Form **990-T**

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

29393328047038

OMB No 1545-0687

2017

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 12/31, 2017

▶ 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)

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 3165163421.

Print or Type

Name of organization (☐ Check box if name changed and see instructions)
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Number, street, and room or suite no If a P O box, see instructions
ONE HOAG DRIVE BOX 6100

City or town, state or province, country, and ZIP or foreign postal code
NEWPORT BEACH, CA 92658-6100

D Employer identification number (Employees' trust, see instructions)
95-1643327

E Unrelated business activity codes (See instructions)
812930
900009 453220
525990 561110

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 ▶ ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ ANDREW GUARNI Telephone number ▶ 949-764-4448

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 199,415. b Less returns and allowances c Balance ▶	1c	199,415.		
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3	199,415.		199,415.
4a Capital gain net income (attach Schedule D)	4a	1,268,931.		1,268,931.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5	-3,969,333.	ATCH 2	-3,969,333.
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12	1,825,370.	ATCH 3	1,825,370.
13 Total. Combine lines 3 through 12	13	-675,617.		-675,617.

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	100,365.
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)	ATTACHMENT 5	20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
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)	ATTACHMENT 4	28	1,857,706.
29 **Total deductions.** Add lines 14 through 28		29	1,958,071.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	-2,633,688.
31 Net operating loss deduction (limited to the amount on line 30)	ATTACHMENT 6	31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30		32	-2,633,688.
33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)		33	1,000.
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		34	-2,633,688.

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For Paperwork Reduction Act Notice, see instructions

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Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ▶ [X] See instructions and a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order) (1) $ (2) $ (3) $		
	b Enter organization's share of (1) Additional 5% tax (not more than $11,750)	$	
	(2) Additional 3% tax (not more than $100,000)	$	
	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 [ ] Tax rate schedule or [ ] Schedule D (Form 1041) ▶	36	
37	**Proxy tax** See instructions ▶	37	
38	Alternative minimum tax	38	4,868.
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	4,868.

Part IV Tax and Payments

41 a	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 (see instructions)	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	4,868.
43	Other taxes Check if from [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [X] Other (attach schedule)			43	14.
44	**Total tax.** Add lines 42 and 43			44	4,882.
45 a	Payments A 2016 overpayment credited to 2017	45a	11,712.		
	b 2017 estimated tax payments	45b			
	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 [ ] Form 2439 [ ] Form 4136 [ ] Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	11,712.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ [ ]			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	6,830.
50	Enter the amount of line 49 you want **Credited to 2018 estimated tax** ▶ 6,830. **Refunded** ▶			50	

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

		Yes	No
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 ▶		X
52	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		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $15,213.		

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 11/14/18 | Title ▶ SVP + CFO

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 KARA ADAMS	Preparer's signature	Date 11/12/18	Check [ ] if self-employed PTIN P00023315
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596
Firm's address ▶ 18101 VON KARMAN AVE., STE 1700, IRVINE, CA 92612			Phone no 949-794-2300

Form **990-T** (2017)

JSA

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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					X
b	Other costs (attach schedule)	4b					
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		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)			%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals ▶					
Total dividends-received deductions included in column 8 ▶					

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

Exempt Controlled Organizations

1 Name of controlled organization	2 Employer identification number	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)				
Totals ▶			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)

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)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

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)						
Totals ▶	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

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

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 ▶			

Form **4626**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to *www.irs.gov/Form4626* for instructions and the latest information.

OMB No 1545-0123

2017

Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Employer identification number: 95-1643327

