

Form 990-T

EXTENDED TO NOVEMBER 15, 2018  
Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

► Go to [www.irs.gov/Form990T](http://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).

A  Check box if  
address changedPrint  
or  
TypeName of organization (  Check box if name changed and see instructions )**THE JOHN J. POHANKA FAMILY FOUNDATION**D Employer identification number  
(Employees' trust, see  
instructions)**56-6784266**

B Exempt under section

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

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

**1772 RITCHIE STATION COURT**E Unrelated business activity codes  
(See instructions)

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

**CAPITOL HEIGHTS, MD 20743****523000**C Book value of all assets  
at end of year**19,261,067.**

F Group exemption number (See instructions) ►

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

H Describe the organization's primary unrelated business activity ► SEE STATEMENT 12

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  
If "Yes," enter the name and identifying number of the parent corporation. ►J The books are in care of ► **TRUSTEES**

Telephone number ► (301) 899-7800

**Part I Unrelated Trade or Business Income**

		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)	► 1c		
3	Gross profit. Subtract line 2 from line 1c	2		
4 a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b	18.	18.
5	Income (loss) from partnerships and S corporations (attach statement)	4c	-3,000.	-3,000.
6	Rent income (Schedule C)	5	-12,294.	STMT 13. -12,294.
7	Unrelated debt-financed income (Schedule E)	6		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch F)	7		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8		
10	Exploited exempt activity income (Schedule I)	9		
11	Advertising income (Schedule J)	10		
12	Other income (See instructions; attach schedule)	11		
13	Total. Combine lines 3 through 12	12	5,000.	5,000.
		13	-10,276.	-10,276.

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

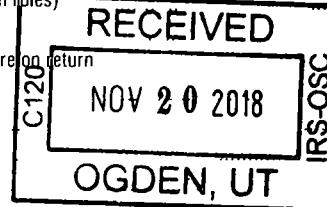
(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	14,000.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	14,000.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-24,276.
31	Net operating loss deduction (limited to the amount on line 30)	SEE STATEMENT 15	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	31	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32	-24,276.
34	Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	33	1,000.
		34	-24,276.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-T (2017)

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13291115 144198 566784266

2017.05000 THE JOHN J. POHANKA FAMIL 56678421

**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ► <input type="checkbox"/> See instructions and	
a Enter your share of the \$50,000, \$25,000, and \$9,025,000 taxable income brackets (in that order) (1) <input type="text"/> (2) <input type="text"/> (3) <input type="text"/>	
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) <input type="text"/> (2) Additional 3% tax (not more than \$100,000) <input type="text"/>	
c Income tax on the amount on line 34 ►	35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ►	36 0.
37 Proxy tax See instructions ►	37
38 Alternative minimum tax ►	38
39 Tax on Non Compliant Facility Income. See instructions ►	39
40 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies ►	40 0.

**Part IV Tax and Payments**

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) ►	41a	
b Other credits (see instructions) ►	41b	
c General business credit Attach Form 3800 ►	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) ►	41d	
e Total credits. Add lines 41a through 41d ►	41e	
42 Subtract line 41e from line 40 ►	42 0.	
43 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ►	43	
44 Total tax Add lines 42 and 43 ►	44 0.	
45 a Payments A 2016 overpayment credited to 2017 ►	45a 65,823.	
b 2017 estimated tax payments ►	45b 28,000.	
c Tax deposited with Form 8868 ►	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions) ►	45d	
e Backup withholding (see instructions) ►	45e	
f Credit for small employer health insurance premiums (Attach Form 8941) ►	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ►	45g	
46 Total payments. Add lines 15a through 15g ►	46 93,823.	
47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ► <input type="checkbox"/>	47	
48 Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed ►	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ►	49 93,823.	
50 Enter the amount of line 49 you want Credited to 2018 estimated tax ►	50 0.	

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

51 At any time during the 2017 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 ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferee to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
53 Enter the amount of tax exempt interest received or accrued during the tax year ► \$	

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	Date	Title
Paid Preparer Use Only	Print/Type preparer's name SCOTT BARNARD	Preparer's signature	Date 11/15/18
	Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP		Check <input type="checkbox"/> if self-employed
	8219 LEESBURG PIKE, SUITE 800		PTIN P00243277
	Firm's address ► TYSONS, VA 22182		Firm's EIN ► 39-0859910
			Phone no (703) 923-8300

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

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	
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a		
b Other costs (attach schedule)	4b	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5 Total Add lines 1 through 4b	5		

**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	0.	0.

(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) ►

0.

