F	990-T	Exempt Organization Business Income Tax Retur	n l	OMB No 1545-0687						
Form	330-1	(and proxy tax under section 6033(e))	'' I	ONE NO 1040 GGG						
		For calendar year 2016 or other tax year beginning , and ending	- 1	2016						
Denar	tment of the Treasury	Information about Form 990-T and its instructions is available at www irs.gov/form990t.	_	2010						
	I Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3		501(c)(3) Organizations Only						
AL	Check box if	Name of organization ( Check box if name changed and see instructions.)		oyer identification number loyees' trust, see						
	address changed	CHRISTIAN EDUCATION CHARITABLE TRUST								
	kempt under section	Print C/O H. O. MACLELLAN, JR.		3-7412895						
<u>IX</u>	501(c)(3)	Type   Notified, Street, and room of Suite no. if a r.o. box, see instructions	Number, street, and room or suite no. If a P.O. box, see instructions (See instructions)							
<u>_</u>	408(e) 220(e)	820 BROAD STREET, SUITE 300	4							
<u> </u>	408A530(a)			000						
	529(a) ok value of all assets	CHATTANOOGA, TN 37402	900	000						
C at 6	nd of year	F Group exemption number (See instructions.)		<u> </u>						
		G Check organization type ► 501(c) corporation	<u> </u>	Other trust						
		n's primary unrelated business activity.   SEE STATEMENT 15  the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	TTV	es X No						
		and identifying number of the parent corporation.	Y:	es [V] MO						
			123/	755-8142						
		d Trade or Business Income (A) Income (B) Expens		(C) Net						
	Gross receipts or sale	<del></del>								
	Less returns and allo	<del></del>	( )							
2	Cost of goods sold (S		***							
3	Gross profit. Subtrac	· · · · · · · · · · · · · · · · · · ·	K 3							
4 a	Capital gain net incon	ne (attach Schedule D)  4a	1 (							
b	Net gain (loss) (Form	n 4797, Part II, line 17) (attach Form 4797)	4 4 7							
C	Capital loss deduction	<u> </u>	1 3	-3,000.						
5	Income (loss) from p	partnerships and S corporations (attach statement) 5 -23,513. STMT	16 🔭	-23,513.						
6	Rent income (Schedi	ule C)								
7		ced income (Schedule E)	ECE							
8		oyalties, and rents from controlled organizations (Sch. F)	-	8						
9		of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 IVIVI income (Schedule I) IO	OV 2	0 2017						
10				0 2011 19						
11	Advertising income (		GDE	N. UT						
12 13	Total. Combine lines	Structions, attach schedule)	<u> </u>	-26,513.						
₹ <b>P</b> a		ons Not Taken Elsewhere (See instructions for limitations on deductions)		20,515.						
₩ <u>₩</u>		contributions, deductions must be directly connected with the unrelated business income )								
<del>4</del> 4	Compensation of of	ficers, directors, and trustees (Schedule K)	14	T						
€ <b>4</b> 5	Salaries and wages	,	15							
	Repairs and mainter	папсе	16							
97	Bad debts		17							
<b>218</b>	Interest (attach sche	edule)	18							
19	Taxes and licenses		19							
70N 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		ions (See instructions for limitation rules)	20							
£≨21	Depreciation (attach	· · · · · · · · · · · · · · · · · · ·								
₩ <sup>22</sup>	=	laimed on Schedule A and elsewhere on return [22a]	22b	ļ						
- 0	Depletion		23	ļ						
24		ferred compensation plans	24	<del></del>						
25 26	Employee benefit pr Excess exempt expe		25 26	<del> </del>						
27	Excess readership c	•	27	<del></del>						
28	Other deductions (a	•	28	<del> </del>						
29	•	Add lines 14 through 28	29	0.						
30		taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-26,513.						
31		leduction (limited to the amount on line 30)  SEE STATEMENT 17		<del>                                     </del>						
32		taxable income before specific deduction. Subtract line 31 from line 30	32	-26,513.						
33		Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.						
34	Unrelated business	s 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	-26,513.						
62370	1 01-18 17 LHA F	or Paperwork Reduction Act Notice, see instructions.		Form <b>990-T</b> (2016)						

