Form	990-T	Exempt Organization Bus			ax Retur	ן ו	OMB No 1545-0687
		(and proxy tax und For calendar year 2016 or other tax year beginning $\mathtt{JUL}\ 1$,			ง 30 201	7	2016
	-	Information about Form 990-T and its instruc					2016
	tment of the Treasury al Revenue Service	Do not enter SSN numbers on this form as it may	, h	Open to Public Inspection for 50 (c)(3) Organizations Only			
A	Check box if	Name of organization (Check box if name c			anon 13 a 30 1(0)(0)	DEmple	oyer identification number
<i>"</i> ∟	address changed	HUGH AND CHARLOTTE MAC	_	·			oyees' trust, see ctions)
B E:	xempt under section	Print CHARITABLE TRUST		6	2-6268981		
X]501(c)(3)	or Number, street, and room or suite no. If a P.O. box	, see II	nstructions.			ated business activity codes
]408(e) []220(e)	Type 820 BROAD STREET, NO.	300			, 390,	isa detions y
	408A 530(a)			n postal code		1	
]529(a)	CHATTANOOGA, TN 37402		•	_	900	000
	ok value of all assets and of year	F Group exemption number (See instructions.)					
21	,412,757.	G Check organization type ► 501(c) corporation		X 501(c) trust	401(a) trust		Other trust
		- 1- 1		STATEMENT 1	2		
	•	the corporation a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	> 1	Ye	s X No
		and identifying number of the parent corporation.				400	V 755 01.41
_		► HUGH O. MACLELLAN, JR.			one number	423	
- 27		d Trade or Business Income		(A) Income	(B) Expense	S	(C) Net
	Gross receipts or sal	_ 	۱				
_	Less returns and allo		1c				1
	Cost of goods sold (S Gross profit, Subtrace	• •	3		<u>* </u>		
3	•	ne (attach Schedule D)	4a	4,155.		<u> </u>	4,155.
		n 4797, Part II, line 17) (attach Form 4797)	4a 4b	4,133.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	4,133.
	Capital loss deductio	• •	4c				
5	•	partnerships and S corporations (attach statement)	5	-10,708.	N W	. 3	-10,708.
6	Rent income (Schedi		6	10,7001			
7	,	ced income (Schedule E)	7		DEAR	/ // // /	
8		by alties, and rents from controlled organizations (Sch. F)	8		REUE	V 5t	50
9		of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		3 1000 00	~~~	1
10		ivity income (Schedule I)	10		BI WOA S D	201	
11	Advertising income (Schedule J)	11				
12	Other income (See in	structions, attach schedule)	12		OGDEA	1, U1	
13	Total, Combine line:	s 3 through 12	13	-6,553.			-6,553.
Pa		ons Not Taken Elsewhere (See instructions for contributions, deductions must be directly connected.)					
14	Compensation of of	ficers, directors, and trustees (Schedule K)				14	
15	Salaries and wages					15	
16	Repairs and mainte	nance				16	
17	Bad debts					17	
18	Interest (attach sch	edule)				18	
19	Taxes and licenses					19	
20		rions (See instructions for limitation rules)		1 1		20	
21	Depreciation (attach	•		21			ļ
22	·	laimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion	5				23	
24		ferred compensation plans				24	
25 26	Employee benefit pr	-				25	
	Excess exempt expended Excess readership of	•				27	
27 28	Other deductions (a	,				28	
29	•	Add lines 14 through 28				29	0.
30		taxable income before net operating loss deduction. Subtrac	t line ?	9 from line 13		30	-6,553.
31		deduction (limited to the amount on line 30)	2			31	
32		taxable income before specific deduction. Subtract line 31 fr	om lin	e 30		32	-6,553.
33		Generally \$1,000, but see line 33 instructions for exceptions				33	1,000.
34		s taxable income Subtract line 33 from line 32. If line 33 is		than line 32, enter the sn	naller of zero or		
	line 32					34	-6,553.
2070		or Panerwork Reduction Act Notice see instructions					Form 990-T (2016)

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62-	_	^	C	o	Ω	O	1
$n \wedge -$	n	/.	n	n	7	0	1

orm	990-T	(2016)	

