		(')						2700	ט ט כ) J .	, 0 0	012	L
F	form 9 90-T	Ex	empt Organizati (and proxy			ness Incom		x Retur	n	-		No 1545-0687	_
	Ac	For calendar yea	r 2017 or other tax year begi	inning		, 2017, and e	nding _		·	_	4	2017	
Depa	rtment of the Treasury		o to www.irs.gov/Form99							<u> </u>	Doon to Bu	ıblic Inspection fo	_
Inter	nal Revenue Service	► Do not e	enter SSN numbers on this f					ation is a 501		!	501(c)(3) C	rganizations Only	y
A [Check box if address changed exempt under section		The Cockrell F			changed and see instr N	uctions			En (En	ployer ide: 1ployees' t ructions)	ntification number rust, see	r
- ;	501(c)(3)	or	1000 Main Stre	et #3	250	-				7	4-607	6993	
	408(e)	(e) Type	Houston, TX 77	002					Ī			siness activity	_
-	408A	(a)									203 (366 II	istractions /	
	529(a)									5	<u> 25990</u>		
C	Book value of all assets at and of year		exemption number (See					·····					_
	131,365,612	•	organization type		501(c) corporation	<u></u> 501	(c) trust	40	1 (a) t	rust	Other trus	۶t
H	Describe the organiz Investment in	zation's primary n_partner:	y unrelated business ac	tivity									
ī			ration a subsidiary in ai	n affiliat	ed gr	oup or a parent-	subsidi	ary controlle	ed grou	ıp	P []	Yes X No	_
			ying number of the par	ent corp	oratio	on 🕨		•	-			ليت	
			ie Reinhackel				Te	elephone nu	ımber 🟲	71	3-209	-7560	
Pa			usiness Income			(A) Incom	е	(B) Exp	enses		((C) Net	
	a Gross receipts or s				_								
_	b Less returns and allowa		c Bala	ance 🏲	1 c					\rightarrow			_
2 3		•	•	}	3								_
	a Capital gain net in			ŀ	3 4a	0.1	719.			\dashv			_
	b Net gain (loss) (Form 4		•	ŀ	4b	04,	113.	 	-	\dashv			-
	c Capital loss deduct		, (ŀ	4c				PF	-			-
5	Income (loss) from	n partnerships	and S corporations	St 1	_	0.50	44.0		—— [7 .[- ' -) -	_
6	(attach statement) Rent income (Sche		•	ا ' '	5 6	-268,	412.	- 12			- (1	70	_
7	Unrelated debt-fina	•	(Schedule F)	ŀ	7	-		339	- N 0	V 2	3 201	S-OS	-
8			m controlled organizations (Set	hedule F)	8								_
9			(9), or (17) organization (Sch		9			-	ÓG	DE	N. U	7	_
10	Exploited exempt a				10			<u>b</u> _				'	_
11	Advertising income	•			11								_
12	Other income (See	e instructions, a	attach schedule)										
12	Total Cambina line	os 2 through 1	n	-	12					_			_
	Total. Combine line		n Elsewhere (See		13	-183,	693.1	deduction	s \ (E	0.	at for	-183,693.	÷
<u> </u>	contribution	ons, deducti	ons must be direct	ly conr	necte	ed with the ur	relate	d busines	s inc	ome	.)		
14			rs, and trustees (Sched							14			_
15	Salaries and wage:									15			
216	Repairs and mainte	enance							⊢	16			
3 17	Bad debts	dl.o.\							- ⊢	17		,	_
∵ 18	Interest (attach sch Taxes and licenses	·								18 19			_
			ructions for limitation ri	ules)					- ⊢	20			_
Ƴ20 1 21	Depreciation (attac			00,		21	1		F	-			_
22	Less depreciation of	claimed on Sch	nedule A and elsewhere	on retu	rn	. 22a				22b			
123	Depletion									23		, ,	_
Z 24	Contributions to de		sation plans							24			Ξ
22 1123 224 225	Employee benefit p	_							_ ⊢	25			_
L 26	Excess exempt exp	penses (Sched	ule I)						_	26			_
28	Other deductions (a	attach schedul	e) e		•					27 28			_
29										29			_
30	Unrelated business	taxable incom	ne before net operating		ductio					30		-183,693.	-
31			ited to the amount on li			See S	•	ent 2	_	31			_
32 33			ne before specific deduc				ne 30			32		-183,693.	<u>-</u>
33 34			000, but see line 33 ins tract line 33 from line 32. If lii				e smaller	of zero or line		33 34	-	-183,693.	_
	For Paperwork Red	duction Act No	otice, see instructions.	iio oo ia yi	cater t		55L 10/04		<u> </u>			-163,693. 1 990-T (2017)	
												. ,	