# CHRISTIAN EDUCATION CHARITABLE TRUST

Form 990-1	(2016) C/O H. O. MACLELLAN, JR. 23-741	.2895	Page 2
Part I	II Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here  See instructions and:	1 1	-
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$   (2) \$   (3) \$	]	
ь	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:	1000	
	X Tax rate schedule or Schedule D (Form 1041)	36	0.
37	Proxy tax. See instructions	37	<del>_</del>
38	Alternative minimum tax	<del></del>	
		38	
39	Tax on Non-Compliant Facility Income. See instructions	39	0.
40 Dowt 1	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	
Part I	<del></del>		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	] E ]	
	Other credits (see instructions)	- 3	
-	General business credit. Attach Form 3800	- (3)	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	S	
	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43	
44	Total tax Add lines 42 and 43	44	0.
45 a	Payments: A 2015 overpayment credited to 2016 45a 50,792.		
b	2016 estimated tax payments	]% *	
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions)  45d	1 1	
е	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	50,792.
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	50,792.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax   50,792. Refunded	50	0.
Part \	Statements Regarding Certain Activities and Other Information (see instructions)		
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	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 >		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If YES, see instructions for other forms the organization may have to file.		
53	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 statements, and to the best of my known	wledge and b	elief it is true
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	lay the IDS du	cuss this return with
Here		•	own below (see
		structions)?	
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	AAA A Self- employed	1	
	AMY C MILOMA C / KNVI CAN VIONA / III / III		525903
Prepa	CHANDLING PAINTED & ACTORNIA		1674553
Use C	605 CHESTNUT STREET, SUITE 1700	<del></del> -	
	·	(423)7	56-3000
	Thomas and the second s		orm 990-T (2016)

Form 990-T (2016)

Schedule A - Cost of Good	ds Sold. Enter	method of inver	ntory 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. Si	ubtract i	line 6			
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs			line 2	line 2				
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes No		
b Other costs (attach schedule)	4b		property produced or a	acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty	·)	
1. Description of property								
(1)		<del></del>	<del></del>	-	<del> </del>			
(2)					<del> </del>			
(3)								
			· <del></del>				<del></del>	
	2. Rent receiv	ed or accrued			0(0) 7			
rent for personal property is more than of rent for j			and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) a	nd 2(b) (a	ttach schedule)	
(1)								
(2)			<del></del>					
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns	, , , ,	ter		0.	(b) Total deductions.  Enter here and on page 1, Part I, line 6, column (B)		0.	
Schedule E - Unrelated De		Income (see	instructions)	0.	Part I, line 6, column (b)			
		<del></del>	2. Gross income from		3. Deductions directly conto debt-finan	nnected v	vith or allocable erty	
1. Description of debt-	financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			<del> </del>		<del></del>	+		
(2)			<del>                                     </del>	<del></del>		+-		
(3)			<del>                                     </del>					
(4)			<del> </del>	<u> </u>				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to anced property in schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b))	
(1)			%			+-		
(2)			%					
(3)			%			$\top$		
(4)			%					
	··				nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part 1, line 7 column (B)	
Totals			<b>.</b>		0		0.	
Total dividends-received deductions	included in columi	18					0.	

