 3) impute	5 Gro from a is not	is income itivity that unrelated	6 Exper	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than
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Totals	Part I, line 9, of the part Activity In 2. Gross unrelated business income from trade or	3. E di conne prod	Other Expenses irectly ected will duction of irelated	4 Net incomfrom unrelation business 2 minus collif a gain, collif	ne (loss) ed trade (column umn 3) impute	5 Gro from a is not	is income itivity that unrelated	6 Exper	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than
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Totals	Part I, line 9, of the part I, line 9, of the part I, line 9, of the part I, line 10, col (A) Part I, line 9, of the part I, line 10, col (A) Come (see instr	COME, 3. E d conne produnt busine Enter h page line 10 uctions)	Other Expenses Irectly ected will uction o urelated ess incon	4 Net incomfrom unrelation business 2 minus collif a gain, occols 5 through	ne (loss) ed trade (column umn 3) impute ugh 7	5 Gro from a is not	is income itivity that unrelated	6 Exper	ble to	7 Excess exempt expenses (column 5 but not more than column 4) Enter here and on page 1,
Totals	Part I, line 9, of the part I, line 9, of the part I, line 9, of the part I, line 10, col (A) Part I, line 9, of the part I, line 10, col (A) Come (see instr	Come, 3. Ediconne produin busine Enter hipage line 10 uctions) ed on a	Other Expenses Irectly ected will uction to urelated ess incon	4 Net incomfrom unrelation business 2 minus collifa gain, occols 5 through on solidated Bas 4 Adverting gain or (loss)	is (loss) ed trade (column umn 3) impute ugh 7	5 Groof from a is not busine	is income itivity that unrelated	6 Exper	ble to n 5	7 Excess exempt expenses (column 5, but not more than column 4) Enter here and on page 1,
1 Description of exploited activity 1) 2) 3) 4) Cotals	Enter here and on page 1, Part I, line 10, col (A) Come (see instrictions) Come (see instrictions)	Come, 3. Ediconne produin busine Enter hipage line 10 uctions) ed on a	Other Expenses irrectly ected will function or irrelated ess incon irrelated 1, Part I 0, col (8	4 Net incomfrom unrelation business 2 minus color on color of the colo	is (loss) ed trade (column umn 3) impute ugh 7	5 Groof from a is not busine	is income tivity that included is income	6 Experattributal columi	ble to n 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26 7 Excess readership costs (column 6 minus column 5, but not more than
Totals	Enter here and on page 1, Part I, line 10, col (A) Come (see instrictions) Come (see instrictions)	Come, 3. Ediconne produin busine Enter hipage line 10 uctions) ed on a	Other Expenses irrectly ected will function or irrelated ess incon irrelated 1, Part I 0, col (8	4 Net incomfrom unrelation business 2 minus color on color of the colo	is (loss) ed trade (column umn 3) impute ugh 7	5 Groof from a is not busine	is income tivity that included is income	6 Experattributal columi	ble to n 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26 7 Excess readership costs (column 6 minus column 5, but not more than
Totals	Enter here and on page 1, Part I, line 10, col (A) Come (see instrictions) Come (see instrictions)	Come, 3. Ediconne produin busine Enter hipage line 10 uctions) ed on a	Other Expenses irrectly ected will function or irrelated ess incon irrelated 1, Part I 0, col (8	4 Net incomfrom unrelation business 2 minus color on color of the colo	is (loss) ed trade (column umn 3) impute ugh 7	5 Groof from a is not busine	is income tivity that included is income	6 Experattributal columi	ble to n 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26 7 Excess readership costs (column 6 minus column 5, but not more than
Totals	Enter here and on page 1, Part I, line 10, col (A) Come (see instrictions) Come (see instrictions)	Come, 3. Ediconne produin busine Enter hipage line 10 uctions) ed on a	Other Expenses irrectly ected will function or irrelated ess incon irrelated 1, Part I 0, col (8	4 Net incomfrom unrelation business 2 minus color on color of the colo	is (loss) ed trade (column umn 3) impute ugh 7	5 Groofrom a is not busine	is income tivity that included is income	6 Experattributal columi	ble to n 5	7 Excess exempt expenses (column 6 minus column 4) Texcess exempt expenses (column 5 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26 Texcess readership costs (column 6 minus column 5, but not more than column 4)

94-2856701 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

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)			ļ <u>.</u>	ļ <u>-</u>	ļ	<u> </u>
Totals from Part I ▶		- <u>-</u> -			,	
	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 - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr			
1 Name		2 1	fitle	3 Percent of time devoted to business	4 Compensatio unrelated	
(1)				%		
(2)				%		
(3)				%		
(4)				%_		
Total. Enter here and on page 1, Pa	art 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. MONTAUK TRIGUARD FUND VII, L.P.	-39,050. -10,737.
MONTAUK TRIGUARD FUND V, L.P. SALIENT MLP TOTAL RETURN FUND, L.P.	-8,630. -95,874.
INCOME (LOSS) FROM PARTNERSHIPS	-154,291.

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

	NOL	AMOUNT UTILIZED IN	AMOUNT UTILIZED IN	AMOUNT EXPIRED IN	CARRYFORWARD TO
TAX YEAR	GENERATED	PRIOR YEARS	9/30/2019	9/30/2019	9/30/2020
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

TAX YEAR	CHARITABLE CONTRIBUTION GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 9/30/2019	AMOUNT EXPIRED IN 9/30/2019	CARRYFORWARD TO 9/30/2020
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	-	<u>-</u>	<u> </u>	5,500,000
	8,800,000	(23,658)		(984,921)	7,791,421

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

► 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

OMB No 1545-0123

2018

Employer identification number

Schedule D (Form 1120) 2018

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ 94-2856701 Short-Term Capital Gains and Losses (See instructions (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 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 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h., Part II Long-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 8a Totals for all long-term transactions reported on Form ٠ 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However ي چوند در چوند د درها 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Enter gain from Form 4797, line 7 or 9 11 49,938. Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 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 49,938. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 49,938. Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital losses in the instructions

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