Form 990	O-T (2017) The Cockrell Foundation	4-60	76993		Page 2
	'Tax Computation				
	anizations Taxable as Corporations. See instructions for tax computation.				
Cor	frolled group members (sections 1561 and 1563) check here ► See instructions and	ļ			
a Ent	er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
(1)	\$ (2) \$ (3) \$				
b Ent	er organization's share of. (1) Additional 5% tax (not more than \$11,750)		ł		
	Additional 3% tax (not more than \$100,000)				
c Inc	ome tax on the amount on line 34	35 c	5		0.
36 Tru	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				<u>-</u> -
	ine 34 from Tax rate schedule or Schedule D (Form 1041)	▶ 36	-		
37 Pro	xy tax. See instructions	▶ 37			
	rnative minimum tax	38			
39 Tax	on Non-Compliant Facility Income. See instructions .	39			
	al. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	 		0.
		140	1		
	Tax and Payments		- 		
	eign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41 a	_			
	er credits (see instructions) 41 b	_	1		
	neral business credit Attach Form 3800 (see instructions) 41 c	_			
	dit for prior year minimum tax (attach Form 8801 or 8827) 41 d		_		
	al credits. Add lines 41a through 41d	41 e			0.
	tract line 41e from line 40	42	1		0.
43 Oth	er taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		i		
	Other (attach schedule)	43			
	al tax. Add lines 42 and 43	44			0.
	ments A 2016 overpayment credited to 2017 . 45a				
	7 estimated tax payments 45 b				
	deposited with Form 8868	_i	J		
	eign organizations. Tax paid or withheld at source (see instructions) 45d		1		
	kup withholding (see instructions) 45e		1		
	dit for small employer health insurance premiums (Attach Form 8941) 45f		i		
	er credits and payments Form 2439				
	Form 4136 Other Total ► 45 g		1		
46 Tot	al payments. Add lines 45a through 45g .	46	1		0.
47 Est	mated 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			
	rpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶ 49	1		
	er the amount of line 49 you want: Credited to 2018 estimated tax				
	Statements Regarding Certain Activities and Other Information (see instructions)	130	<u> </u>		
	ny time during the 2017 calendar year, did the organization have an interest in or a signature or other authority			T.,	T
			114	Yes	No
	ncial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCE	IN Forn	n 114,		
	ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here $ extstyle _$ $ extstyle _$ $ extstyle _$				X
52 Dur	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	, a fore	eign trust?		X
If Y	ES, see instructions for other forms the organization may have to file.				\Box
53 Ente	er the amount of tax-exempt interest received or accrued during the tax year (\$				1 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best belief, it is true, correct, and complete, Declare to greparer (other than taxpayer) is based on all information of which preparer has a	t of my k	nowledge and		
Sign	$\langle h \rangle \langle h $		ne IRS discuss t	his retu	re with
Here	Signature of officer Date Vice President	the pro	eparer shown be		
	THIS THE		XY	'es	∐ No
Paid	Print/Type preparer's name Preparer's signature Date Check X	f F	PTIN		
Pre-	Jody Blazek CPA 11.12 18 self-employee		20007267	14	
parer	Firm's name Blazek & Vetterling Firm's EIN		0269860	_	
Use	Firm's address 2900 Weslayan, Suite 200	, 0	0203000		
Only		,-	110) 400		20
BAA	Houston, TX 77027-5132 Phone no		(13) 439		
			HOrm U	•••111 '°	2111 / S

