4	Evennt Organization B	×	<b>\</b>	27000	<b>3</b> 1	406421
•	LACITIFIC OT MATTER COLOR	lusii	ness Income Ta	x Return	1	OMB No 1545-0687
F	orm 990-T (and proxy tax u					2017
	For calendar year 2017 or other tax year beginning _  ► Go to www.irs.gov/Form9907for					2017
Degar	tment of the Treasury al Revenue Service  Do not enter SSN numbers on this form as it					Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if Check box if		changed and see instructions		D E	mployer identification number
BE	xempt under section Print HATTON W SUMNERS F	OUNI	DATION FOR THE			Employees' trust, see structions )
	STUDY & TEACHING O	F SE	ELF-GOVERNMENT,	INC		75-2734032
	1409(a) 237(a)   Type   325 N. ST. PAUL ST.	REE1	C #3920		E	nrelated business activity odes (See instructions )
	408A	821			ĺ	odes (oce manachems)
					<u> </u> ;	531120
C B	F Group exemption number (See instru		<del></del>			
		501(0	c) corporation 501	(c) trust 40	)1(a)	trust Other trust
Ħ [	Describe the organization's primary unrelated business activity.					
ī	During the tax year, was the corporation a subsidiary in an affiliate	ed gro	oup or a parent-subsidia	ry controlled group		Yes X No
	f 'Yes,' enter the name and identifying number of the parent corpo	-	, ,			
J	The books are in care of ► HUGH C AKIN		T	elephone number	<b>&gt;</b> (2	214) 220-2128
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	s	(C) Net
	Gross receipts or sales					<b>‡</b>
	Less returns and allowances c Balance ►	1 c				<u> </u>
	Cost of goods sold (Schedule A, line 7)	2				<u> </u>
	Gross profit. Subtract line 2 from line 1c	3	1 020 000			1 020 000
	ı Capıtal gaın net ıncome (attach Schedule D) • Net gaın (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a 4b	1,030,990.			1,030,990.
	Capital loss deduction for trusts.	4c			·····	<del> </del>
	Income (loss) from partnerships and S corporations				•••••	25.000
	(and an analysis)	5	-35,822.			-35,822.
	Rent income (Schedule C)	7	270 501	252.6	E 6	24,925.
7 8	Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8	378,581.	353,6	000.	24,925.
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9				<del> </del>
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11		-		
12	Other income (See instructions; attach schedule)					
		12				
	Total. Combine lines 3 through 12	13	1,373,749.	353,6		1,020,093.
Pai	Deductions Not Taken Elsewhere (See instru	iction	ns for limitations or	deductions.)	(Exc	ept for
1/	contributions, deductions must be directly con Compensation of officers, directors, and trustees (Schedule K)			eu business in	14	e.)
15	Salaries and wages		RECEIVED	`` <b>`</b>	15	
16				၂ပ္ဟု	16	
17	Bad debts	B083	NOV- 0 6 2018	SO	17	
18	Interest (attach schedule)	$^{\omega}L$		[2]	18	
19	Taxes and licenses	(	OGDEN, UT	1.2	19	<u> </u>
20	Charitable contributions (See instructions for limitation rules)	· · · ·			20	
21	Depreciation (attach Form 4562)		21	54,686.		
22	Less depreciation claimed on Schedule A and elsewhere on retui	rn	. 22a	54,686.	22b	
23 24	Depletion		•		23	
25	Employee benefit programs	•	••		25	<del> </del>
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	· <del>-</del>
28	Other deductions (attach schedule)		,	.	28	
29	Total deductions. Add lines 14 through 28			1 12	29	
30 21	Unrelated business taxable income before net operating loss ded	duction	n. Subtract line 29 from SEE STATE	MENT 2	30 31	1,020,093.
31 32	Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Su	ibtract	• •		32	99,054. 921,039.
33	Specific deduction (Generally \$1,000, but see line 33 instructions				33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is g		han line 32, enter the smaller		34	920,039.
BAA	For Paperwork Reduction Act Notice, see instructions.		TEEA0205L 10/0			Form 990-T (2017)