Schedule F - Interest,	Annuities, Roya	alties, ar					zatio	<b>ns</b> (see ins	structions	Page 4
1			<del></del>	Controlled O			Te -			6 5 1
1 Name of controlled organiz	zation Z. En identif nur	nployer fication nber		related income 4. Total of sp payments r		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	Deductions directly connected with income in column 5
(1)	<del> </del>		<del> </del> -				+			
(2)							1			
(3)			<del></del>			<del></del> -	1			
(4)			<del> </del>	<del></del> -			┼──			
Nonexempt Controlled Organ	nizations		<del></del>				ــــــــــــــــــــــــــــــــــــــ			
<del></del>	<del></del>		1 0	<del></del>	<del></del> -	40				<del></del>
7. Taxable Income	8. Net unrelated inco (see instruction	me (1055) 15)	9. Total	of specified pays made	nents (	10. Part of colu in the control gros	imn 9 tha ling orga s income	nization's		uctions directly connected income in column 10
(1)	<del> </del>									
(2)	}									
(3)										
(4)	<del> </del>		<del>                                     </del>							
	<del></del>		<u> </u>		i i	Add colu Enter here and line 8,		e 1, Part I	Enter he	d columns 6 and 11 are and on page 1 Part I, one 8, column (B)
Totals					•			0.		0.
Schedule G - Investm	ent Income of a	Section	501(c)(	(7), (9), or	(17) Or	ganizatio	n			
1 Des	scription of income			2. Amount of	Income	3. Deduction	ons	4. Set-	asides	5 Total deductions and set-asides
				Z. Amount of		(attach sche		(attach s	chedule)	(col 3 plus col 4)
(1)										T
(2)										T
(3)				1				<del>}</del>		<del> </del>
(4)								<del> </del>		<del> </del>
				Enter here and	on page 1.	& W	~ y	Ļ	<b>*</b>	Enter here and on page 1
Table.				Part I, line 9, co	lumn (A)					Part I, line 9, column (B)
Totals Schedule I - Exploited	Fxempt Activity	v Incom	e Othe	r Than Ad	0.	ng Incom	<u></u>	_*	* * .	0.
(see insti		,								
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly of unit	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columination) gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inc from activity is not unrela business inc	that ited	attribut	oenses able to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<del> </del>								<del> </del>
(2)		<del> </del>		<del> </del>				<del>                                     </del>		<del> </del>
(3)	<del> </del>	<del> </del>		<del> </del>				<del>                                     </del>		+
(4)	<del> </del>	├		<del> </del>				<del> </del>		<del> </del>
(4)	Enter here and on page 1, Part I	page 1	re and on I, Part I,		<u> </u>	c * 4 /	* *	1 * * *	*	Enter here and on page 1,
T	line 10, col (A)	line 10,	. cot (B)		1 1	4 4 2 2	19	4 4 4	*	
Totals	0.	ـــــــ	0.	<u> </u>	<u> 4 k</u>		Ž 4.	<u> </u>		<u>0</u> .
Schedule J - Advertis										
Part I Income From	Periodicals Rep	orted o	n a Con	solidated	Basis					
1 Name of periodical	2. Gross advertising income		3 Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus ain, comput			6. Read		7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)				7 1 2	š š					, , , , , , , , , , , , , , , , , , ,
(2)					2 * 3	· [				> , se.,
(3)				*	4, * *					· eway
(4)					ê 8 °E					
Totals (carry to Part II, line (5))	•	0.	0					1	}	0
					-		-	•		Form <b>990-T</b> (2016

# Form 990-T (2016) C/O H. O. MACLELLAN, JR. 23-74128 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)							1
(4)							
Totals from Part I	▶	0.	0.				0.
		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
Totals, Part II (lines 1-5)		0.	0.	<u> </u>			0.

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

1. Name	1. Name 2. Title			
(1)		%		
(2)		%		
(3)		%		
_(4)		%		
Total. Enter here and on page 1, Part II, line 14		•	0.	

Form 990-T (2016)

#### **SCHEDULE D** (Form 1041)

# 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.

Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

CHRISTIAN EDUCATION CHARITABLE TRUST

C/O H. O. MACLELLAN, JR.