**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) ►	0.	Enter here and on page 1, Part I, line 7, column (B) ►
Total dividends-received deductions included in column 8				0.	0.

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## 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				0.	0.

## 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				0.	0.

## 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		0.	0.			0.

## 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))		0.	0.			0.

**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)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
	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
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Schedule K - Compensation of Officers, Directors, and Trustees</b> (see instructions)						
1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
<b>Total. Enter here and on page 1, Part II, line 14</b>						

Form 990-T (2017)

• THE JOHN J. POHANKA FAMILY FOUNDATION

56-6784266

FORM 990-T      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY      STATEMENT 12

## INVESTMENT IN PARTNERSHIPS WITH UNDERLYING UNRELATED BUSINESS INCOME INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T                    INCOME (LOSS) FROM PARTNERSHIPS                    STATEMENT 13  
                                  AND S CORPORATIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DB PE GLOBAL SELECT FUND II	201.
DB PE GLOBAL SELECT FUND IV	-3.
SPECIAL OPPORTUNITIES FUND II	8.
ENERGY TRANSFER EQUITY	-12,500.
 TOTAL TO FORM 990-T, PAGE 1, LINE 5	 -12,294.

FORM 222-T OTHER INCOME STATEMENT 14

DESCRIPTION	AMOUNT
STATE REFUND	5,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	5,000.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 15
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	47,055.	0.	47,055.	47,055.
NOL CARRYOVER AVAILABLE THIS YEAR			47,055.	47,055.

**SCHEDULE D  
(Form 1041)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T.

- Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
- Go to [www.irs.gov/F1041](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No 1545-0092

**2017**

Name of estate or trust

Employer identification number

**THE JOHN J. POHANKA FAMILY FOUNDATION****56-6784266**

Note: Form 5227 filers need to complete only Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

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

**1 a** 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

**1 b** 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 or (loss) from Forms 4684, 6252, 6781, and 8824

**5** Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts

**6** Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2016 Capital Loss Carryover Worksheet

**7** Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2

**4****5****40.****6****(149,259.)****7****-149,219.****Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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.

**8 a** 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

**8 b** 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** Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824

**11**

**12** Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts

**12****1,888.**

**13** Capital gain distributions

**13**

**14** Gain from Form 4797, Part I

**14****749.**

**15** Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2016 Capital Loss Carryover Worksheet

**15****(168,529.)**

**16** Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on page 2

**16****-165,892.**

<b>Part III</b> Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
<i>Caution: Read the instructions before completing this part.</i>				
17 Net short-term gain or (loss)	17		-149,219.	-149,219.
18 Net long-term gain or (loss):				
a Total for year	18a		-165,892.	-165,892.
b Unrecaptured section 1250 gain (see line 18 of the wrksht )	18b			
c 28% rate gain	18c			
19 Total net gain or (loss) Combine lines 17 and 18a	19		-315,111.	-315,111.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

**Part IV Capital Loss Limitation**

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of		
a The loss on line 19, column (3) or b \$3,000	20	( 3,000 . )

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if

- Either line 18b, col (2) or line 18c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col (2) or line 18c, col (2) is more than zero.

21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	21		
22 Enter the smaller of line 18a or 19 in column (2) but not less than zero	22		
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24 Add lines 22 and 23	24		
25 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-	25		
26 Subtract line 25 from line 24. If zero or less, enter -0-	26		
27 Subtract line 26 from line 21. If zero or less, enter -0-	27		
28 Enter the smaller of the amount on line 21 or \$2,550	28		
29 Enter the smaller of the amount on line 27 or line 28	29		
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%		30	
31 Enter the smaller of line 21 or line 26	31		
32 Subtract line 30 from line 26	32		
33 Enter the smaller of line 21 or \$12,500	33		
34 Add lines 27 and 30	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		
36 Enter the smaller of line 32 or line 35	36		
37 Multiply line 36 by 15% (0 15)		37	
38 Enter the amount from line 31	38		
39 Add lines 30 and 36	39		
40 Subtract line 39 from line 38. If zero or less, enter -0-	40		
41 Multiply line 40 by 20% (0 20)		41	
42 Figure the tax on the amount on line 27. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		
43 Add lines 37, 41, and 42	43		
44 Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		
45 Tax on all taxable income Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)		45	

**SCHEDULE D  
(Form 1041)**Department of the Treasury  
Internal Revenue Service**ALTERNATIVE MINIMUM TAX  
Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T.

- Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10
- Go to [www.irs.gov/F1041](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2017**

Name of estate or trust

Employer identification number

**THE JOHN J. POHANKA FAMILY FOUNDATION****56-6784266**

Note: Form 5227 filers need to complete only Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

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.

**1 a** 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

**1 b** 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 or (loss) from Forms 4684, 6252, 6781, and 8824

**5** Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts

**6** Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2016 Capital Loss Carryover Worksheet

**7** Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2

**4****5****40.****6****7****40.****Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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.

**8 a** 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

**8 b** 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** Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824

**11**

**12** Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts

**12****1,888.**

**13** Capital gain distributions

**13**

**14** Gain from Form 4797, Part I

**14****749.**

**15** Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2016 Capital Loss Carryover Worksheet

**15**

**16** Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on page 2

**16****2,637.**

710841 12-20-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2017

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## ALTERNATIVE MINIMUM TAX

Schedule D (Form 1041) 2017 THE JOHN J. POHANKA FAMILY FOUNDATION

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**Part III Summary of Parts I and II**Caution *Read the instructions before completing this part.*

	(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17	40.	40.
18 Net long-term gain or (loss)			
a Total for year	18a	2,637.	2,637.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b		
c 28% rate gain	18c		
19 Total net gain or (loss). Combine lines 17 and 18a	19	2,677.	2,677.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary

**Part IV Capital Loss Limitation**

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:

a The loss on line 19, column (3) or b \$3,000

20 ( )

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover

**Part V Tax Computation Using Maximum Capital Gains Rates**

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	21		
22 Enter the smaller of line 18a or 19 in column (2) but not less than zero	22		
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24 Add lines 22 and 23	24		
25 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-	25		
26 Subtract line 25 from line 24. If zero or less, enter -0-	26		
27 Subtract line 26 from line 21. If zero or less, enter -0-	27		
28 Enter the smaller of the amount on line 21 or \$2,550	28		
29 Enter the smaller of the amount on line 27 or line 28	29		
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31 Enter the smaller of line 21 or line 26	31		
32 Subtract line 30 from line 26	32		
33 Enter the smaller of line 21 or \$12,500	33		
34 Add lines 27 and 30	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		
36 Enter the smaller of line 32 or line 35	36		
37 Multiply line 36 by 15% (0.15)	37		
38 Enter the amount from line 31	38		
39 Add lines 30 and 36	39		
40 Subtract line 39 from line 38. If zero or less, enter -0-	40		
41 Multiply line 40 by 20% (0.20)	41		
42 Figure the tax on the amount on line 27. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		
43 Add lines 37, 41, and 42	43		
44 Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	45		

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Schedule D (Form 1041) 2017

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SCHEDULE D	CAPITAL LOSS CARRYOVER WORKSHEET	STATEMENT 16
1. ENTER THE AMOUNT FROM FORM 990-T, LINE 34 . . . . .		-24,276
2. ENTER THE LOSS FROM SCHEDULE D, LINE 20, AS A POSITIVE AMT . . .		3,000
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0- . . . . .		0
4. ENTER THE SMALLER OF LINE 2 OR LINE 3 . . . . .		0
NOTE: IF LINE 7 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER -0- ON LINE 5 AND GO TO LINE 9.		
5. ENTER THE LOSS FROM SCH D, LINE 7, AS A POSITIVE AMOUNT . . .		149,219
6. ENTER ANY GAIN FROM SCHEDULE D, LINE 16 . . . . .		0
7. ADD LINES 4 AND 6 . . . . .		0
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2018 . SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0- . . . . .		149,219
NOTE: IF LINE 16 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13.		
9. ENTER THE LOSS FROM SCHEDULE D, LINE 16, AS A POSITIVE AMT . . .		165,892
10. ENTER ANY GAIN FROM SCHEDULE D, LINE 7 . . . . .		0
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0- . . . . .		0
12. ADD LINES 10 AND 11 . . . . .		0
13. LONG-TERM CAPITAL LOSS CARRYOVER TO 2018 . SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- . . . . .		165,892