Form 990-T	(2016) CHARITABLE TRUST 62-62	68981	Page 2
Part II	I 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	
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)	1 1	
	(2) Additional 3% tax (not more than \$100,000) \$	1 1	
	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.		
	X Tax rate schedule or Schedule D (Form 1041)	36	0.
37	Proxy tax See instructions	> 37	
	Alternative minimum tax	38	
	Tax on Non-Compliant Facility Income. See Instructions	39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.
Part I		_1	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a	1. ×	
	Other credits (see instructions) 41b		
	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits, Add lines 41a through 41d	41e	
-	Subtract line 41e from line 40	42	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		
	Total tax. Add lines 42 and 43	44	0.
	Payments: A 2015 overpayment credited to 2016 45a 23, 148		
	2016 estimated tax payments	∸] 🌯	
	Tax deposited with Form 8868 45c		
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d	1	
	Backup withholding (see instructions) 45e	-l, []	
		- : N	
	· · · · · · · · · · · · · · · · · · ·	%:	
g			
46			23,148.
	Total payments. Add lines 45a through 45g	46	_23,140.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	23,148.
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Enter the amount of line 49 you want; Credited to 2017 estimated tax 23,148. Refunded	49	0.
50 Part∉V		50	
	······································		I Van I Na
	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 >		$-\frac{x}{x}$
	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.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$ 1,168. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k		
Sign	order penalties or perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the dest of my killing correct, and compelete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	nowledge and bell	er, it is true,
Here	Mada / mpp guppe (grapem py		uss this return with
11016	TREASURER/SECRETARY Storicture of efficer Date Trifle	the preparer show	
			Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	Self- employe		25002
Prepa	rer AMY G. THOMAS (UVW) (M)		525903
Use O	Inly Firm's name CHAMBLISS, BAHNER & STOPHEL, P.C. Firm's EIN	<u>▶ 62-1</u>	L674553
	605 CHESTNUT STREET, SUITE 1700	/ 400 \ 5	
	Firm's address CHATTANOOGA TN 37450-0019	(423)75	NN - 3000

Form **990-T** (2016)

Form 990-T (2016) CHARITABLE TRUST

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S	ubtract li	ne 6	
3 Cost of labor	3		from line 5. Enter here	and in P	Part I,	
4 a' Additional section 263A costs			line 2		7	
(attach schedule)	4a		8 Do the rules of section	vith respect to	Yes No	
b Other costs (attach schedule)	46		property produced or	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		,,	
Schedule C - Rent Income	From Real	Property an	d Personal Property	Lease	ed With Real Prop	perty)
(see instructions)						
1. Description of property						
(1)					·	
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued			0/->	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	and personal property (if the percent personal property exceeds 50% or it at is based on profit or income)	tage f		connected with the income in d 2(b) (attach schedule)
(1)						
(2)		Ĺ				
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u>0.</u>
Schedule E - Unrelated Det	t-Financed	Income (see	instructions)			
			2. Gross income from	}	 Deductions directly confito debt-finance 	
1. Description of debt-fir	anced property		or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
v. Description of debt-in	ia iceo property		financed property		(attach schedule)	(attach schedule)
			 	↓		
(1)				├		
(2)			 	├ ─		
(3)			 			
(4)			 	├		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis sliocable to nced property n 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)			%			
					nter here and on page 1 Part I, line 7 column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0 .	
Total dividends-received deductions in	cluded in columi	ı 8	·			0.
						Form 990-T (2016)