Note: *See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)*

1	Taxable income or (loss) before net operating loss deduction		1	-2,633,688
2	**Adjustments and preferences:**			
a	Depreciation of post-1986 property		2a	14,342
b	Amortization of certified pollution control facilities		2b	
c	Amortization of mining exploration and development costs		2c	
d	Amortization of circulation expenditures (personal holding companies only)		2d	
e	Adjusted gain or loss		2e	-1,876
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
l	Depletion		2l	63,530
m	Tax-exempt interest income from specified private activity bonds		2m	
n	Intangible drilling costs		2n	2,420,577
o	Other adjustments and preferences		2o	380,498
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o		3	243,383
4	**Adjusted current earnings (ACE) adjustment:**			
a	ACE from line 10 of the ACE worksheet in the instructions	4a: 243,383		
b	Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference as a negative amount See instructions	4b:		
c	Multiply line 4b by 75% (0 75) Enter the result as a positive amount	4c:		
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions **Note:** *You **must** enter an amount on line 4d (even if line 4b is positive)*	4d:		
e	ACE adjustment • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount		4e	
5	Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT		5	243,383
6	Alternative tax net operating loss deduction See instructions ATTACHMENT 7		6	219,045
7	**Alternative minimum taxable income.** Subtract line 6 from line 5 If the corporation held a residual interest in a REMIC, see instructions		7	24,338
8	**Exemption phase-out** (if line 7 is $310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)			
a	Subtract $150,000 from line 7 If completing this line for a member of a controlled group, see instructions If zero or less, enter -0-	8a:		
b	Multiply line 8a by 25% (0 25)	8b:		
c	Exemption Subtract line 8b from $40,000 If completing this line for a member of a controlled group, see instructions If zero or less, enter -0-		8c	0
9	Subtract line 8c from line 7 If zero or less, enter -0-		9	24,338
10	Multiply line 9 by 20% (0 20)		10	4,868
11	Alternative minimum tax foreign tax credit (AMTFTC) See instructions		11	
12	Tentative minimum tax Subtract line 11 from line 10		12	4,868
13	Regular tax liability before applying all credits except the foreign tax credit		13	
14	**Alternative minimum tax.** Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	4,868

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

2017

Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Employer identification number: 95-1643327

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	(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	287,595.			287,595.

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	287,595.

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	(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	500,759.			500,759.

11 Enter gain from Form 4797, line 7 or 9	11	480,577.
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	981,336.

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	287,595.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	981,336.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18	1,268,931.

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

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to *www.irs.gov/Form8949* for instructions and the latest information

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

2017

Attachment Sequence No **12A**

Name(s) shown on return	Social security number or taxpayer identification number
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	95-1643327

Before you check Box A, B, or C 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 I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term For long-term transactions, see page 2

Note: You may aggregate all short-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 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-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

- ☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
AG REALTY FUND IX, LP	VAR	VAR	1,567				1,567
BLUESTEM PARTNERS, LP	VAR	VAR	286,028				286,028
2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			287,595				287,595

Note: If you checked Box A 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

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
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	95-1643327

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 long term 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
- ☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
					(f) Code(s) from instructions	(g) Amount of adjustment	
BLUESTEM PARTNERS, LP	VAR	VAR	485,880				485,880
STONELAKE OPPO PARTNERS III, LP	VAR	VAR	14,879				14,879
2 **Totals** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line **8b** (if **Box D** above is checked), line **9** (if **Box E** above is checked), or line **10** (if **Box F** above is checked) ▶			500,759				500,759

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

ATTACHMENT 2

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

LOSS FROM GAUGE FUND, LP	-148,632.
LOSS FROM AUDAX PRIVATE EQUITY FUND V-A, LP	-292,776.
LOSS FROM ENCAP ENERGY INFRASTRUCTURE FUND, LP	-155,507.
LOSS FROM LEGACY VENTURE VI (QP), LLC	-130.
LOSS FROM ALPINE INVESTORS VI, LP	-66,887.
LOSS FROM STONELAKE OPPORTUNITY PARTNERS III, LP	-24,236.
LOSS FROM TAILWATER E&P OPPORTUNITY FUND II, LP	-747,298.
LOSS FROM BLUESTEM PARTNERS, LP	-13,093.
LOSS FROM AG REALTY FUND IX, LP	-188,276.
LOSS FROM BROADVAIL CAPITAL PARTNERS FUND I, LP	-86,572.
LOSS FROM MERCED PARTNERS V, LP	-501,584.
LOSS FROM TAILWATER ENERGY FUND III, LP	-2,067,263.
LOSS FROM VORTUS INVESTMENTS II, LP	-47,994.
LOSS FROM WHITMAN/PETERSON PARTNERS III, LP	-31,235.
INCOME FROM HOMESTEAD CAP USA FARMLAND FUND II, LP	7,348.
INCOME FROM TAILWATER ENERGY FUND II, LP	289,665.
INCOME FROM AUDAX MEZZANINE FUND IV-A, LP	20,826.
INCOME FROM MERCED PARTNERS IV, LP	3,538.
INCOME FROM PARTNERS FOR GROWTH V, LP	72,348.
INCOME FROM MREP DISTRESSED STRATEGIES II, LP	5,588.
INCOME FROM CARMEL PARTNERS INVESTMENT FUND IV, LP	2,837.
INCOME (LOSS) FROM PARTNERSHIPS	-3,969,333.