Schedule A - Cost of Good	ds Sold. Enter method of inve	entory valuation 🟲						
1 Inventory at beginning of year	ar 1	6 Invent	ory at	end of year	6			
2 Purchases	2			f goods sold. Subtract				
3 Cost of labor	3			ne 5. Enter here , line 2 .				
4 a Additional section 263A costs (attack		and in	Part I,	ine 2 .			Yes	No
b Other costs	4 a 4 b			of section 263A (wit				•
(attach sch) 5 Total. Add lines 1 through 4b				luced or acquired fo zation?	r resa	ile) apply		
Schedule C — Rent Income 1 Description of property	(From Real Property and	d Personal Property	Leas	sed With Real Pi	ope	rty) (see ir	structi	ions)
(1)								
(2)								
(3)	· · ·							—
(4)	· · · · · · · · · · · · · · · · · · ·							
	2 Rent received or accrued			·			_	
(a) From personal propo (if the percentage of rent for property is more than 10% more than 50%)	eal and personal propert entage of rent for person ceeds 50% or if the rent I on profit or income)	ial	the income in	ns directly connected with in columns 2(a) and 2(b) ttach schedule)				
(1)								
(2)								
(3)								
(4)								
Total	Total							
(c) Total income. Add totals of col here and on page 1, Part I, line 6,				(b) Total deductions. E here and on page 1, Pari I, line 6, column (B)	inter t			
Schedule E - Unrelated De	bt-Financed Income (see	instructions)		•	-			
1 Description of debt		2 Gross income from or allocable to debt-	3 De	ductions directly con debt-finan	nnecto	ed with or a	llocab	le to
i Bescription of dest	maneed property	financed property		(a) Straight line depreciation (attach sch)		(b) Other deduction (attach schedule		
(1)					1			
(2)		*****	1					
(3)		, , , , , , , , , , , , , , , , , , ,	1	-				
(4)					1			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5		7 Gross income ortable (column 2 x column 6)	1 0	Allocable d (column 6 x lumns 3(a)	total	of
(1)		ે						
(2)		00	ļ					
(3)		0/0	<u> </u>	··				
(4)		0/0						
			Enter Part	here and on page 1 I, line 7, column (A)	,Ente	er here and t I, line 7, c	on pa column	ige 1, i (B)
Totals		. ▶						
Total dividends-received deduction	ons included in column 8	•		•	+	······································		
BAA		EA0203L 10/04/17			<u></u>	Form 9	90-T (2017)

Schedule F - Interest, A		es, Royalli	_		trolled O			Orgai	iizations	(see in	Struction	s)	
1 Name of controlled organization	ıde	Employer ntification number		Net uni income ee instri			4 Total of spec payments ma			in o	eductions directly connected with come in column 5		
(1)						T				•			
(2)						T							
(3)						1	-,-					-	
(4)													
Nonexempt Controlled Organiza	ations						-		<u> </u>				
7 Taxable Income	inc	et unrelated come (loss) instructions)	9		f specifie nts made		ıncluded ı	n the c	the controlling connecte		ctions directly d with income olumn 10		
(1)			1	-	•								
(2)													
(3)			1										
(4)						_	1			+			
			<u> </u>				Add columns here and on p 8, co		, Part I, line		e and on	mns 6 and 11 Enter on page 1, Part I, line column (B)	
Totals				501/	\ (3)\(6)	\sqcup	45.0						
Schedule G — Investmen 1 Description of income	tinco	2 Amount		-	3 dire	De ctly	ductions connected schedule)	4 Set-asides 5 Tota (attach schedule) set-a		5 Total deductions and set-asides (column 3 plus column 4)			
(1)					(<u> </u>		
(2)													
(3)													
(4)							•						
Totals Schedule I — Exploited E	×emp	Enter here an Part I, line 9,	colui	ทก (A)	ner Tha	n A	Advertising	Incon	18 (saa inst	ruction	Part I, I	ere and on page 1 ine 9, column (B)	
1 Description of exploited ac		2 Gross unrelate busines income fro trade of busines	s d s om r	3 Expen conne prod of u	ses directly ected with duction nrelated ss income	fro or 2 r	Net income (loss) m unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	5 Gross activi unrela	s income from ty that is not ited business income	6 Exp	penses stable to simn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		 					-						
(2)		 				╁							
(3)		 	-			\vdash						 	
(4)						┢	*						
Totals	•	Enter here on page Part I, line column (1, 10,	on p Part I	here and page 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 26	
Schedule J – Advertising	Inco	me (See inst	ructio	ns)		_						<u> </u>	
Part I Income From Per					ncolida	+00	l Pacic						
Tarti income Florii Fer	louica	2 Gross			rect		···			6.5	1	T	
1 Name of periodical		advertisir		adve	rtising osts	(10	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation icome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)						Π							
(2)		_				1	[<u> </u>	
(3)					·	1						_	
(4)		-				├-							
Totals (carry to Part II, line (5))		•								<u> </u>	<u>-</u>		

Page 5

Part II Income From Periodica 7 on a line-by-line basis)	ls Reported or	n a Separate E	Basis (For each p	eriodical listed in F	Part II, fill in col	lumns 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 o	f Officers, Dire	ctors, and Tru	istees (see instru	ictions)		
1 Name			2 Title	3 Percent of time devoted to business		ation attributable ated business
-				%	1	
				%		
			.,	%		
				%		
Total. Enter here and on page 1, Part I	I, line 14				•	
BAA		TEEA0204 L 1	0/04/17		F	orm 990-T (2017)