. HUGH A	ND CHARLOT	TE MAC	LELLA	AN						
Form 990-T (2016) CHARIT								62-62		
Schedule F - Interest,	Annuities, Roya						nizatio	ns (see ins	struction	is)
1. Name of controlled organiza	2. Em Identifi num	ployer	3. Net unre	ontrolled lated incominstructions)		tal of specifie ments made	includ	rt of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)					- 					
(2)							-+			
(3)					+				-+	
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8 Net unrelated incon (see instruction		9. Total o	f specified p made	ayments	in the co	column 9 tha ntrolling orga gross income	nization's	11, De with	ductions directly connected in income in column 10
(1)										
(2)										
(3)										
(4)										
						Enter her	columns 5 ar e and on pag ne 8, column (e 1, Part I,	1	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals					•	1		0.		0
Schedule G - Investme		Section 5	01(c)(7	'), (9), c	r (17) O	rganiza	tion		l	
1 Desc	ription of income			2. Amoun	of income	directly	luctions connected schedule)	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)						<u> </u>				_
					nd on page 1, , column (A)					Enter here and on page Part I line 9, column (B)
Totals					0.	<u> </u>			* *	0
Schedule I - Exploited (see instri		/ Income,	Other	Than /	Advertis	ing Inco	ome 			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directly conf with produ of unrelat business in	nected ction led	from unrela business minus col gain, com	come (loss) Ited trade or (column 2 umn 3) If a oute cols 5 ugh 7	from act	s income civity that inrelated s income	attribu	penses table to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						 		 		
(2)		 _				 		 		
(3)						 		 		
(4)						f		 		
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	arti,						14	Enter here and on page 1, Part II line 26
Totals	0.		0.	<u>.</u>		<u>)</u> (*)	<u> </u>	<u>*</u>	š j	<u>.</u> 0
Schedule J - Advertisi Part I Income From	ng Income _{(see} Periodicals Rep		a Con	solidate	ed Basis	 }				
										,
1 Name of periodical	2. Gross advertising income		Direct sing costs	or (loss col 3) If	vertising gain) (col 2 minus a gain, compi 5 through 7	s 5 .c	rculation come	6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3)						
(4) Totals (carry to Part II, line (5))	0.	0.				, , , , ,

Form **990-T** (2016)

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62-6268981

Page 5

columns 2 through 7 on a	•	•	rate Basis (For ea	ch penodical liste	d in Part II, fill in	
1 Name of periodical	2. Gross advertising	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute	5. Circulation income	6. Readership costs	7 Ex costs colum

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	•	0.	0.				0.
		Enter here and on page 1, Part 1, 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>		<u>.</u>	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		•	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

2016

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

HUGH AND CHARLOTTE MACLELLAN

CHARITABLE TRUST

Employer identification number

62-6268981

	WIINDRE IKOSI				<u> </u>	0200301
Note:	Form 5227 filers need to complete only Parts I and II					
Pa	art I Short-Term Capital Gains and Losses - Ass	sets Held One \	Year or Less			
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, 1 line 2, column	from Part 1,	(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					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	278.				278.
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	i.		ļ	4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	r estates or trusts			5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of t	the 2015 Capital Loss			_	,
7	Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	mn (h) Enter here and	1 on line 17		6	
•	column (3) on page 2	mm (m): Emicr nord and	2 017 11110 17,	▶	7	278.
Pa	art II Long-Term Capital Gains and Losses - Ass	ets Heid More	Than One Yea	r		
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	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 which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8 b	Totals for all transactions reported on Form(s) 8949 with			T		
9	Box D checked Totals for all transactions reported on Form(s) 8949 with			 		
•	Box E checked	,		Ì		
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	4,084.				4,084.
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and		L		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 Carryover Worksheet	·			15	(207.)
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in column (3) on page 2	umn (h) Enter here an	d on line 18a,		16	3,877.

