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	C Quant	· j Ex	empt Organization B			x Retur	n [OMB No	بد لر 1545-0687
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•		1	r 2017 or other tax year beginning _				_'	20	1 1 /
Depa Interi	rtment of the Treasury nal Revenue Service		o to www.irs.gov/Form990Tfo enter SSN numbers on this form as	it may	be made public if your organ)1(c)] 3	501(c)(3) Org	Inspection fo inizations Only
Α [Check box if address changed	3	l		changed and see instructions		€	mployees' trust	cation number , see
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	X 501(C)O3) or 1296 DOW STREET Type MURFREESBORO, TN 37130								98 ess activity
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C	Book value of all assets at	F Group	exemption number (See instr	uction	ns >				
	84,185,811	G Check	organization type	501(c) corporation 501	(c) trust	401(a)	trust	Other trust
H	Describe the organiz	ration's primar	y unrelated business activity RSHIPS				-		
			ration a subsidiary in an affilia	ted g	oup or a parent-subsidi	ary controll	ed group	► Ye	s XNo
	If 'Yes,' enter the na	me and identi	fying number of the parent cor	poratı	on 🟲				
			C. DAVIS, PRESIDEN	T	T	elephone n	umber► 61	5-898-1	140
Pa			usiness Income		(A) Income	(B) Ex	penses	(C)	Net
	a Gross receipts or s								
	b Less returns and allowa		c Balance►	10					
	Cost of goods sold			3	<u> </u>				
<u>₩</u>	Gross profit Subtra Capital gain net in	come (attach	Chedule D)	4a	<u></u>			1	
77	b Net gain (loss) (Form 4	797. Part II. line 1	7) (attach Form 4797)	4b			- SE 12.14	7)	
9	c Capital loss deduc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c		RI		700	†
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15	Salaries and wage		,				15		-
16	Repairs and maint						16		
17	Bad debts						17		
18	Interest (attach sci	hedule)					18		
19	Taxes and license						19		
20			tructions for limitation rules)		les I		20		
21	Depreciation (attac			h	21	_			
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23	Depletion Contributions to de	aferred compe	neation nlans				24		
25	Employee benefit		isation plans .		•		25		
26	Excess exempt ex	-	iule I)				26		
27	Excess readership	•			•		27		
28	Other deductions (· ·	•				28		
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EXTENSIAN TO 11-15-18

-84,037. Form **990-T** (2017)

Page 2 Page 2 Page 1 Part III Tax Computation Section	Form 990	(2017) CHRISTY-HOUSTON FOUNDATION, INC.		62	_12000	
So Organizations Taxable as CorporationsSee instructions for tax computation. Controlled group members (sections) 1561 and 1563 plecks here? See instructions and a Enter your share of the \$50,000, and \$9,925,000 taxable income brackets (in that order); (2) So Colore tax on the amount of the \$50,000, and \$9,925,000 taxable income brackets (in that order); (2) So Colore tax on the amount on time 34. So Colore tax on the amount on time 34. So Colore tax on the amount on time 34. So Colore tax on the amount on time 34 from: Tax rate schedule or Schedule D (Form 1041) So So So So So So So S				02	-120093	70 1 age 2
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parer Use Firm's address P.O. BOX 1234 Firm's address P.O. BOX 1234		DAVID B. HALL, CPA DAVID B. HALL, CPA	17-11-18	self-employed	P012	08490
Use Firm's address P.O. BOX 1234				Firm's EIN		
Aut.	Úse					
				Phone no	(615)	893-9334

(4)

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).

