For calendar year 261 to 2019  P Go to www.irs.gov/Porm9907 for instructions and the latest information  P or an inter SNR number on the form 251 mgs to good and the latest information  P or an inter SNR number on the form 251 mgs to good and the latest information  P or an inter SNR number on the form 251 mgs to good and an interest of good and a sold formation in the latest of good and a sold formation	Eorm	990-T	Ex	cempt Organizatio				01	OMB No 1545-0047
December of Service	1 01111	بالمجارب يو	For calendar year 2019 or other tax year beginning $10/01$ , 2019, and ending $09/30$ , 20 $20$ .						
Scheel book of software criminged   Sharme of organization   Cheeks book frame changed and see instructions   D   Employer identification number   Circles book frame changed and see instructions   D   Sharper changed and see instructions			<b> </b>					CV3\	Open to Public Inspection for
Yes   Solic	A	Check box if	200		D Empl	oyer identification number			
Addition   Total   Comparison   Co	BEXE	empt under section	1	HOSPICE ENDOWMENT	T TRUST	FUND OF PHOENIX	, AZ		
498(e)   220(e)   17   17   18   18   18   18   18   18	X	501(C)(3)	Print	Number, street, and room or suite	94-2	856701			
488		408(e) 220(e)							
ENDENTIX, AZ 650.14   Solicy to the composition of the previous period power of the previous send power of the organization's unrelated trade or businesses here ≥ ATCH 1		408A530(a)	1,400	1510 EAST FLOWER	STREET			(260 !!	istructions )
at end dryear    F. Group exemption number (See instructions)		529(a)		City or town, state or province, of	country, and 2	ZIP or foreign postal code			
HE Enter the number of the organization's unrelated trades or businesses ≥ Losserible the only of rings unrelated trades or businesses ≥ Losserible the only of rings unrelated trades or businesses ≥ Losserible the only of rings unrelated trades or businesses. № Losserible the only of rings unrelated trades or businesses. № Losserible the only of rings unrelated trades or businesses. № Losserible the only of rings unrelated trades or businesses. № Losserible the only of rings unrelated trade or business. Inten complete Parts I into III from yone, complete Parts IV 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. Intended trade or business into the III for the york. A special parts I was a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible the rings of the previous sentence composition in the Parts I was a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible the rings of the previous sentence or a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible the rings of the previous sentence or a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible the rings of the previous sentence or a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible and the previous sentence or a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible and the previous sentence or a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible and the previous sentence or a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible and the previous sentence or a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible and the previous sentence or a subsidiary in an affiliated group or a patent-subsidiary controlled group?  Losserible and the				PHOENIX, AZ 8501	4				
H. Enter the number of the organization's unrelated trades or businesses. ▶ 1		· ·				<del></del>	······································	_	<del></del>
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 III, complete a Schedule M for each additional trade or business, linen complete Parts III. If only one, complete Parts III. If one III. If one III. It only one, complete Parts III. If one III. It only one, complete III. It only one, complete Parts III. If one III. If one III. It one, complete III. If one III. It one, complete III. It								1	
Irrst 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 I iII-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled arguing?  If "Yes," enter the name and identifying number of the parent corporation ► ATCH 2 W I Provided arguing?  If "Yes," enter the name and identifying number of the parent corporation ► ATCH 2 W I Provided arguing?  If the books are in care of ₱ DebBORAM SHUMMAY Telephone number ► 602−530−6900    Part   Unrelated Trade or Business Income					usinesses	·			
Trade or business, then complete Parts III-V  1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," wester the name and identifying number of the parent corporation.  ATCH 2 100 100 200 200 200 200 200 200 200 2							•		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  1 The books are in care of the DEBORAH SHUMRAY  Telephone number ► 602-530-6900  2 Cost of goods are in care of the DEBORAH SHUMRAY  Telephone number ► 602-530-6900  2 Cost of goods old (Schedule A, line 7).  2 Cost of goods old (Schedule A, line 7).  3 Gross profit Subtract line 2 from line 1c.  3 Gross profit Subtract line 2 from line 1c.  3 Gross profit Subtract line 2 from line 17 (sitian Form 4737).  4 a Capital gain net income (faltach Schedule D).  4 a 10, 273.  5 Income (ross) from 4797, Part II, line 17) (sitian Form 4737).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) from a partnership or an Scoppadin (sitian streament).  5 Income (ross) fr		•			e, complete	Parts I and II, complete a S	chedule M for ea	ch additio	nal
March   Mar			<u> </u>					<del></del>	Y V LV L
The books are in care of ▶DEBORASI SHUWWAY   Telephone number ▶ 602-530-6900								N22	3.08 PM 18 - NO
Captal   Incended Trade or Business Income   (A) Income   (B) Expenses   (C) Net					ent corporati	Telephon	e number > 60	12-530	-6900
1a Gross recepts or sales b Lass returns and allowances C Cost of goods sold (Schedule A, line 7)						<del></del>			
b Lass returns and allowances  C Gost of goods sold (Schedule A, line 7).  G Cost of goods sold (Schedule A, line 7).  G Cost of goods sold (Schedule A, line 7).  G Cost of goods sold (Schedule A, line 7).  A Capital gain net income (attach Schedule D).  Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).  A Lass returns and allowed for fruits and the schedule D.  Net gain (loss) (Form 4797, Part II, line 17) (attach sizemeni), and an income (Schedule C).  C Capital loss deduction for fruits and schedule D.  To Unrelated debt-Innanced income (Schedule E).  Net interest, annulies, royalites, and rents from a controlled organization (Schedule F).  Investment income of a section 501(6)7 (8), or (17) organization (Schedule F).  Exploited exempt activity income (Schedule I).  Compared exempt activity income (Schedule I).  Other income (See instructions, attach schedule).  Other income (See instructions, attach schedule).  Total Compines flors of through 12.  Comparation of officers, directors, and trustees (Schedule K).  Comparation of officers, directors, and trustees (Schedule K).  Comparation of officers, directors, and trustees (Schedule K).  Taxes and licenses.  15  Repairs and maintenance.  16  Repairs and maintenance.  17  Taxes and incenses.  19  Depreciation (attach Schedule) (see instructions).  Taxes and incenses.  19  Depreciation (attach Form 4562).  Less depreciation (attach Form 4562).  Depletion.  Contributions to deferred compensation plans.  Excess readefship costs (Schedule I).  Contributions to deferred compensation plans.  Excess exempt pepenses (Schedule I).  Excess readefship costs (Schedule I).  Contributions to deferred compensation plans.  Excess exempt pepenses (Schedule I).  Excess readefship costs (Schedule I).  Depletion.  O Odd Richard						(A) modile	(5) 1		1 / /
2 Cost of goods sold (Schedule A, Inne 7)					nce 🕨 1c				
3 Gross profit Subtract line 2 from line 1c	_								