ATTACHMENT 3

PART I - LINE 12 - OTHER INCOME

ADMIN & IT SERVICES PROVIDED TO JV ENTITY	1,825,370.
PART I - LINE 12 - OTHER INCOME	1,825,370.

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	32,843.
RENT EXPENSE	23,086.
OTHER MISCELLANEOUS EXPENSES	38,602.
ADMIN & IT SERVICE EXPENSES PROVIDED TO JV ENTITY	1,705,991.
PURCHASED SERVICES	57,184.
PART II - LINE 28 - OTHER DEDUCTIONS	1,857,706.

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ATTACHMENT 5

FORM 990-T, LINE 20 - CHARITABLE CONTRIBUTIONS CARRYFORWARD

Tax Year	Generated	Used in Prior Year	* Converted to NOL	Carryover
6/30/2014	5,358,083	0	0	5,358,083
6/30/2015	8,353,279	0	26,726	8,326,553
6/30/2016	7,204,676	0	0	7,204,676
6/30/2017	8,322,310	0	0	8,322,310
12/31/2017	4,708,226	0	0	4,708,226
Total	33,946,574	0	26,726	33,919,848

Total Charitable Contributions Carryforward to 12/31/2018 $33,919,848

*Charitable Contributions Converted to Net Operating Losses Per Section 170(d)(2)(B)

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ATTACHMENT 6

FORM 990-T, LINE 31 - NET OPERATING LOSS CARRYFORWARD

Tax Year	Generated	* Charitable Contribution Converted	Total NOL	Used in Prior Year	Used in Current Year	Carryover
9/30/2008	3,345,322	0	3,345,322	965,395	0	2,379,927
9/30/2009	1,047,287	0	1,047,287	0	0	1,047,287
9/30/2010	125,512	0	125,512	0	0	125,512
9/30/2011	905,127	0	905,127	0	0	905,127
9/30/2012	233,546	0	233,546	0	0	233,546
9/30/2013	0	69,033	69,033	0	0	69,033
6/30/2014	11,700	0	11,700	0	0	11,700
6/30/2015	0	26,726	26,726	0	0	26,726
6/30/2016	2,654,735	0	2,654,735	0	0	2,654,735
6/30/2017	2,394,811	0	2,394,811	0	0	2,394,811
12/31/2017	2,632,990**	0	2,632,990	0	0	2,632,990
Total	13,351,030	95,759	13,446,789	965,395	0	12,481,394

Total NOL Deduction Carryforward to 12/31/2018 $12,481,394

*Charitable Contributions Converted to Net Operating Losses Per Section 170(d)(2)(B)
**Includes $698 of Section 965(a) Net Income

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ATTACHMENT 7

FORM 4626, LINE 6 - AMT NET OPERATING LOSS CARRYFORWARD

Tax Year	Generated	* Charitable Contribution Converted	Total NOL	Used in Prior Year	Used in Current Year	Carryover
9/30/2008	3,345,322	0	3,345,322	910,408	219,673**	2,215,241
9/30/2009	1,047,287	0	1,047,287	0	0	1,047,287
9/30/2010	125,512	0	125,512	0	0	125,512
9/30/2011	905,127	0	905,127	0	0	905,127
9/30/2012	233,546	0	233,546	0	0	233,546
9/30/2013	0	69,033	69,033	0	0	69,033
6/30/2014	11,700	0	11,700	0	0	11,700
6/30/2015	0	26,726	26,726	0	0	26,726
6/30/2016	1,007,470	0	1,007,470	0	0	1,007,470
6/30/2017	540,775	0	540,775	0	0	540,775
Total	7,216,739	95,759	7,312,498	910,408	219,673	6,182,417

Total AMT NOL Deduction Carryforward to 12/31/2018 $6,182,417

*Charitable Contributions Converted to Net Operating Losses Per Section 170(d)(2)(B)
**Includes $698 of Section 965(a) Net Income