	, -				. 29	9393	270	02	123 U	
,Form 990-T	6	Exempt Orga	nization Bu	sine	ess income i	ax Ke	turn	-0	MB No 1545-Q687	
/		al) Jendar year 2018 or other tax ye	nd proxy tax und			M 30	2019		2018	
•	For ca				ions and the latest inform		2015		2010	
Department of the Treasury Internal Revenue Service	 	Do not enter SSN numbe					01(c)(3).	Open 501(c	to Public Inspection for)(3) Organizations Only	
A Check box if address changed		Name of organization (LOUISIANA S				MED	(E		dentification number s' trust, see s)	
B Exempt under section	Print	LOUISIANA STATE UNIVERSITY SCHOOL OF MED instructions) IN NEW ORLEANS, FACULTY GROUP PRACTICE 72-1304948								
X 501(C)(3)	or	Number, street, and room	or suite no If a P O bo	ox, see I	nstructions			related t	ousiness activity code	
408(e)220(e)	Туре	478 S. JOHN	SON ST.						•	
408A 530(a) 529(a)		City or town, state or pro-			on postal code		62	130	0	
C Book value of all assets at end of year		F Group exemption numb		<u> </u>			 			
at end of year 86,244,8				rporatio			J 401(a) trus		Other trust	
H Enter the number of the	-						first) unrelat			
		NERSHIP IN P					arts I-V If m		one,	
		ice at the end of the proviou	us sentence, complete i	ans I ai	na it, compiete a Sencaul	: IVI TOT each	additional tr	10e or		
business, then complete I During the tax year, was			offiliated aroun or a pare	nteuh	sidiany controlled group?			Yes	X No	
		tifying number of the paren		iii suo.	sidiary controlled group.					
J The books are in care of				1D	Teleph	one number	▶ 504	-41	2-1836	
		de or Business Inc			(A) Income	(B) E	xpenses		(C) Net	
a Gross receipts or sale	es									
b Less returns and allo	wances		c Balance	10						
Cost of goods sold (S Gross profit Subtract Capital gain net incor	Schedule	A, line 7)	A A	2		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Gross profit Subtract	t line 2 fi	rom line 1c	101	3_	45 010 501				010 501	
Capital gain net incor	ne (attac	th Schedule D)			47,012,501.	·····	·····	4/	,012,501.	
		Part II, line 17) (attach Form	1 4797)	46			·····			
C Capital loss deduction income (loss) from a Rent income (Schedu Unrelated debt-finance) Interest, annuities, ro				40	108,474.	ST	verta 1		108,474.	
25 Income (loss) from a		ship or an S corporation (a	ttach statement)	5_	100,474.	271	47 7		100,474.	
Rent income (Schedu		ma (Cahadula F)		7				-		
Unrelated debt-finance		ne (scriedule E) and rents from a controlled	organization (Cabadula D							
	•	on 501(c)(7), (9), or (17) o	- '	<u> </u>				+		
9 Investment income o Exploited exempt acti			rgamzation (Schedule G	10				 		
Advertising income (-			11						
2 Other income (See in		•		12		·-··			,	
					47,120,975.		· <u></u>	47	,120,975.	
Part II Deduction	ns No	ot Taken Elsewhei	re (See instructions f	or limit	ations on deductions.)		-			
(Except for	contribi	utions, deductions must	t be directly connecte	ed with	the unrelated business	s income)				
14 Compensation of of	ficers, di	rectors, and trustees (Sche	edule K)		CENTED		14	-		
5 15 Salaries and wages				KE	CEIVED		15			
H6 Repairs and mainter	ance		1 ∞F		S 0 0000		11	_		
17 Bad debts			D008	MA	λΥ 2 0 2020 [?]		17			
18 Interest (attach sche	edule) (s	ee instructions)			≅		11			
19 Taxes and licenses	oon /Co	e instructions for limitation	STATEME	- NA	DESEUTTAT	EMENT	2 20	_	2,224.	
20 Charitable contributi21 Depreciation (attach	•		rules) STATEM	3142	21	FILITIAT	2 2	' 	2/221.	
•		n Schedule A and elsewher	e on return		22a		22	,		
23 Depletion	annea o	ii ociicadie A diia cisemici	c on return		[550]		23			
24 Contributions to def	erred co	mpensation plans					24			
25 Employee benefit pr		,,,panoanon piano					2	j		
26 Excess exempt expe	•	chedule I)					21	;		
27 Excess readership c	•	•					2	7		
28 Other deductions (a					SEE STAT	EMENT	300	3	34,956.	
29 Total deductions. A	dd lines	14 through 28					20 2	-	37,180.	
30 Unrelated business	taxable i	ncome before net operating	g loss deduction. Subtra	ict line 2	29 from line 13		10 3		,083,795.	
	-	loss arising in tax years be	* -	ary 1, 2	018 (see instructions)		30 3		002 705	
		ncome Subtract line 31 fro	, , ,				<u>77\</u> 3		,083,795.	
823701 01-09-19 LHA F	or Paper	work Reduction Act Notice	e, see instructions.	1		1	10	F	orm 990-T (2018)	