SCHEDULE D

(Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name	The Cockrell Foundation			Employ	er identific	ation number
					<u> 507699</u>	3
Pa	rt I Short-Term Capital Gains and I	osses – Assets F	leld One Year or L	.ess		
ente	instructions for how to figure the amounts to er on the lines below. form may be easier to complete if you round	(d) Proceeds	(e) Cost (or other basis)	(g) Adjustr to gain or los Form(s) 8949	s from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
	tents to whole dollars	(sales price)	(or other basis)	line 2, colu		result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
	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					334.
4	Short-term capital gain from installment sales	from Form 6252, line 2	26 or 37		4	
5	Short-term capital gain or (loss) from like-kind	exchanges from Form	8824		5	
6	Unused capital loss carryover (attach computa	ition) .			6	
	Net short-term capital gain or (loss) Combine				7	334.
Pai		osses – Assets H	eld More Than On	7		
ente This	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round ents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustr to gain or los Form(s) 8949 line 2, colui	s from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Enter gain from Form 4797, line 7 or 9				11	84,385.
12	Long-term capital gain from installment sales	from Form 6252, line 2	6 or 37		12	
13	Long-term capital gain or (loss) from like-kind	exchanges from Form	8824		13	
14	Capital gain distributions (see instructions)				14	
15 Par	Net long-term capital gain or (loss) Combine I	ines 8a through 14 in o	column h		15	84,385.
	*					
16	3 (16	334.
17	Net capital gain. Enter excess of net long-term			•	7) 17	84,385.
ıĸ	Add lines 16 and 17 Enter here and on Form the corporation has qualified timber gain, also Note: If losses exceed gains, see Capital loss	complete Part IV	r tne proper line on oth	ner returns If	18	84,719.

Form **8949**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545-0074

2017

Attachment Sequence No 12A

The Cockrell Foundation

SSN or taxpayer identification number

74-6076993

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

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

X (C) Short-term transa 1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if If you enter an a enter a con See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
		(,,)	(see instructions)	in the separate instructions	Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
From K-1							334
						_	
							
		_					
				•			
		i					
				<u> </u>			
		,					
2 Totals. Add the amounts (subtract negative amou include on your Schedul checked), line 2 (if Box Box C above is checked	s in columns (d), ints) Enter each e D, line 1b (if B i B above is check	(e), (g), and (h) total here and ox A above is ed), or line 3 (if	0	0		0	334

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

2	01	17

Federal Statements

Page 1

The Cockrell Foundation

74-6076993

Statement 1 Form 990-T, Part I, Line 5 Income (Loss) from Partnerships and S Corporations

Name	Gross <u>Income</u> <u>De</u>	ductions	Income (Loss)
AG Energy Partners II LP AG Realty Fund VIII, LP Blackstone Minerals-Common Units Dominion Midstream Partners Energy Transfer Equity LP Energy Transfer Partners LP Enlink Midstream Enterprise Products Partners Magellan Midstream Partners, LP Phillips 66 Plains All American Pipeline Summit Midstream Partners Sunoco Logistics Partners Sunoco LP Weathergage Venture Capital II Western Gas Equity Partners Western Gas Partners LP Warburg Pincus PE (E&P) XII (A) Warburg Pincus PE (E&P) XII Main-1 Warburg Pincus PE XII (FT-1) Blackstone Minerals Co LP - Subord.	\$ 10,617. \$ -22,414. 23,6425,45019,93047,72528,48732,75812,6388,13524,01811,3374,7054,38950112,14515,207. 220. 6,6511,89043,525.	466. \$ 2,380. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 7,324. 4,118. 0. 0. Total \$	10,15124,794. 23,6425,45019,93047,72528,48732,75812,6388,13524,01811,3374,7054,38950112,14515,2077,104. 2,5331,89043,525268,412.

Statement 2 Form 990-T, Part II, Line 31 Net Operating Loss Deduction

Loss Year Ending	0	riginal Loss	Loss Previously <u>Used</u>		 Loss Available
. 12/31/10 12/31/13 12/31/16	\$	103,071. 65,113. 255,457.	\$	0. 0. 0.	\$ 103,071. 65,113. 255,457.
Net Operating Loss Taxable Income Net Operating Loss		(Limited to T	axable Income)		\$ 423,641. \$ -183,693. \$ 0.