HUGH AND CHARLOTTE MACLELLAN

Schedule D (Form 1041) 2016 CHARITABLE TRUST			62-6268	981 Page 2
Part III Summary of Parts I and II	(1) Bene	ficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part			or trust's	
17 Net short-term gain or (loss)	17		278.	278.
18 Net long-term gain or (loss):				
a Total for year	18a]_	3,877.	3,877.
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		4,155.	4,155.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	990-T, Part I, line	4a) If lines	s 18a and 19, column	(2), are net gains,
go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, complete				
Part IV 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 tro	ust), the smaller of	of:		
a The loss on line 19, column (3) or b \$3,000	,	··•	20 (,
Note: If the loss on line 19, column (3), is more than \$3,000,or if Form 1041, page 1, I.	ine 22 (or Form (OOLT line 3	L	e the Capital
Loss Carryover Worksheet In the instructions to figure your capital loss carryover.	ine ZZ (or i onii c	/50-1, II/IC C	14), 13 ti 1033, complet	c tive Gupitur
Partiv Tax Computation Using Maximum Capital Gains Rat	000			
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or ar		d in Part I or I	Part II and there is an e	ntry on Form 1041
line 2b(2), and Form 1041, line 22, is more than zero.	i amount is entered	u iii i aiti oi i	artir and there is an e	ndy on roini 1041,
	ano ef			
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instruction	ภาร แ			
• Either line 18b, col (2) or line 18c, col (2) is more than zero, or				
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero From 200 Throats Consolidate this post of the black 100 and 100 are stated as a subfined distribution.)	450 000 T line
Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified divide			•	•
34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instruc		18b, col. (2)	or line 18c, col (2) is n	nore 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	4 % 1		1 %	
23 Enter the estate's or trust's qualified dividends from	k 31		[*	
Form 1041, line 2b(2) (or enter the qualified dividends			* *	
included in income in Part I of Form 990-T)	_]		1 . 1	
24 Add lines 22 and 23 24				
25 If the estate or trust is filing Form 4952, enter the				
amount from line 4g; otherwise, enter -0-			[, *[
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			
34 Add lines 27 and 30	34			
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		——] _[
36 Enter the smaller of line 32 or line 35	36			
37 Multiply line 36 by 15% (0 15)	L		37	
38 Enter the amount from line 31	38		7	
39 Add lines 30 and 36	39			
40 Subtract line 39 from line 38. If zero or less, enter -0-	40		 * <u>"</u>	
41 Multiply line 40 by 20% (0.20)	<u></u>		41	
42 Figure the tax on the amount on line 27 Use the 2016 Tax Rate Schedule for Estates	1 1			
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		l l	
,			*	
43 Add lines 37, 41, and 42	43			
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)	244		 	
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	

Form **8949**

Department of the Treasury 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

2016

Attachment Sequence No 12A

Name(s) shown on return

HUGH AND CHARLOTTE MACLELLAN CHARITABLE TRUST

Social security number or taxpayer identification no.

62-6268981

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.

LF	Note: You may aggi	Fransactions involving c regate all short-term transal Enter the totals directly on	ctions reported on	Form(s) 1099 B show	wing basis was repor	ted to the IF	RS and for which no	adjustments or
Yo If y	ou must check Box A, B, or C		ox, if more than one time or more of the box	oox applies for your shores, complete as many for	rt-term transactions, com	plete a separa checked as yo	ate Form 8949, page 1, 1 ou need	
Ē		tions reported on Form(•	,	C 1401C U.S.	3 40,	
Ē		tions not reported to yo		-	ported to the mo			
<u>-</u>	(a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
•	Description of propert		Date sold or	Proceeds	Cost or other	loss. If yo	ou enter an amount	Gain or (loss).
	(Example 100 sh XYZ C		disposed of	(sales price)	basis. See the	column (f	(g), enter a code in). See instructions.	Subtract column (e)
			(Mo , day, yr)		Note below and see Column (e) in the instructions		(g) Amount of adjustment	from column (d) & combine the result with column (g)
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2	Totals. Add the amounts	1			i	<u> </u>)	i
	negative amounts) Enter		•		1	1	1	1
	Schedule D, line 1b (if Bo	•	•		1	1 1	{	270
	above is checked), or lin	ne 3 (if Box C above is o	hecked) 📗 📐	278.	<u> </u>	L	L	278.

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

CHARITABLE TRUST

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side HUGH AND CHARLOTTE MACLELLAN

Social security number or taxpayer identification no.

62-6268981

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)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If v	ou enter an amount	Gain or (loss).
(Example 100 sh XYZ Co.)	(Mo, day, yr)	disposed of	(sales pnce)	basis See the	in commi column (f	(g), enter a code in). See instructions.	Subtract column (e)
, ,		(Mo, day, yr)		Note below and		(g)	from column (d) & combine the result
				see <i>Column (e)</i> in the instructions	Code(s)	Amount of adjustment	with column (g)
BERENS GLOBAL						dojadanerk	
VALUE FUND, LP		VARIOUS	1,507.				1,507.
BRIGADE DISTRESSED	1			}			
	VARIOUS	VARIOUS	1,861.			[1,861.
PS INSTITUTIONAL							
ONSHORE LP	VARIOUS	VARIOUS	680.				680.
PORTFOLIO ADVISORS							
SECONDARY FUND						<u> </u>	
III, L.P.	VARIOUS	VARIOUS	9.				9.
RESOURCE LAND					 		
FUND, III, LLC	VARIOUS	VARIOUS	27.		 		27.
				 	 	 	