4a Capital gain net income (attach Schedule D) 4					• • • • • • • • • • • • • • • • • • • •				
b Net gain (loss) (Form 4797, Part II, lime 17) (atlach Form 4797).  c Capital loss deduction for trusts  finceme (loss) from a painterhip or an S corporation (attach statement).  6 Rent income (Schedule C).  7 Unrelated debtfinanced income (Schedule E).  8 Interest, annuties, royaltes, and rents from a controlled organization (Schedule 6)  9 Interest, annuties, royaltes, and rents from a controlled organization (Schedule 6)  10 Exploited exempt activity income (Schedule 1).  11 Advertising income (Schedule 1).  12 Other income (See instructions, attach schedule).  12 Other income (See instructions, attach schedule).  13 Total. Combine lines 3 through 12.  14 Compensation of officers, directors, and trustees (Schedule I).  15 Salaries and wages  16 Repairs and maintenance.  17 Bad debts.  18 Interest (attach schedule) (see instructions).  19 Taxes and licenses  10 Exploited exempt activity income (Schedule A and elsewhere on return 21 taxes and licenses (Schedule A)).  10 Exploited exempt activity income (See instructions).  11 Advertising income (Schedule) (see instructions).  12 Depletion (attach Form 4562).  13 Taxes and licenses  15 Interest (attach schedule) (see instructions).  16 Exploited exempt expenses (Schedule A) (see instructions).  17 Interest (attach schedule) (see instructions).  18 Interest (attach schedule) (see instructions).  19 Exploited (attach Form 4562).  20 Depreciation (attach Form 4562).  21 Depletion (attach Form 4562).  22 Depletion (attach Form 4562).  23 Contributions to deferged compensation plans  24 Employee benefit programs  25 Excess exempt expenses (Schedule I).  26 Excess exagérs (process (Schedule I)).  27 Other deductions (attach schedule)  28 Total deductions (attach schedule)  29 Upfelated business taxable income before net operating loss deduction Subtract line 28 from line 13 and 16, 269.  30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  30 Deduction for net operating loss arising in tax years beginn					· ·	10,273.			10,273.
c Capital loss deduction for trusts  Income (loss) from a partmership or an Scoporation (attach statement), 5 6, 491. ATCH 3 6, 491.  Rent income (Schedule C), 6  Rent income (Schedule C), 7  Unrelated debt-financed income (Schedule E), 7  Interest, annuites, royalities, and rents from a controlled organization (Schedule F), 9  Investment income of a section 501(c)(7) (9), or (17) organization (Schedule F), 10  Exploited exempt activity income (Schedule I), 11  Advertising income (Schedule I), 11  Other income (See instructions, attach schedule), 12  Other income (See instructions, attach schedule), 13  Total, Combine lines 3 through 12, 13  Total, Combine lines 3 through 12, 13  Completed with the unrelated business income.)  Compensation of officers, directors, and trustees (Schedule K), 14  Salaries and wages, 15  Repairs and maintenance 16  Repairs and maintenance 17  Bad debts, 17  Interest (attach schedule) (see instructions), 18  Interest (attach schedule) (see instructions), 18  Interest (attach schedule) (see instructions), 19  Depreciation (attach Form 4562), 20  Depreciation (attach Form 4562), 20  Employee benefit programs 21  Employee benefit programs 22  Contributions to deferred compensation plans 23  Employee benefit programs 24  Cother deductions (attach schedule) (see instructions) 26  Other deductions (attach schedule) 27  Other deductions (attach schedule) 27  Other deductions (attach schedule) 27  Uprelated business taxable income before net operating loss deduction Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30					• •			/	
5 Income (toss) from a partnership or an S corporation (attach statement).  6 Rent income (Schedule C).  7 Unrelated debt-financed income (Schedule E).  8 Interest, annulies, royalises, and rents from a controlled dragam/atton (Schedule F).  9 Investment income of a section 501(c)(7): (9), or (17) organization (Schedule G).  10 Exploited exempt activity income (Schedule I).  11 Advertising income (Schedule J).  12 Other income (See instructions, attach schedule).  12 Interest (See instructions).  13 Interest (See instructions).  14 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K).  15 Salaries and wages.  16 Repairs and maintenance.  16 Repairs and maintenance.  17 Total. (attach schedule) (see instructions).  18 Interest (attach schedule) (see instructions).  18 Interest (attach schedule) (see instructions).  19 Taxes and licenses.  19 495.  20 Depreciation (attach Form 4562).  21 Less depreciation claimed on Schedule A and elsewhere on return.  22 Depletion.  22 Contributions to deferred compensation plans.  23 Employee benefit grógrams.  24 Employee benefit grógrams.  25 Excess exempl expenses (Schedule I).  26 Excess readef ship costs (Schedule I).  27 Other deductions (attach schedule).  28 Other deductions (attach schedule).  29 Other deductions (attach schedule).  20 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  30 Deduction for ret operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  30 Deduction for ret operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).		• , , ,						-	
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Advertising income (Schedule J). 11	8	Interest, annuities, roy	alties, and re	ents from a controlled organization (Sche	dule F) 8			V	
Advertising income (Schedule J). 11	9	Investment income of	a section 50	91(c)(7) (9), or (17) organization (Sched	lule G) 9		L B A	JG (3 D	2021 3
12   Other income (See instructions, attach schedule)   12   13   16,764   16,764   16,764	10	Exploited exempt	activity i	ncome (Schedule I)	10			$\sim$	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K).		Advertising incor	ne (Sched	dule J) . , . ,	11		C	GDE	N UT
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K).	12								
connected with the unrelated business income.)  Connected with the unrelated b	13	Total. Combine I	ines 3 thr	cugh 12	13				
14   Compensation of officers, directors, and trustees (Schedule K).	<b></b> 1					ons for limitations on d	leductions.) (	Deducti	ons must be directly
15 Salaries and wages									<del></del>
16 Repairs and maintenance	_	•			,				
Less depreciation claimed on Schedule A and elsewhere on return		Salaries and wag	es			• • • • • • • • • • • • •		15	
Less depreciation claimed on Schedule A and elsewhere on return	16								
Less depreciation claimed on Schedule A and elsewhere on return	17								
Less depreciation claimed on Schedule A and elsewhere on return	10								105
Less depreciation claimed on Schedule A and elsewhere on return	1 20							• • • • • • • • • • • • • • • • • • • •	<del></del>
Depletion						1	···	216	,
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 27.  Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  23  24  25  26  27  28  495.  29  16, 269.		•		,		· · · · · · · · · · · · · · · · · · ·			
Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other deductions (attach schedule).  Total deductions. Add lines 14 through 27.  Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  24  25  26  27  28  495.  29  16, 269.									
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26 Excess readership costs (Schedule J)									
27 Other deductions (attach schedule)									
Total deductions. Add lines 14 through 27									
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Deduction for her operating ross arising in tax years esg	29	,							
31/ Unrelated business taxable income Subtract line 30 from line 29	30	/							16,269.
To December 1 Deduction Act Notice and instructions	31/	,							