12330413 755639 10082 2018.05070 LOUISIANA STATE UNIVERSITY 10082_1

Don't	Total Unrelated Rusiness Tayable Income				
Part I				22 /17	083,795.
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instructions)			003,793.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	•		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of			000 705
	lines 33 and 34		~?	36 4 / ,	083,795.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		39	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,	a()		·
_	enter the smaller of zero or line 36	_	<u> </u>	38 47,	082,795.
Part I	/ Tax Computation				
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		<u>nto</u>	39 9,	887,387.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from	•		
	Tax rate schedule or Schedule D (Form 1041)		•	40	
41	Proxy tax. See instructions		•	41	
	Alternative minimum tax (trusts only)			42	
	Tax on Noncompliant Facility Income. See Instructions		,	- 1 -	
	· · · · · · · · · · · · · · · · · · ·		NZ	43 Q	887,387.
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			40 1 2 1	007,307.
Part V		T T			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
	Other credits (see instructions)	45b			
	General business credit Attach Form 3800	45c			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
е	Total credits. Add lines 45a through 45d		yve	45e	
46	Subtract line 45e from line 44		(10.	45 9,	887,387.
47	Other taxes Check if from Porm 4255 Form 8611 Form 8697 Form 88	66 L Other (attac	ch scheduled	47	
48	Total tax. Add lines 46 and 47 (see instructions)		47	48 9,	887,387.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		60	49	0.
	Payments A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50b 10,364	1,840.		
	Tax deposited with Form 8868	5,0c	- · -		
	Foreign organizations Tax paid or withheld at source (see instructions)	50d	_		
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	50t			
	Other gradite, adjustments, and asymptets Form 2420		-		
y		 50g			
		JUL		sh 10,	364,840.
	Total payments Add lines 50a through 50g		53	51 1 0 <i>7</i> 52	304,040.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached		24	7 - 1	
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		56	53	477 452
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1	971	54	477,453.
	Enter the amount of line 54 you want. Credited to 2019 estimated tax	Refunc		555	477,453.
Part V			ns)		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature	-			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country			
	here >				<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tri	ansferor to, a foreigi	n trust?		X
	If "Yes," see instructions for other forms the organization may have to file				
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and to the b	est of my know	vledge and belie	ef, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	rer nas any knowledge	T	w the IDO	no this estimation
Here	N NO11444 - 5/6/20 N CEO			ay the IHS discu	rss this return with
	Signature of officer Date Title			tructions)?	
	Print/Type preparer's name Preparer's signature Dal	te Che	eck if	PTIN	
.	Topale Sagnature	·	- employed		
Paid	JOHN S. WILES, CPA	"" למכלוף!	pioyou	P012	22673
Prepa	TADODUE ADAC	1 1 1 E	m's EIN		088864
Use C		600	III S CIIV P		
	Firm's address METAIRIE, LA 70005-4958		one no 5	04-835	-5522
B00744 01		1 1 1	, one 110 J		m 990-T (2018)
823711 01-	UB- 18			For	111 33U-1 (2018)