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

Employer identification number

23-7412895

Pa	art I Short-Term Capital Gains and Losses - As	sets Held One	Year or Less	<del></del>		
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 <sub>a</sub>	Totals for all short-term transactions reported on Form 1099-B for		<del> </del>	2,7 334	(9)	<del></del>
, a	which basis was reported to the IRS and for which you have no		}	1. 1000	/s	
	adjustments (see instructions) However, if you choose to report all		ĺ			
	these transactions on Form 8949, leave this line blank and go to line 1b		İ	100		
1 <sub>b</sub>	Totals for all transactions reported on Form(s) 8949 with	<del></del>	<del> </del>	1 X & 8 MAK W V 2 7	y x	<del> </del>
. 2	Box A checked		Į	1		}
2	Totals for all transactions reported on Form(s) 8949 with	<del></del>	<del> </del>	<del> </del>		
-	Box B checked		Ì	ł		
3	Totals for all transactions reported on Form(s) 8949 with			<del> </del>		<del></del>
Ū	Box C checked	324.	ł	<b>{</b>		324.
	BOX O CHECKED	324.	<del></del>	1	Τ	323.
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	1			4	
7	Short term capital gain or (1055) from 1 ornis 4004, 0232, 0701, and 0024	•			<del>  "-</del> -	<del></del>
5	Not short-term gain or (loss) from partnerships. S cornerations, and other	r antatae or truete			_	
6	Net short-term gain or (loss) from partnerships, S corporations, and othe Short-term capital loss carryover. Enter the amount, if any, from line 9 of				5	<del> </del>
U		me 2015 Gapital Loss				1 544
7	Carryover Worksheet	(h) Catau haaa an	d a a luna 47		6	( 1,544.)
′	7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17,					
D	column (3) on page 2  Irt II; Long-Term Capital Gains and Losses - Ass	ote Hold More	Than One Ven		7	-1,220.
	istructions for how to figure the amounts to enter on the lines below.		<del></del>	<del>,</del>		(h) Coin or (loca)
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for		<del> </del>		\(\frac{1}{2}\)	
	which basis was reported to the IRS and for which you have no		ł		4 1	
	adjustments (see instructions). However, if you choose to report all		{			
	these transactions on Form 8949, leave this line blank and go to line 8b		}	* * * * * * *	3 4 4	
8 h	Totals for all transactions reported on Form(s) 8949 with		<del> </del>	<del>                                     </del>	<u> # "-</u>	
0.0	Box D checked		į	1		
9	Totals for all transactions reported on Form(s) 8949 with		<del></del>	<del> </del>		<del> </del>
٠	Box E checked		ļ	Ì		
10	Totals for all transactions reported on Form(s) 8949 with	<del></del>	<del> </del>	<del> </del>		<del> </del>
10	Box F checked	7,408.		j.		7,408.
	BOX 1 CITICONCU	7,400.	L	<del></del>		7,300.
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	d 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts			12	
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the amount, if any, from line 14 of	f the 2015 Capital Loss	6			
	Carryover Worksheet				15	( 15,147.)
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in collicolumn (3) on page 2	umn (h). Enter here an	d on line 18a,	<b>&gt;</b>	16	-7,739.

