

Form 990-T

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

OMB No 1545-0047

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 2020

2019

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 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ

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

94-2856701

1510 EAST FLOWER STREET

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

E Unrelated business activity code (See instructions)

PHOENIX, AZ 85014

F Group exemption number (See instructions)

554,748,499.

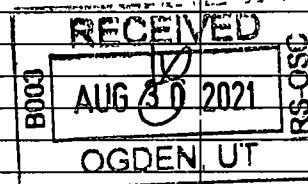
G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

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

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

For Paperwork Reduction Act Notice, see instructions.

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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32; 33 Amounts paid for disallowed fringes 33; 34 Charitable contributions (see instructions for limitation rules) 34; 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 35 0.; 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36; 37 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35 37; 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38; 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 39 0.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40; 41 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on line 39 from [] Tax rate schedule or [] Schedule D (Form 1041) 41; 42 Proxy tax. See instructions 42; 43 Alternative minimum tax (trusts only) 43; 44 Tax on Noncompliant Facility Income. See instructions 44; 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 46a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a; 46b Other credits (see instructions) 46b; 46c General business credit Attach Form 3800 (see instructions) 46c; 46d Credit for prior year minimum tax (attach Form 8801 or 8827) 46d; 46e Total credits. Add lines 46a through 46d 46e; 47 Subtract line 46e from line 45 47; 48 Other taxes Check if from [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 48; 49 Total tax. Add lines 47 and 48 (see instructions) 49 0.; 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B Part II, column (k), line 3 50; 51a Payments A 2018 overpayment credited to 2019 51a 28,146.; 51b 2019 estimated tax payments 51b; 51c Tax deposited with Form 8868 51c; 51d Foreign organizations Tax paid or withheld at source (see instructions) 51d; 51e Backup withholding (see instructions) 51e; 51f Credit for small employer health insurance premiums (attach Form 8941) 51f; 51g Other credits, adjustments, and payments [] Form 2439 [] Form 4136 [] Other Total 51g; 52 Total payments. Add lines 51a through 51g 52 28,146.; 53 Estimated tax penalty (see instructions) Check if Form 2220 is attached 53; 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54; 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 28,146.; 56 Enter the amount of line 55 you want Credited to 2020 estimated tax 28,146. Refunded 56

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

Table with 2 columns: Description and Yes/No. Rows include: 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority 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 country here 57 Yes No X; 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file 58 Yes No X; 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 59

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

Sign Here Debrah Shumway 18/11/21 EXECUTIVE DIRECTOR Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only Print/Type preparer's name PATRICK SHIELDS Preparer's signature [Signature] Date 08/11/21 Check [] if self-employed PTIN P01508556 Firm's name ERNST & YOUNG U.S. LLP Firm's EIN 34-6565596 Firm's address 101 E. WASHINGTON ST, STE 910, PHOENIX, AZ 85004 Phone no 602-322-3000

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

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				X

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%)	(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

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

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average 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 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

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 25
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 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ATTACHMENT 3FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

AG REALTY FUND VIII, L.P.	-30,225.
INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP	-31.
MONTAUK TRIGUARD FUND VII, L.P.	-17,267.
MONTAUK TRIGUARD FUND V, L.P.	-6,826.
SALIENT MLP TOTAL RETURN FUND, L.P.	60,840.
INCOME (LOSS) FROM PARTNERSHIPS	<u>6,491.</u>

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ

FEIN: 94-2856701

FOR YEAR ENDED: SEPTEMBER 30, 2020

Form 990-T, Part I, Line 30

NET OPERATING LOSS CARRYFORWARD

<u>TAX YEAR</u>	<u>LOSS INCURRED</u>	<u>AMOUNT UTILIZED IN PRIOR YEARS</u>	<u>AMOUNT UTILIZED IN 9/30/2020</u>	<u>CARRYFORWARD TO 9/30/2021</u>
9/30/2019	106,164	-	(16,269)	89,895
			<u>(16,269)</u>	<u>89,895</u>

HOSPICE ENDOWMENT TRUST FUND OF PHCENIX, AZ

FEIN: 94-2856701

FOR YEAR ENDED SEPTEMBER 30, 2020

Form 990-T, Part III, Line 34

CHARITABLE CONTRIBUTIONS CARRYFORWARD

<u>TAX YEAR</u>	<u>CHARITABLE CONTRIBUTION GENERATED</u>	<u>AMOUNT UTILIZED IN PRIOR YEARS</u>	<u>AMOUNT UTILIZED IN 9/30/2020</u>	<u>AMOUNT EXPIRED IN 9/30/2020</u>	<u>CARRYFORWARD TO 9/30/2021</u>
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
9/30/2020	200,000	-	-	-	200,000
	<u>8,000,000</u>	<u>(8,579)</u>	<u>-</u>	<u>-</u>	<u>7,991,421</u>

**SCHEDULE D
(Form 1120)**

Capital Gains and Losses

OMB No 1545-0123

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.

2019

Name **HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ** Employer identification number **94-2856701**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

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		2,599.		-2,599.
11 Enter gain from Form 4797, line 7 or 9				11 12,872.
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 10,273.

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 10,273.
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17 10,273.
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns				18 10,273.

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) 2019

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ

94-2856701

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
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s) from instructions, (g) Amount of adjustment, (h) Gain or (loss). Includes a row for 'PARTNERSHIP LONG TERM CAP GAINS' and a '2 Totals' row at the bottom.

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