LOUISIANA STATE UNIVERSITY SCHOOL OF MED Form 990-T (2018) IN NEW ORLEANS, FACULTY GROUP PRACTICE

72-1304948

Page 3

Schedule A - Cost of Good	Is Sold. Enter	method of inve	ntory v	valuation ► N/A					
1 Inventory at beginning of year	1			Inventory at end of yea	r	· · ·	6		
2 Purchases	2			Cost of goods sold. Su	ubtract I	line 6			
3 Cost of labor	3		_	from line 5 Enter here	and in t	Part I,			
4 a Additional section 263A costs				line 2			_7_	<u> </u>	
(attach schedule)	4a	8 Do the rules of			263A (with respect to		Yes	Yes No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply						
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	(y)	
Description of property									
(1)						· · <u>-</u> ·			
(1) (2) (3)									
(3)									
(4)									
	2. Rent receiv	red or accrued				2(5) 2 - 1 - 1 - 1		-t-d with the leading	
(a) From personal property (if the personal property is more 10% but not more than 50%	rent for personal property is more than of rent for pe			sonal property (if the percental property exceeds 50% or if sed on profit or income)	ege	3(a) Deductions directly columns 2(a) a		(attach schedule)	
(1)	·								
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, colum		nter 			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De	bt-Financed	l Income (see	ınstru	ictions)					
				Gross income from		 Deductions directly cor to debt-finant 			
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)								-	
(3)							_		
(4)			ļ						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	e adjusted basis allocable to anced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductio (column 6 x total of colu 3(a) and 3(b))	
(1)	· · · · · · · · · · · · · · · · · · ·			%					
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B	
Totals				•		0	•		0.
Total dividends-received deductions in	ncluded in colum	n 8					•		0.

Form 990-T (2018)

Form 990-T (2018) IN NEW	V ORLE	ANS,	FACUL	TY GF	OUP PR	ACTI	CE		72-13		
Schedule F - Interest,	Annuities	s, Roya	lties, ar					zatio	ns (see ins	struction	s)
Name of controlled organize	ation	2. Emi identifi num	cation			ital of specified in the specified in th		rt of column 4 ded in the cont zation's gross	trolling	Deductions directly connected with income in column 5	
(1) (2) (3) (4)			,	. ,							
Nonexempt Controlled Organ	ızatıons				,			٠,			. <u></u>
7. Taxable Income	8. Net uni	related income Instructions		9. Total	of specified pay made	ments	10. Part of colu in the controll gros	mn 9 tha ling orga s Income	nization's	11. De with	ductions directly connected income in column 10
(1)											
(2)	ļ								,		
(3)				ļ.,							····
(4)	<u> </u>			1			Add colur Enter here and line 8,		e 1, Part I,	Enter h	id columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme	ent Incom	ne of a	Section	1 501(c)	(7), (9), or	(17) Or	ganization	1			,
	tructions)				· · · · · · · · · · · · · · · · · · ·						
1 Desc	cnption of incom	e			2. Amount of	Income	 Deduction directly connected (attach schedule) 	ected	4 Set- (attach s	asides schedule)	 Total deductions and set-asides (col 3 plus col 4)
(1)	•										` <u>`</u>
(2)											
(3)					ļ				ļ		-
(4)	·	,			Enter here and Part I, line 9, co				L		Enter here and on page 1 Part I, line 9, column (B)
Totals		<u> </u>			<u> </u>	0.				····	0.
Schedule I - Exploited (see instri		Activity 	Incom	ie, Othe	r Than Ac	lvertisi	ng Income	9 	1 · · · · · · · · · · · · · · · · · · ·		
Description of exploited activity	2. Gre unrefated b income trade or bu	usiness from	directly of with proof un	penses connected oduction related is income	4. Net Inconfrom unrelated business (cominus colum gain, comput through	d trade or olumn 2 nn 3) if a te cots 5	5. Gross income activity is not unrelated business income.	that ted	attribut	oenses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						_					
(1) (2) (3) (4)											
(3)											
	Enter here page 1, line 10, c	Part I, ol (A)	page 1	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.		0.	,		,				0.
Schedule J - Advertisi	ing Incom	1e (see i	nstructio	ns)		Dania	 	-			
Part I Income From	Periodica	als Rep	ortea o	on a Cor	isolidated	Dasis			,	 -	· · ·
1. Name of periodical	;	2. Gross advertising income		3 Direct rertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus jain, comput hrough 7	5 Circula income		6 Read cos		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									ļ		
(2)				 	_						
					_		-		ļ		
(4)					_		-		 -		
Totals (carry to Part II, line (5))	•		0.	C).	·		•	<u> </u>		0,
											Form 990-T (2018

Form 990-T (2018) IN NEW ORLEANS, FACULTY GROUP PRACTICE

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 penodical		2. Gross advertising income	3. Direct advertising costs	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	▶	0.	0.				0
4		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, tine 11, cot (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

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		<u> </u>	0.