### CHRISTIAN EDUCATION CHARITABLE TRUST

Schedule D (Form 1041) 2016 C/O H. O. MACLELLAN, JR.		23-7412	895 Page 2
Part III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part		or trust's	
17 Net short-term gain or (loss)	17	-1,220.	-1,220.
18 Net long-term gain or (loss):	[ [	1	
a Total for year	18a	-7,739.	-7,739.
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	-8,959.	-8,959.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form		•	
go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, complete	e Part IV and the <b>Capital L</b> o	oss Carryover Workshee	t, 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 tri	ust), 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, I	line 22 (or Form 990-T, lin	e 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 Rat	tes		
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an	n amount is entered in Part I	or Part II and there is an en	try 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 instruction	ons if		
• Either line 18b, col (2) or line 18c, col (2) is more than zero, or			
<ul> <li>Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.</li> </ul>			
Form 990-T trusts Complete this part only if both lines 18a and 19 are gains, or qualified divide	ends are included in income i	n 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 instru	ctions if either line 18b, col. (	2) or line 18c, col. (2) is m	ore 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	7 3		
Form 1041, line 2b(2) (or enter the qualified dividends			
included in income in Part I of Form 990-T)	, <sup>3</sup> , )		
<b>24</b> Add lines 22 and 23 <b>24</b>	<b>~</b> ]	1 1	
25 If the estate or trust is filing Form 4952, enter the		. 1	
amount from line 4g; otherwise, enter -0-			
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 \$12,400	33		
<b>34</b> 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	· N	
39 Add lines 30 and 36	39	1 . 1	
40 Subtract line 39 from line 38. If zero or less, enter -0-	40		
41 Multiply line 40 by 20% (0 20)		<b>A</b> 1	
42 Figure the tax on the amount on line 27. Use the 2016 Tax Rate Schedule for Estates		<u>",                                    </u>	
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		
<b>43</b> Add lines 37, 41, and 42	43	5,4	
44 Figure the tax on the amount on line 21 Use the 2016 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	
610842 12-16-16		Schedule	D (Form 1041) 2016

36

Internal Revenue Service

# **Sales and Other Dispositions of Capital Assets**

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. 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

Name(s) shown on return

CHRISTIAN EDUCATION CHARITABLE TRUST

C/O H. O. MACLELLAN, JR. Social security number or taxpayer identification no.

23-7412895

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

_		even tell you which							
Pa	Note	<b>ort-Term.</b> Transace. You may aggregate all es are required. Enter the	ll short term transa	ctions reported on	Form(s) 1099-B show	ving basis was report	ted to the IF	S and for which no	adjustments or
You If you	( <b>A)</b> Short ( <b>B)</b> Short	Box A, B, or C below ort-term transactions than w -term transactions re -term transactions re t-term transactions no	ported on Form( ported on Form(	s) 1099-B showii s) 1099-B showii	ng basis was repo ng basis <mark>wasn't</mark> re	rted to the IRS (se			for each applicable box
1	Descript	(a) non of property 100 sh. XYZ Co)	(b) Date acquired (Mo., day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If yo	nt, if any, to gain or bu enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
PS	INST	ITUTIONAL	<del> </del>					adjustifierit	
	SHORE		VARIOUS	VARIOUS	324.				324.
_									
_									
_									
	negative ar Schedule [	d the amounts in columounts) Enter each to, line 1b (if Box A abhecked), or line 3 (if F	otal here and ind oove is checked)	clude on your , line 2 (ıf Box B	Ì				324.

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

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side CHRISTIAN EDUCATION CHARITABLE TRUST

Social security number or taxpayer identification no.

C/O H. O. MACLELLAN, 23-7412895 JR. 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 Adjustment, if any, to gain or (c) (d) loss. If you enter an amount Gain or (loss). Subtract column (e) Proceeds Cost or other Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the (Example 100 sh XYZ Co ) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) ır Code(s) with column (g) the instructions adjustment BRIGADE DISTRESSED VALUE FUND LP VARIOUS VARIOUS 4,372. 4,372. PS INSTITUTIONAL ONSHORE LP VARIOUS VARIOUS 793. 793. PORTFOLIO ADVISORS SECONDARY FUND III, L.P. VARIOUS VARIOUS  $\overline{4}$  . 4. RESOURCE LAND FUND 2,239. II, LLC VARIOUS VARIOUS 2,239.

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)

7.408. 7,408.

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

#### 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

2016

Employer identification number

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 1041)

► Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

Name of estate or trust
CHRISTIAN EDUCATION CHARITABLE TRUST
C/O H. O. MACLELLAN, JR.