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Form	990-T (20	19) HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ	94-28567	01 Page <b>2</b>
Par	t III	Total Unrelated Business Taxable Income		
32		f unrelated business taxable income computed from all unrelated trades or businesses (see		
-		ons) •	32	
33		s paid for disallowed fringes	33	
34		ple*contributions (see instructions for limitation rules)	34	
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line		
33			35	0.
20		the sum of lines 32 and 33		
36		· · · · · · · · · · · · · · · · · · ·	36	
		ons)		
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	<del></del>
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39		ed business taxable Income. Subtract line 38 from line 37 If line 38 is greater than line 37,		0
		e smaller of zero or line 37	39	·. 0.
Par		Tax Computation		
40	-	ations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
41		Taxable at Trust Rates. See instructions for tax computation income tax on		
		unt on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy ta	ax. See instructions , , , , , ,	42	
43 ्		ive minimum tax (trusts only)		
44	Tax on	Noncompliant Facility Income. See Instructions	44	
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Par	t V	Tax and Payments		
46 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b	Other c	redits (see instructions)		
С	General	business credit Attach Form 3800 (see instructions)		·
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)		
			46e	
47		t line 46e from l <u>ine 45 </u>	47	
48		tes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
49		x. Add lines 47 and 48 (see instructions)	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B Part II, column (k), line 3	50	
		ts A 2018 overpayment credited to 2019		
		timated tax payments		
		osited with Form 8868		
		organizations Tax paid or withheld at source (see instructions)		•
	_	withholding (see instructions)		
		or small employer health insurance premiums (attach Form 8941)		
		edits, adjustments, and payments Form 2439		
y		orm 4136 Other Total > 51g	'	
52		ayments. Add lines 51a through 51g	512	28,146.
		ed tax penalty (see instructions) Check if Form 2220 is attached.	58	
53 54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
		yment. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid	55	28,146.
55 56		e amount of line 55 you want Credited to 2020 estimated tax > 28, 146.	56	20,2100
-4		Statements Regarding Certain Activities and Other Information (see instructions		
				ty Yes No
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature or		"' <del>                                    </del>
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		1 1
		Form 114, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the	roreign count	ry   X
	here ►			
58	-	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	· · <del>    ^</del>
		see instructions for other forms the organization may have to file		
<u>59</u>	Enter th	e amount of tax-exempt interest received or accrued during the tax year ▶ \$		dec and half-full
	tru	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the being correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowle	uge end belief, it is
Sig	1   K	Majoria Majori	y the IRS disc	uss this return
Her				shown below
	Sı		instructions)? X	Yes No
D-1	1	Print/Type preparer's name Preparer's signature Date Check		
Paid			*·F·-y	1508556
	Only		EIN ▶ 34-6	
026	Only	Firm's address ▶ 101 E. WASHINGTON ST, STE 910, PHOENIX, AZ 85004 Phone	no 602-32	2-3000