	 	 		 	 		
		 		 		 	
		 			 		
							
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2 Totals. Add the amounts in colu	imns (d) (e) (d)	and (h) (subtract		 	Y A.	 	
negative amounts) Enter each to		` ' '					
Schedule D, line 8b (if Box D ab		,]			1
above is checked), or line 10 (if	•	,	4,084.	1	* * .		4,084.
above is directed), or fine 10 (ii	DUX F ADDVE IS	UNICONTU)	<u> </u>	1	Śs.	i	1 2,001.

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

SCHEDULE D (Form 1041)

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.

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

OMB No. 1545-0092 **2016**

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

HUGH AND CHARLOTTE MACLELLAN

CHARITABLE TRUST

Employer identification number

62-6268981

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. (h) Gain or (loss) Adjustments Subtract column (é) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) Form(s) 8949, Part I. This form may be easier to complete if you round off cents to whole dollars. combine the result with column (g) line 2, 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 1 b 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 Box C checked 278 278. 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, 278. Partill 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) (g) Adjustments (d) (e) Subtract column (e) Proceeds Cost to gain or loss from from column (d) and (or other basis) (sales price) This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part II combine the result line 2, column (g) with column (g) 8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no * adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b

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

8 b Totals for all transactions reported on Form(s) 8949 with

Totals for all transactions reported on Form(s) 8949 with

Totals for all transactions reported on Form(s) 8949 with

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

13 Capital gain distributions

Box D checked

Box E checked

Box F checked

14 Gain from Form 4797, Part I

15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2015 Capital Loss Carryover Worksheet

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

Schedule D (Form 1041) 2016

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4,084.

4,084.