23-7412895

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. (d) (h) Gain or (loss) (e) (g) Adjustments Subtract column (e) Proceeds Cost to gain or loss from Form(s) 8949, Part I, line 2, column (g) from column (d) and (or other basis) (sales price) This form may be easier to complete if you round off cents to whole dollars. combine the result with column (g) 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 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with 324 324. Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2015 Capital Loss Carryover Worksheet 6 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 2 324. 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. (h) Gain or (loss) (d) (e) (g) Adjustments Subtract column (é) Proceeds Cost to gain or loss from from column (d) and (or other basis) (sales price) combine the result This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part II,

			}	line 2, colum	n (g)	with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for			3 4 4 7		
	which basis was reported to the IRS and for which you have no			. * * * * *	( 3)	
	adjustments (see instructions). However, if you choose to report all		ļ	1	× 4	
	these transactions on Form 8949, leave this line blank and go to line 8b				, š,	
8 ь	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		j			
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked	7,408.				7,408.
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824			11	<del> </del>
12	Net long-term gain or (loss) from partnerships, S corporations, and other e	estates or trusts			12	
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the amount, if any, from line 14 of t	he 2015 Capital Loss				
	Carryover Worksheet				15	( )
16	<b>Net long-term capital gain or (loss)</b> Combine lines 8a through 15 in column (3) on page 2	mn (h) Enter here and on	line 18a,		16	7,408.

610841 12-16-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2016

#### ALTERNATIVE MINIMUM TAX

Schedule D (Form 1041) 2016 CHRISTIAN EDUCATION CHAR	ITABLE	TRUST C/O	H. O 23-7	412895 Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part			or trust's	
17 Net short-term gain or (loss)	17		324.	324.
18 Net long-term gain or (loss):				
a Total for year	188		7,408.	7,408.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	181	<del></del>		
c 28% rate gain	180	<del></del>		
19 Total net gain or (loss). Combine lines 17 and 18a	▶ 19	+	7,732.	7,732.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (o		T Part I line 4a) If lin		
go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, co				
Part IV   Capital Loss Limitation	<del></del>	<del></del>		
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4	4c if a trust)	the smaller of		
a The loss on line 19, column (3) or b \$3,000	10, ii a ii botj,	ine emuner or.	20 (	1
Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, p	nama 1 lina 2	2 (or Form 990-T line		ote the Canital
Loss Carryover Worksheet In the instructions to figure your capital loss carry	yover	2 (0/ / 0//// 550 1, 11/16	04), 13 & 1033, COMPR	sic inc Capital
Part V: Tax Computation Using Maximum Capital Gair	ns Rates	<del></del>		<del></del>
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gain		unt is entered in Part Lo	r Part II and there is an	entry on Form 1041
line 2b(2), and Form 1041, line 22, is more than zero.	ino, or an ame	ant is entered in r art re	. Tare if and there is an	chay on rorm 10 71,
Caution: Skip this part and complete the Schedule D Tax Worksheet In the in	netrictione if			
Either line 18b, col (2) or line 18c, col (2) is more than zero, or	istractions ii			
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 qualifing	ad daudonde e	ico includod in income in	Part Laf Form 000-T	and Form 000-T line
34, is more than zero. Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the			,	
21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			) or line 18c, col. (2) is	more man zero.
22 Enter the smaller of line 18a or 19 in column (2)		21		
` ' '	Ĭ	~ <u>.</u>	<b>A N</b>	
but not less than zero 22			2, 4	
23 Enter the estate's or trust's qualified dividends from	<b> </b> *	*		
Form 1041, line 2b(2) (or enter the qualified dividends	Į į	*		
included in income in Part I of Form 990-T)	*	*	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
24 Add lines 22 and 23 24	•	*1		
25 If the estate or trust is filing Form 4952, enter the	1	<b>.</b>		
amount from line 4g, otherwise, enter -0-		*	2 3	
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-	<u> </u>	27		
28 Enter the smaller of the amount on line 21 or \$2,550	<u> </u>	28		
29 Enter the smaller of the amount on line 27 or line 28	<u> </u>	29		
30 Subtract line 29 from line 28. If zero or less, enter -0- This amount is taxed at 0%	i	1	30	
31 Enter the smaller of line 21 or line 26	_	31		
32 Subtract line 30 from line 26	<u> </u>	32		
33 Enter the smaller of line 21 or \$12,400	<u> </u>	33	* 1	
<b>34</b> Add lines 27 and 30	<u> </u>	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	<u> </u>	35	* 1	
36 Enter the smaller of line 32 or line 35	_ ;	36		
<b>37</b> Multiply line 36 by 15% (0.15)		_	▶ 37	
38 Enter the amount from line 31		38		
<b>39</b> Add lines 30 and 36		39	* /	
40 Subtract line 39 from line 38 If zero or less, enter -0-	<u> </u>	10		
41 Multiply line 40 by 20% (0 20)			41	
42 Figure the tax on the amount on line 27. Use the 2016 Tax Rate Schedule for Estate	es	1	~ *	
and Trusts (see the Schedule G instructions in the instructions for Form 1041)		12	, ,	
43 Add lines 37, 41, and 42	_	13		
44 Figure the tax on the amount on line 21 Use the 2016 Tax Rate Schedule for Estate				
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	I .	14	\* *	
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form			<del></del>	
G, line 1a (or Form 990-T, line 36)	10-11, 00116	uuio	▶ 45	
			70	