	4 5	1 Description of debt-financed property		Deductions directly connected with or allocable to debt-financed property				
	1 Description of de	ы-плапсес ргорепу	anced property allocable to debt-financed property		(b) Other deductions (attach schedule)			
(1)								
(2)								
(3)								
(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)	Allocable deductions     (column 6 x total of columns     3(a) and 3(b))			
(1)			%					
(2)			%					
(3)			%					
(4)			%					
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)			

Form **990-T** (2019)

Total dividends-received deductions included in column 8.

Schedule F - Interest, Ann	uities, Royaltie						t <b>ions</b> (se	e instruction	ons)	
- 1		<u> </u>	cempt Co	ontrolled Or	ganızatı	ons	т			
1. Name of controlled organization	2. Employer identification number		3. Net unrelated income (loss) (see instructions)		l .	4. Total of specified		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 Organi	zations								_	
7. Taxable Income	8. Net unrelated ii (loss) (see instruc		1	Total of specifical		ınclud	rt of column ed in the co ation's gros	ntrolling		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)										
(4)										,
Totals				 (9), or (17	► ′) Orga	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
1. Description of income	2. Amount of	fincome		3 Deduction of the 3 december 3 d	nnected			et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)				<del></del> -						
(3)										
(4)										
Totals ▶ Schedule I-Exploited Exc	Enter here and Part I, line 9, c	olumn (A)	Other Th	nan Advert	ising Ir	ncome (s	see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Exp dire connect produ- unre	penses ectly eted with ction of elated s income	4. Net incor from unrelat or business 2 minus col If a gain, c	ne (loss) led trade (column lumn 3) ompute	5. Gros from ac is not i	s income tivity that inrelated s income	6. Exper attributal columi	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								<b>†</b>		
(2)	<del> </del>			<u> </u>						
(3)	·					-				-
(4)	<del>                                     </del>			<u> </u>			<del></del>	<del>                                     </del>	-	
Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on I, Part I, , col (B)					1		Enter here and on page 1, Part II, line 25
Schedule J-Advertising I	ncome (see instr	uctions)						-		<del></del>
Part I Income From Per			Conso	idated Bas	sis					
1, Name of periodical	2. Gross advertising income	3. 🗅	Direct ling costs	4. Adver gain or (los 2 minus co a gain, co cols 5 thro	tising is) (col ol 3) If mpute		culation	6. Reade	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(1)	<del> </del>			-			_	<del> </del>		+
(2)	<del>                                     </del>			<del> </del>				<del>                                     </del>		
				-			_	<del> </del>		
(4)	<del>                                     </del>			+			_	<del> </del>		<del> </del>
Totals (carry to Part II, line (5))					_					- 000 T