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Form 990-T (2017) HATTON W SUMNERS FOUNDATION FOR THE	7.	5-2734032	Page
Part III Tax Computation		·	
35 Organizations Taxable as Corporations, See instructions for tax computation.			
Controlled group members (sections 1561 and 1563) check here ► See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	er):		
(3) <u>\$</u>			
<b>b</b> 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	▶	35 c	312,813
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	_		
on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36	
37 Proxy tax. See instructions .	•	37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See Instructions.		39	<del> </del>
Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	312,813
Part IV Tax and Payments		<del></del>	
11 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41 a			
b Other credits (see instructions)  41 b		1 1	
c General business credit. Attach Form 3800 (see instructions) 41 c		1 1	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41 d	<del></del>	1 1	
e Total credits. Add lines 41a through 41d		<sup>-</sup> 41 e 1	0
42 Subtract line 41e from line 40		42	312,813
43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			312,013
Other (attach schedule)		43	
44 Total tax. Add lines 42 and 43		44	312,813
15 a Payments: A 2016 overpayment credited to 2017 45 a	29,597		312,613
b 2017 estimated tax payments 45 b	14,786.		
c Tax deposited with Form 8868	14,700.	4	
d Foreign organizations: Tax paid or withheld at source (see instructions)  45 d		- 1	
e Backup withholding (see instructions)		-	
f Credit for small employer health insurance premiums (Attach Form 8941) . 45f		- 1	
g Other credits and payments: Form 2439		- 1	
☐ Form 4136 ☐ ☐ Other ☐ Total ► 45 g		<b>-</b>	
46 Total payments. Add lines 45a through 45g		46	44,383
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	268,430
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	, •	49	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refunded >	50	
Part V Statements Regarding Certain Activities and Other Information (see II	nstructions)	<del></del>	
51 At any time during the 2017 calendar year, did the organization have an interest in or a signature		ority over a	Yes No
financial account (bank, securities, or other) in a foreign country? If YES, the organization may have			
Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country h			1
			- X
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 > \$	0.		
Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statement belief, it is the correct, and compete Debeguion of preparer (other than taxpayer) is based on all information of which	nts, and to the best of	of my knowledge and knowledge	· ·
	,	May the IRS discuss	
Signature of officer Date CHAIRMAN Title		the preparer shown instructions)?	l
		Instructions) r	Yes No
Print/Type preparer's name Preparer's signature Date	Check if	PTIN	
re- KIMBERLY D CRAWFORD Lemberly Company 10/10/18	self-employed	P004464	484
	Firm's EIN		
	I mis cill	10 209321	. <b>v</b>
N. (	<del></del> -{	/017\	
Use   Firm's address   600 SIX FLAGS DR., SUITE 600   ARLINGTON TX 76011	Phone no	(817) 64	10_0003

BAA

Schedule A - Cost of Goods Sold. E	nter method of inv	entory valuation	<b>&gt;</b>						
1 Inventory at beginning of year	1	6	Invento	ry at e	end of year	6		-	
<b>2</b> Purchases	2	7	Cost of	good	s sold. Subtract				
3 Cost of labor	3				ne 5. Enter here	•			
4 a Additional section 263A costs (attach schedule)			ang in i	Part I,	line 2	7	<u> </u>	<del>.</del> .	N .
•	4 a		<b>.</b>					Yes	No
<b>b</b> Other costs (attach sch)	4 b	8			of section 263A (wit luced or acquired fol				
5 Total. Add lines 1 through 4b	5		to the c						X
Schedule C — Rent Income (From Real Pr	operty and Pers	onal Property	Leased	With	Real Property) (	see ins	tructions)		
1 Description of property	<del></del>					. , .		**	
(1)					<del></del>				
(2)									
(3)									
(4)									
2 Rent receiv	ed or accrued				3(a) Deduction	c dire	ctly connect	ad wet	h
(a) From personal property (If the percentage of rent for personal property is more than 10% but not more than 50%)	(if the perce	eal and personal entage of rent fo ceeds 50% or if on profit or inco	r persona the rent i	ıl	the income ii	n colu			
(1)							-		
(2)									
(3)									
(4)									
Total	Total								
(c) Total income. Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)	<u>```</u>		<u> </u>		(b) Total deductions I here and on page 1, Pa I, line 6, column (B)		<u>.                                  </u>		
Schedule E — Unrelated Debt-Financ	ed Income (see	instructions)							
Description of debt-financed prop	oortu.	2 Gross incom		3 De	eductions directly co debt-fina	nnecto nced p	ed with or a property SE	llocabl E ST	e to : 3
r bescription of dept-invanced prop	erty	financed pro		depr	(a) Straight line eciation (attach sch		(b) Other de (attach scl	ductio	ns
(1) HSF VICEROY, LLC		378	3,581.		54,686		2	98,9	70.
(2)					······································		<del></del>		
(3)									
(4)						$\top$			
acquisition debt on or or allocable	idjusted basis of to debt-financed ittach schedule)	6 Column divided b column	by 5		7 Gross income ortable (column 2 x column 6)		Allocable de (column 6 x olumns 3(a)	total	of
(1) 1,078,411.	820,279.	100.0	8 000 g	<u> </u>	378,581		3	<u>53,6</u>	<u> 56.</u>
(2)			8			_			
(3)			ફ	<u> </u>	<u> </u>	$\bot$			
(4)			8						
					here and on page I, line 7, column (A				
Fotals.			<b>&gt;</b>	1	378,581		3	53,6	56.
Fotal dividends-received deductions included in	column 8			<u> </u>	0.0,002	<u> </u>			
RAA		FA02031 10/04/17					Form 9	90-T (	2017)