610842 12-16-16

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

▶ Information about Form 8949 and its separate instructions is at www irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

CHRISTIAN EDUCATION CHARITABLE TRUST

C/O H. O. MACLELLAN. JR. Social security number or taxpayer identification no.

23-7412895

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 Adjustment, if any, to gain or (c) (d) loss. If you enter an amount Gain or (loss). Subtract column (e) Proceeds Cost or other Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis. See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) ın Code(s) with column (g) the instructions adjustment PS INSTITUTIONAL ONSHORE LP VARIOUS VARIOUS 324. 324. 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 324. above is checked), or line 3 (if Box C above is checked)  $\blacktriangleright$ 

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

#### ALTERNATIVE MINIMUM TAX

Form 8949 (2016)				Attachm	nent Sequenc	ce No 12A	Page 2
Name(s) shown on return Name and CHRISTIAN EDUC						Social secur	nty number or ntification no.
C/O H. O. MACL	ELLAN, J	R.				23-7	412895
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which I	ation as Form 10	you received any 199-B Either will	v Form(s) 1099-B o show whether you	or substitute stater ir basis (usually you	nent(s) from ur cost) was i	your broker A s reported to the	ubstitute IRS by your
Part II Long-Term. Transact  Note: You may aggregate al  codes are required. Enter the	l long term transac	tions reported on f	orm(s) 1099 B show	ing basis was reporte	ed to the IRS a	ind for which no a	djustments or
You must check Box D, E, or F below.			<del></del>			<del></del>	
If you have more long-term transactions than will (D) Long-term transactions rep	I lit on this page for o ported on Form(	ne or more of the boxe s) 1099-B showir	s, complete as many for ig basis was repor	rms with the same box c ted to the IRS (see	hecked as you ne	ed	, dadit apprication
(E) Long-term transactions rep				ported to the IRS			
LXJ (F) Long-term transactions not	reported to you	on Form 1099-E	3	,	<del> </del>		
1 (a)	(b)	(c)	_ (d)	(e)		if any, to gain or enter an amount	(h)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo, day, yr)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis See the	ın column (g	), enter a code in See instructions.	Gain or (loss). Subtract column (e)
, , , , , , , , , , , , , , , , , , , ,	, , , , ,	(Mo, day, yr)		Note below and	(f)	(g)	from column (d) &
		}		see <i>Column (e)</i> in the instructions	Code(s)	Amount of	combine the result with column (g)
BRIGADE DISTRESSED	<del></del>	<del> </del>	·			adjustment	(3)
VALUE FUND LP		VARIOUS	4,372.	<del> </del>	<del>  -</del>		4,372.
PS INSTITUTIONAL	VARCEOUD	VARTOOD	4,372.	<del></del>	<del>  -</del>		4,372.
ONSHORE LP	VARIOUS	VARIOUS	793.	<del> </del>	<del> </del>		793.
PORTFOLIO ADVISORS		VARTOOD	755.				
SECONDARY FUND	<del> </del>	<b> </b>	<del></del>		<del> </del>		<del></del>
III, L.P.	VARIOUS	VARIOUS	4.	<del> </del>	<del>  -</del>		4.