Form 990-T (2019) HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ 94-2856701 Page 5 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) 4. Advertising 7. Excess readership costs (column 6 2. Gross gain or (loss) (col 6. Readership 3. Direct 5. Circulation minus column 5, but 2 minus col 3) If advertising 1. Name 🗗 periodical advertising costs ıncome costs a gain, compute not more than income cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 26 line 11, col (A) line 11, col (B) 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	Compensation attributable to unrelated business.
(1)		%	
(2)		%	!
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

ATTACHMENT 3

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

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

## 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

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

#### HOSPICE ENDOWMENT TRUST FUND OF PHGENIX, AZ

FEIN: 94-2856701

FOR YEAR ENDED SEPTEMBER 30, 2020

Form 990-T, Part III, Line 34

#### CHARITABLE CONTRIBUTIONS CARRYFORWARD

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

# 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-PCL, 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

Employer identification number

2019

HOSPICE ENDOWMENT TRUST FUND OF PHOENIX, AZ 94-2856701 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss 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) Subtract column (e) from or loss from Form(s) the lines below Proceeds Cost column (d) and combine 8949, Part I, line 2, This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (a) 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 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 (ioss) Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions (h) Gain or (loss) (g) Adjustments to gain See instructions for how to figure the amounts to enter on (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost column (d) and combine 8949, Part II, line 2, This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 2,599. -2,599.12,872. Enter gain from Form 4797, line 7 or 9 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 Capital gain distributions (see instructions) 14 10,273. Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 10,273. Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... 17 10,273. 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

Page 2

HOSPICE ENDOWMENT TRUS				Social sec	curity number or	taxpayer identificat 94-2856701	ion number
Before you check Box D, E, or F below,	see whether yo	ou received any	y Form(s) 1099-B o			our broker A subst	
statement will have the same information broker and may even tell you which box		99-B Either wii	ll show whether you	ır basis (usually j	our cost) was i	reported to the IRS	by your
Part II Long-Term. Transac				more than 1	year are ge	enerally long-te	rm (see
instructions) For sho		•	, •	rted on Form	(s) 1099-B	showing basis	was reported
to the IRS and for w 8a, you aren't requir	hich no ad	justments o	r codes are re	quired Enter	the totals d	irectly on Sche	
You must check Box D, E, or F b a separate Form 8949, page 2, fo	r each applic	able box If y	ou have more lo	ng-term transa			
more of the boxes, complete as ma (D) Long-term transactions re	-		•		o the IRS (see	e Note above)	`\
(E) Long-term transactions of X (F) Long-term transactions of	•		-	wasn't reporte	ed to the IRS	·	
1 (a)	(b)	(c) Date sold or	(d)	(e) Cost or other basis	If you enter an a	any, to gain or loss amount in column (g), de in column (f)	Gain or (loss).
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	disposed of (Mo , day, yr )	Proceeds (sales price) (see instructions)	See the Note below and see Column (e) in the separate instructions	See the separate instructions.  (f)  Code(s) from Amount of instructions adjustment		Subtract column (e) from column (d) and combine the result with column (g)
PARTNERSHIP LONG TERM CAP GAINS		 		2,599	inot details	adjustinom	-2,599
FARINDING IF LONG IEAN CAP GAINS		<u> </u>		2,399			-2,399
			,				
,				,			
				· · ·			
	<u> </u>						
				,			
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above	here and inclusion here and inclusion here.	ide on your 9 (if Box E		2,599			-2,599
above is checked), or line 10 (if Box Note: If you checked Box D above bu			RS was incorrect.	L	(e) the basis a	as reported to the	

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2019)