- Interest, P	T	ios, royani		ontrolled O			<u> </u>	- Lucions	(366	11 15 (10 (10)	
1 Name of controlled organization	ıde	Employer entification number	3 Net i	unrelated ne (loss) structions)	Ť	4 Total of spec payments ma		5 Part of that is interest the con- organizers in	cluded trolling ation's	in (	eductions directly connected with come in column 5
(1)		_			+						
(2)					$\top$						<del>.</del>
(2) (3) (4)					1				-		
(4)								-			
Nonexempt Controlled Organiza	ations										
7 Taxable Income	m	let unrelated come (loss) nstructions)		of specifie ents made		10 Part of included ii organizatio	n the c	ontrolling		connecte	ctions directly d with income olumn 10
(1)									<del>                                     </del>	-	
(1) (2) (3)		-	<u> </u>								
(3)											
(4)											
Totals Schedule G — Investme	nt Inc.	ome of a Sou	rtion E0	1(a)(7) (	<u> </u>	, ,	age 1 lumn (	Part I, line A).	here	and on p	s 6 and 11. Enter page 1, Part I, line plumn (B).
<u> 3chedule G – Investine</u>	nt inc	ome or a sec	cuon 50			ductions		4 Set-asides			I deductions and
1 Description of income		2 Amount of	fincome	dıre	ctly	connected schedule)		ttach schedu		set-a	us column 4)
(1)											
(2)											· · · · · · · · · · · · · · · · · · ·
(3)											· · · · · · · · · · · · · · · · · · ·
_(4)		Cata a bassa and		,					<del> </del>	Entor he	
<b>.</b>	_	Enter here and Part I, line 9, o							:	Part I, I	ere and on page 1, ine 9, column (B).
Totals.		<u> </u>		<u></u>		A -1				<u> </u>	
Schedule I — Exploited I	-xemp	<del></del>			_	<u>_</u>		— т			<del></del>
1 Description of exploited a	activity	2 Gross unrelated business income fro trade or business	m co	penses directly nnected with production if unrelated iness income	fro or 2 r	Net income (loss) om unrelated trade business (column minus column 3) f a gain, compute lumns 5 through 7	actıvı unrela	s income from ty that is not sted business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		+		<del> </del>	╁						<del> </del>
(2)		<del></del>			+						
(3)			_	····	╁						
(4)		<del> </del>			+-						- "-
		Enter here a on page Part I, line column (A	1, o 10, Pa	er here and n page 1, rt I, line 10, llumn (B).							Enter here and on page 1, Part II, line 26.
Totals	1	1			ل	<u></u>		<u>,</u>			
Schedule J – Advertisin						15					
Part I Income From Pe	riodic	<del></del>								<del></del>	T
1 Name of periodical		2 Gross advertising income		3 Direct Ivertising costs	(1)	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols. 5. through 7.		rculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)											
_(2)		<del></del>			4						4
_(3)		+		<del></del>	-						4
(4)			-		-						
Totals (carry to Part II, line (5))		<u> </u>						<u> </u>			<u> </u>
RAA				TEEA0204 I	10/0	A(17					orm 990-T (2017)

Page 5

Part II	Income F	From Po	eriodicals	Reported on a	Separate Basis	(For each periodical list	ed in Part II, fill in	columns 2 through
	<sup>–</sup> 7 on a line.	-by-line h	/ 212S	•				

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)	<b>&gt;</b>					
Schedule K - Compensation	on of Officers, Dire	ctors, and Tr	ustees (see inst	ructions)		
1 Name			<b>2</b> Title			ation attributable ated business
	<del>-</del>	<del>                                     </del>	<del></del>		8	
	<del> </del>	<del></del>			<del></del>	

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

TEEA0204 L 10/04/17

Form **990-T** (2017)

## **SCHEDULE D**

(Form 1120)

## Capital Gains and Losses

OMB No 1545-0123

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form112@or instructions and the latest information.