RESOURCE LAND FUND		VARIOUS		<del> </del>			<del></del>
II, LLC	<del></del>	VARIOUS	2,239.	<del> </del>			2,239.
11, 1110	VARTOUS	VAKTOUS	4,439.	<del></del>		<del></del>	2,233.
	<del> </del>	<del> </del>		<del> </del>			<b></b>
	<b></b>	<del> </del>					
	<del></del>	<u> </u>	<del></del>				<b> </b>
	<del> </del>	<del> </del>			<del>  -</del>		
	<del> </del>	<del></del>	<del></del>	<b> </b>			<u> </u>
	<del> </del>	<del>   </del>	<del></del>	<b></b>			<del></del>
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	<del> </del>	<del> </del>		<del> </del>	<del> </del>		<del> </del>
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				<del></del>	<del> </del>		
	<del></del>	<del> </del>					
	<del> </del>	-	<del></del>	<del> </del>	<del>  -</del>		<del> </del>
		<del> </del>			<del></del>		<del></del>
	<del> </del>	<del> </del>		<del> </del>		<del></del>	<del></del>
	<del> </del>	<del> </del>		<del> </del>			<del> </del>
			<del></del>	<del></del>	<del> </del>		
	<del> </del>	<u> </u>		<del> </del>	<del>  -</del>		<del> </del>
	<del> </del>	<del> </del>		<del></del>	<del> </del>	<del></del> -	<del></del>
	<del> </del>	<del>                                     </del>	<del></del>	<del> </del>	<del>  -</del>		<del> </del>
	<del> </del>	<del> </del>	<del> </del>		}}-		<del> </del>
2 Totals Add the amounts in colu	L (d) (a) (a)	and (b) (c) btract	<del> </del>	<del> </del>	<del>                                     </del>		<del> </del>
2 Totals. Add the amounts in colunegative amounts) Enter each to				[	** **		
Schedule D, line 8b (If Box D ab		•			, ~2 ~		}
above is checked) or line 10 (if			7 408	}	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		7 408.

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

7,408.

7,408.

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

SCH	EDULE D CAPITAL LOSS CARRYOVER WORKSHEET	STATEMENT	18
1.	ENTER THE AMOUNT FROM FORM 990-T, LINE 34	26	, 513
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	. 1	, 220
6.	ENTER ANY GAIN FROM SCHEDULE D, LINE 16	0	
7.	ADD LINES 4 AND 6	•	0
8.	SHORT-TERM CAPITAL LOSS CARRYOVER TO 2017. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0	. 1	,220
	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 .	. 7	,739
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 2017. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0	. 7	,739

FORM 990-T		ORGANIZATION'S BUSINESS ACTIVIT	PRIMARY UNRELATED Y	STATEMENT	15
PASS THROUGH	UNRELATED BUSINE	ESS INCOME FROM	PARTNERSHIPS		
TO FORM 990-T,	, PAGE 1				
FORM 990-T		S) FROM PARTNERS CORPORATIONS	HIPS	STATEMENT	16
DESCRIPTION	AMOUNT				
RESOURCE LAND 360 ENERGY OPE AERIAL BIOPHAF ARRIVO BIOVENT BRIGADE DISTRE DYNAMO FUND I, GCM GROSVEOR MIDNIGHT PHARM PS INSTITUTION PORTFOLIO ADVI RELEVANCE CAPI TENTH STREET F	1,419. 937526,674. 3,194237. 14620,720. 41139228. 344.				
FORM 990-T	NET (	OPERATING LOSS D	EDUCTION	STATEMENT	17
TAX YEAR LO	OSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/15	6,577.	0.	6,577.	6,57	77.
NOL CARRYOVER			6,577.	6,57	