4,084

ALTERNATIVE MINIMUM TAX

Schedule D (Form	1 1041) 2016 HUGH AND CHAR	LOTTE MACLELLAN	CH	ARITABLE T	RUST	62-	-626898	31 Page 2
Part III S	Summary of Parts I and II			(1) Beneficiaries	(2) 8	state's	(3)	Total
C	aution: Read the instructions before co	mpleting this part			ort	trust's		
17 Net short-te	erm gain or (loss)		17			278	3.	278.
18 Net long-te	rm gain or (loss);							
a Total for year	ar		18a	i	4	4,084	4. 4	1,084.
b Unrecapture	ed section 1250 gain (see line 18 of the wrks	ht)	18b					
c 28% rate ga	ain		18c					
19 Total net ga	ain or (loss). Combine lines 17 and 18a	>	19			4,36	2. 4	1,362.
Note: If line 19, o	column (3), is a net gain, enter the gain	on Form 1041, line 4 (or Form	990-T,	Part I, line 4a) If line	es 18a ar	nd 19, co	olumn (2), are	net gains,
go to Part V, an	d don't complete Part IV If line 19, col	lumn (3), is a net loss, complete	Part	V and theCapital Los	ss Carryo	ver Wor	ksheet, as	necessary
Part IV	Capital Loss Limitation							
20 Enter here a	and enter as a (loss) on Form 1041, line 4 (o	r Form 990-T, Part I, line 4c, if a tri	ust), th	e smaller of:				
a The loss on	line 19, column (3) or b \$3,000		,-		ſ	20 ()
Note: If the loss	on line 19, column (3), is more than \$3,	000, or if Form 1041, page 1, I	ine 22	(or Form 990-T, line	34), is a	loss coi	mplete the C	apital
	Worksheet in the instructions to figure			,	••	•	•	•
Part V	Tax Computation Using Maxi	mum Capital Gains Rat	es					
	. Complete this part only if both lines 18a an			nt is entered in Part I o	r Part II ar	nd there is	s an entry on F	orm 1041,
	orm 1041, line 22, is more than zero.	,,,,,,					•	
• • •	is part and complete the Schedule D Ta	x Worksheet In the instruction	ons if					
•	Bb, col (2) or line 18c, col (2) is more th							
	041, line 2b(1), and Form 4952, line 4q							
	s. Complete this part only if both lines 18a a		nds ar	e included in income in	Part I of F	orm 990	-T, and Form 9	990-T, line
	zero. Skip this part and complete the Sched	• • •						
	income from Form 1041, line 22 (or Form 9		21		' 1	*, *	·	
	aller of line 18a or 19 in column (2)	,	*			*		
but not less t		22	* 1		ļ			
23 Enter the esta	ate's or trust's qualified dividends from				į	*		
	ine 2b(2) (or enter the qualified dividends	[[N.	"	ŀ			
•	ncome in Part I of Form 990-T)	23	1 %		ļ			
24 Add lines 22	,	24	- 1			* :		
25 If the estate of	or trust is filing Form 4952, enter the				ľ			
	line 4g; otherwise, enter -0-	25	*		l			
	25 from line 24. If zero or less, enter -0-		⊣ ″₂6		1	*		
	26 from line 21. If zero or less, enter -0-		27			. (
	aller of the amount on line 21 or \$2,550		28			* 2		
	aller of the amount on line 27 or line 28		29					
	29 from line 28 If zero or less, enter -0 Th	is amount is taxed at 0%				30		
	aller of line 21 or line 26		31	1	´	»		
32 Subtract line			32			*		
33 Enter the sm	aller of line 21 or \$12,400		33			4		
34 Add lines 27			34	+		-		
	34 from line 33, If zero or less, enter -0-		35			*		
	aller of line 32 or line 35		36					
37 Multiply line					—	37		
38 Enter the am			38	ı I	- 1			
39 Add lines 30			39			*		
	39 from line 38. If zero or less, enter -0-		40			*		
41 Multiply line	·					41		
	x on the amount on line 27. Use the 2016 Ta	x Rate Schedule for Estates	1	1	- 1			
•	see the Schedule G instructions in the instru		42	,	l	*		
43 Add lines 37,		5.13.10 for 1 0fff 104 fg	43			it.		
	x on the amount on line 21. Use the 2016 Ta	x Bate Schedule for Fetatee	- "	' 		è.		
=	see the Schedule G instructions in the instru		44	,	j	22		
	xable income. Enter the smaller of line 43 (•				***		
	Form 990-T, line 36)	a mio 77 note and on Form 1041,	Julieul	110	•	45		

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Schedule D (Form 1041) 2016

Form 8949

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074 **2016**

Department of the Treasury Internal Revenue Service 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.

Attachment 12A

Name(s) shown on return

HUGH AND CHARLOTTE MACLELLAN

Social security number or taxpayer identification no.

62-6268981

CHARLTABLE TRU							208981
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which i	ation as Form 10	you received an 99-B Either will	y Form(s) 1099-B (show whether you	or substitute state or basis (usually you	ment(s) fro ur cost) wa	m your broker A s is reported to the	substitute IRS by your
Part I Short-Term. Transac Note: You may aggregate al codes are required. Enter the	tions involving c	ctions reported on	Form(s) 1099 B show	ving basis was report	ed to the IF	IS and for which no	adjustments or
You must check Box A, B, or C below If you have more short-term transactions than we (A) Short-term transactions re (B) Short-term transactions re	Check only one b ill fit on this page for c ported on Form(s ported on Form(s	ox if more than one bone or more of the box is) 1099-B showings) 1099-B showings)	pox applies for your short es, complete as many for ag basis was report ag basis wasn't re	t-term transactions, com rms with the same box of ted to the IRS (see	plete a separa	ate Form 8949, page 1, 1 ou need	
X (C) Short-term transactions no	ot reported to yo	u on Form 1099-	В				
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)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss If vo	nt, if any, to gain or ou enter an amount (g), enter a code in outhor code in outhor code (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
PS INSTITUTIONAL							
ONSHORE LP	VARIOUS	VARIOUS	278.				278.
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2 Totals. Add the amounts in colunegative amounts) Enter each t Schedule D, line 1b (if Box A ab	otal here and inc	clude on your					

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)

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278.