Employer identification number HATTON W SUMNERS FOUNDATION FOR THE STUDY & TEACHING OF SELF-GOVERNMENT, INC 75-2734032 Short-Term Capital Gains and Losses — Assets Held One Year or Less See instructions for how to figure the amounts to (g) Adjustments (h) Gain or (loss) (d) Proceeds (e) Cost enter on the lines below. to gain or loss from Subtract column (e) from Form(s) 8949, Part I, line 2, column (g) column (d) and combine the This form may be easier to complete if you round (sales price) (or other basis) result with column (g) off cents to whole dollars. 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 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 ... 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year See instructions for how to figure the amounts to (h) Gain or (loss) (g) Adjustments (d) to gain or loss from Form(s) 8949, Part II, enter on the lines below. Subtract column (e) from Cost Proceeds column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) (sales price) line 2, column (g) 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 -518,443. 1,030,990. 2,540,712 991,279 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 12 Long-term capital gain from installment sales from Form 6252, line 26 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 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 1,030,990. Summary of Parts I and II 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15). 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). 1,030,990. 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If 1,030,990. the corporation has qualified timber gain, also complete Part IV 18 Note: If losses exceed gains, see Capital losses in the instructions.

	(2017)	

Attachment Sequence No 12A Page 2

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

SSN or taxpayer identification number

## HATTON W SUMNERS FOUNDATION FOR THE

75-2734032

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.
(N) conderm transactions reported on Form(s) 1099.8 showing basis was reported to the IRS (see Note above)

X (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 loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions. **(h)** (d)
Proceeds
(sales price)
(see instructions) (c)
Date sold or disposed of (Mo, day, yr) (e) Cost or other basis Gain or (loss). Subtract column (e) from column (d) and Date acquired (Mo , day, yr ) Description of property (Example 100 shares XYZ Co.) See the Note below and see Column (e) in the separate (f) Code(s) from instructions (g) Amount of adjustment combine the result with column (g) instructions TALON MCKINNON VARIOUS 1/18/17 2,540,712 991,279 0 -518,443. 1,030,990. 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if 2,540,712. 991,279. -518,443. 1,030,990. Box F above is checked)

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

2017	FEDERAL ST		PAGE 1
CLIENT HAT40	HATTON W SUMNERS F STUDY & TEACHING OF S	OUNDATION FOR THE ELF-GOVERNMENT, INC	75-273403
3/30/18		<del></del>	12:47P
STATEMENT 1 FORM 990-T, PART INCOME (LOSS) FR	I, LINE 5 OM PARTNERSHIPS AND S CORP	PORATIONS	
	NAME	GROSS INCOME DEDUCTIONS	INCOME (LOSS)
AMERRA AGRI FUNI NO DEBT REAL ES TALON 2525 MCKII	D III LP TATE INVEST FUND II-P	\$ -408. \$ 0. \$ 15. 035,429. TOTAL \$\overline{5}{5}\$	-408. 15. -35,429. -35,822.
STATEMENT 2 FORM 990-T, PART NET OPERATING LO	OSS DEDUCTION ORIGINAL		oss
<u>ENDING</u>	LOSS	USED AVAI	LABLE
12/31/16 TOTAL NET OPERAT	\$ 99,054. STING LOSS DEDUCTION	\$ 0.\$ <u>\$</u>	99,054. 99,054.
-	NS ALLOCABLE TO DEBT-FINANC		\$ 1,267.
HSF VICEROY, LLC ADVERTISING AMORTIZATION		•••	13,968.
ADVERTISING AMORTIZATION CLEANING AND INSURANCE	MAINTENANCE ROFESSIONAL FEES EES		13,968. 22,661. 1,109. 697. 15,144. 51,998. 50,550. 32,390. 1,671. 58,952.