Form 990-T (2018)

FORM 990-T INCOME	(LOSS) FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION		NET INCOME OR (LOSS)	
PH HOLDINGS, LLC - ORDINARY BURNH HOLDINGS, LLC - INTEREST INC		98,036 10,438	
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	108,474	4.
FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
FROM PH HOLDINGS, LLC K-1	N/A	2,224	4.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	2,224	4.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
ATTORNEY FEES ACCOUNTANT FEES		32,206 2,750	
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	34,956	6.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	4
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017		
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBUTIONS 2,2	224	
	RIBUTIONS AVAILABLE 2,2 COME LIMITATION AS ADJUSTED 4,708,5		
EXCESS 100	CONTRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	0 0 0	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	2,	224
TOTAL CONT	RIBUTION DEDUCTION	2,	224

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 8

Name

Employer identification number

LOUISIANA STATE UNIVERSITY SCHOOL OF MED IN NEW ORLEANS, FACULTY GROUP PRACTICE

72-1304948

Part I Short-Term Capital Ga	ins and Losses (See	instructions)		-	
See instructions for how to figure the amounts			(-)		(4)
to enter on the lines below.	(d) Proceeds	(e) Çost	(g) Adjustments to ga or loss from Form(s) 894	19,	(n) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g	3) 	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			<u></u>		
4 Short-term capital gain from installment sales		7		4	
5 Short-term capital gain or (loss) from like-kind	•			5	
6 Unused capital loss carryover (attach compute				6	(
7 Net short-term capital gain or (loss) Combine				7	<u> </u>
Part II Long-Term Capital Gai	ns and Losses (See	nstructions)			· · · · · · · · · · · · · · · · · · ·
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, tine 2, column (g	9,	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			1		
Form(s) 8949 with Box E checked			<u> </u>		
10 Totals for all transactions reported on					1 700 404
Form(s) 8949 with Box F checked			<u></u>		1,703,434.
11 Enter gain from Form 4797, line 7 or 9				11	45,309,067.
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	47 010 501
15 Net long-term capital gain or (less) Combine		n h	 	15	47,012,501.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin				16	47 012 501
17 Net capital gain Enter excess of net long-term	17	47,012,501.			
18 Add lines 16 and 17 Enter here and on Form		oper line on other returns		18	47,012,501.
Note. If losses exceed gains, see Capital loss	es in the instructions				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120 Schedule D (Form 1120) 2018

Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 LOUISIANA STATE UNIVERSITY SCHOOL OF MED

Social security number or taxpayer identification no.

IN NEW ORLEANS	, FACULT	Y GROUP	PRACTICE			72-1	304948
Before you check Box D, E, or F belo statement will have the same inform broker and may even tell you which it	atıon as Form 10	you received any 99-B Either will	y Form(s) 1099-B o show whether you	or substitute stater ir basis (usually you	ment(s) fro ur cost) wa	m your broker. A s as reported to the	ubstitute IRS by your
Part II Long-Term. Transaction		al assets you held	more than 1 year are	e generally long-term	(see instruc	tions) For short terr	n transactions,
Note: You may aggregate a codes are required. Enter th	e totals directly on	Schedule D, line 8	la, you aren't require	d to report these trai	nsactions oi	n Form 8949 (see ins	tructions)
You must check Box D, E, or F below. If you have more long-term transactions than will	Check only one bo Il fit on this page for oi	 If more than one base or more of the boxe 	oox applies for your long es, complete as many fo	-term transactions, comp rms with the same box c	olete a separa hecked as yo	te Form 8949, page 2, fo u need	r each applicable box
(D) Long-term transactions rep	ported on Form(s	s) 1099-B showin	ng basis was repoi	rted to the IRS (see	e Note abo	ove)	
(E) Long-term transactions rep	oorted on Form(s) 1099-B showin	ig basis wasn't re	ported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-E	3 r	1	1 4 4 4 4 4	A	-
1 (a) Description of property (Example, 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	Adjustmer loss. If you in column column (f	(h) Gain or (loss). Subtract column (e) from column (d) &	
		(Mo., day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
PH HOLDINGS, LLC							1703434.
					_		
				—		<u> </u>	
							
		-					
***************************************			·		<u> </u>		
				<u> </u>			<u> </u>
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2 Totals. Add the amounts in columns amounts). Enter each to							

above is checked), or line 10 (if Box F above is checked) 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

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Schedule D, line 8b (If Box D above is checked), line 9 (If Box E