ALTERNATIVE MINIMUM TAX

Form 8949 (2016)				Attachn	nent Sequer	nce No 12A	Page 2
Name(s) shown on return Name and	SSN or taxpay	er identification i	no. not required if			Social secur	ity number or
HUGH AND CHARL	OTTE MAC					1	ntification no.
CHARITABLE TRU		_					268981
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which i	atıon as Form 10	you received any 199-B Either will	y Form(s) 1099-B o show whether you	or substitute statei ir basis (usually yoi	nent(s) from ur cost) was	reported to the	ubstitute IRS by your
Part II Long-Term. Transact		anıtal assets volu	held more than 1	vear are long term	For short-	term transactions	s see page 1
Note: You may aggregate al codes are required. Enter the	I long term transac	tions reported on f	Form(s) 1099 B show	ing basis was report	ed to the IRS	and for which no a	djustments or
You must check Box D, E, or F below. If you have more long-term transactions than wif	Check only one b	ox If more than one b	ox applies for your long	-term transactions, comp	lete a separate	Form 8949, page 2, fo	r each applicable box
(D) Long-term transactions rep							
(E) Long-term transactions rep					o moto abo	. 0,	
(F) Long-term transactions not				portion to the mo			
1 (a)	(b)	(c)	(d)	(e)		, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		u enter an amount	Gain or (loss).
(Example. 100 sh. XYZ Co)	(Mo , day, yr.)	disposed of	(sales pnce)	basis. See the	in column (g), enter a code in column (f). See instructions		Publiact coluini (e)
	Į.	(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
	ŧ			the instructions	Code(s)	Amount of adjustment	with column (g)
BERENS GLOBAL						adjaoti nom	
VALUE FUND, LP	VARIOUS	VARIOUS	. 1,507.	 	t — — t		1,507.
BRIGADE DISTRESSED			· · · · · · · · · · · · · · · · · · ·				
VALUE FUND	VARIOUS	VARIOUS	1,861.				1,861.
PS INSTITUTIONAL		1			tt		<u>-</u>
ONSHORE LP	VARIOUS	VARIOUS	680.	 			680.
PORTFOLIO ADVISORS	 	 		 	 		
SECONDARY FUND							
III, L.P.	VARIOUS	VARIOUS	9.		 		9.
RESOURCE LAND							
FUND, III, LLC	VARIOUS	VARIOUS	27.				27.
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2 Totals. Add the amounts in colu				}			j
negative amounts) Enter each to		•	`	}			
Schedule D, line 8b (if Box D ab	•	•		}			4 004
above is checked), or line 10 (if	Box F above is a	checked)	4,084.	1	1 3 8 1		4,084.

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

TOTAL TO FORM 990-T, PAGE 1, LINE 5

STATEMENT 13

-10,708.

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

PASS THROUGH UNRELATED BUSINESS INCOME FROM PARTNERSHIPS

INCOME (LOSS) FROM PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T

AND S CORPORATIONS	
DESCRIPTION	AMOUNT
360 ENERGY OPPORTUNITY FUND , L.P. (EIN: 47-3654522)	93.
AERIAL BIOPHARMA, LLC (EIN: 27-4435278)	-751.
ARRIVO BIOVENTURES, LLC (EIN: 30-0936594)	-6,674.
BERENS GLOBAL VALUE FUND (QP), LP (EIN: 20-0874963)	6.
CONATUS CAPITAL PARTNERS II LP (EIN: 33-1183390)	-18,296.
DYNAMO FUND I, LP (EIN:81-3376869)	-475.
MIDNIGHT PHARMA, LLC (EIN: 47-3667652)	-20,720.
GCM CROSVENOR MACLELLAN INVESTMENT FUND LP (EIN: 26-0458356)	73.
BRIGADE DISTRESSED VALUE FUND LP (EIN: 27-4128092)	1,319.
PORTFOLIO ADVISORS SECONDARY FUND III, L.P. (EIN:32-0477812)	-278.
PS INSTITUTIONAL ONSHORE LP (EIN: 45-2441838)	46.
RELEVANCE CAPITAL III, L.P. (EIN:46-4755264)	-377.
RESOURCE LAND FUND III, LLC (EIN: 20-3801822)	35,154.
TENTH STREET FINANCIAL OPPORTUNITY FUND II, L.P.	·
(EIN: 32-0405144)	172.