Totals

Total dividends-received deductions included in column 8

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%

BAA

(1)

(2)

(3)

TEEA0203L 10/04/17

Form 990-T (2017)

<u>Schedule'F – Interest, A</u>	nnuitie	es, Royalti				_		Orga	nizations	(see ı	nstructio	ns)
,			Exem	pt Con	trolled Or	rgar	nizations		,			
organization idei		ntification		3 Net unrelated Income (loss) see instructions)		4	4 Total of specified payments made		5 Part of column that is included in the controlling organization's gross income		in c	eductions directly connected with come in column 5
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(2)						1						· · · · · · · · · · · · · · · · · · ·
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Nonexempt Controlled Organization	ations	•			_							
7 Taxable Income	inc			Total of specified payments made		d	10 Part of colur included in the organization's gi		the controlling		connecte	ctions directly d with income olumn 10
(1)						T						
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(3)												
(4)												
Totals						ļ	Add columns here and on p 8, co		l, Part I, line		and on p	s 6 and 11. Enter page 1, Part I, line lumn (B).
Schedule G – Investmer	t Inco	me of a Se	ction	501/	c)(7) (9	<u>, </u>	or (17) Orga	nizat	ion (see in	struction	nns)	
1 Description of income		2 Amount			3 dire	Dec	ductions connected schedule)		4 Set-aside:	<u> </u>	5 Total deductions and set-asides (column 3 plus column 4)	
(1)					· · · ·							
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Totals Schedule I — Exploited E	•	Enter here an Part I, line 9,	colum	nn (A).		n A	dvertising	Incor	30. (coo.in	ctructio	Part I, I	ere and on page 1 ine 9, column (B)
Schedule I - Exploited E	xemp	2 Gross				1			s income from		enses	7 Evenes evenunt
1 Description of exploited a	activity	unrelate busines income fro trade of busines	d s om	conne prod of u	ises directly ected with duction nrelated ess income	from or ! 2 m	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7.	activ	ity that is not ated business income	attrıbü	itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		-				-						
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(3)						<u> </u>						
(4)												
Totals	<u> </u>	Enter here on page Part I, line column (1, = 10,	on p Part I	here and page 1, l, line 10, mn (B)	į						Enter here and on page 1, Part II, line 26
Schedule J – Advertisin	a Inco	me (See ins	tructio	ns)								A
Partil Income From Per					neolida	tec	l Racic					· ·
(Faisi) income i fom i ci	Toulca	2 Gross			rect	_	Advertising gain or	5.0	irculation	6 Rea	dership	7 Excess readership
1 Name of periodical		advertisir	ng	adve	ertising	(lo	oss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7.		ncome		osts	costs (col. 6 minus col. 5, but not more than col 4)
(1)		 										
(2)		 						<u> </u>				
(3)		 					į					
(4)		 										
Totals (carry to Part II, line (5))	•											

Form 990-T (2017) CHRISTY-HOUSTON FOUNDATION, INC. 62-1280998 Page 5

Partilla Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

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 (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)		-				
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1- 5) ►	·					

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
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14		•	

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Form **990-T** (2017)

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FEDERAL STATEMENTS

PAGE 1

CLIENT CHRISTY

CHRISTY-HOUSTON FOUNDATION, INC.

62-1280998

STATEMENT 1 FORM 990-T, PART I, LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

NAME.	GROSS INCOME	DEDUCTIONS	INCOME (LOSS)
UBI FROM PARTNERSHIP K-1'S INCLUDED MIT PRIVATE EQUITY FUND 111 LP MA RESOURCES FUND 1 LP MA REAL ASSETS FUND 2 LP	\$ 0. -4,924. 23,250. -102,363.	\$ 0. 0. 0. 0. TOTAL	\$ 0. -4,924. 23,250. -102,363. \$ -84,037.

STATEMENT 2 FORM 990-T, PART II, LINE 31 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	O.	RIGINAL LOSS	P.	LOSS REVIOUSLY USED	 LOSS VAILABLE
12/31/08 12/31/09 12/31/13 12/31/14 12/31/15 12/31/16 NET OPERATING LOSS	\$ AVAILABLE	136,680. 196,066. 73,031. 109,329. 108,541. 101,951.	\$	132,574. 0. 0. 0. 0.	\$ 4,106. 196,066. 73,031. 109,329. 108,541. 101,951. \$ 593,024.
TAXABLE INCOME NET OPERATING LOSS	DEDUCTION	(LIMITED TO T	AXABLE	INCOME)	\$ -84,037. \$ 0.