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OMB No 1545-0687

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))**2017**Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning 10/01, 2017, and ending 09/30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year 2,364,231,254	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) TEXAS CHILDREN'S HOSPITAL FOUNDATION	D Employer identification number (Employees' trust, see instructions.) 20-2380599
		Number, street, and room or suite no. If a P.O. box, see instructions. 6621 FANNIN STREET	E Unrelated business activity codes (See instructions.) 900000
		City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77030	
		F Group exemption number (See instructions.) ▶	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity. ▶ **PARTNERSHIP INVESTMENT INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☒ Yes ☐ No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ **TEXAS CHILDREN'S 76-0461578**

J The books are in care of ▶ **JENNIFER LITTLE** Telephone number ▶ **(832) 824-2972**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0			
b Less returns and allowances	0			
c Balance ▶		1c 0		
2 Cost of goods sold (Schedule A, line 7)		2 0		
3 Gross profit. Subtract line 2 from line 1c		3 0		0
4a Capital gain net income (attach Schedule D)		4a 3,733,440		3,733,440
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b 0		0
c Capital loss deduction for trusts		4c 0		0
5 Income (loss) from partnerships and S corporations (attach statement)		5 (7,010,457)		(7,010,457)
6 Rent income (Schedule C)		6 0	0	0
7 Unrelated debt-financed income (Schedule E)		7 0	0	0
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9 0	0	0
10 Exploited exempt activity income (Schedule I)		10 0	0	0
11 Advertising income (Schedule J)		11 0	0	0
12 Other income (See instructions; attach schedule)		12 0		0
13 Total. Combine lines 3 through 12		13 (3,277,017)	0	(3,277,017)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

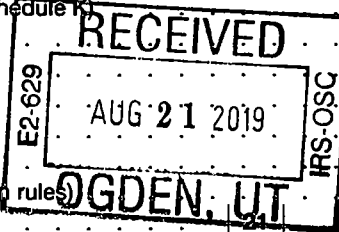
14 Compensation of officers, directors, and trustees (Schedule K)		14 0
15 Salaries and wages		15 0
16 Repairs and maintenance		16 0
17 Bad debts		17 0
18 Interest (attach schedule)		18 0
19 Taxes and licenses		19 4,130
20 Charitable contributions (See instructions for limitation rules)		20 0
21 Depreciation (attach Form 4562)		21 0
22 Less depreciation claimed on Schedule A and elsewhere on return	22a 0	22b 0
23 Depletion		23 0
24 Contributions to deferred compensation plans		24 0
25 Employee benefit programs		25 0
26 Excess exempt expenses (Schedule I)		26 0
27 Excess readership costs (Schedule J)		27 0
28 Other deductions (attach schedule)		28 965,432
29 Total deductions. Add lines 14 through 28		29 969,562
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 (4,246,579)
31 Net operating loss deduction (limited to the amount on line 30)		31 0
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32 (4,246,579)
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33 0
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34 (4,246,579)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2017)

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Part III Tax Computation

35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/>		
c	Income tax on the amount on line 34	35c	0
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b	Other credits (see instructions)	41b		
c	General business credit. Attach Form 3800 (see instructions)	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e	Total credits. Add lines 41a through 41d	41e		0
42	Subtract line 41e from line 40	42		0
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		0
44	Total tax. Add lines 42 and 43	44		0
45a	Payments: A 2016 overpayment credited to 2017	45a	0	
b	2017 estimated tax payments	45b	0	
c	Tax deposited with Form 8868	45c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	45g	0	
46	Total payments. Add lines 45a through 45g	46		0
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		0
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		0
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax 0 Refunded	50		0

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 <u>CJ</u>	Yes	No
52	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 \$ 0		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Rachel SpurlockDate 8/14/19Title EXECUTIVE VICE PRESIDENT & CFOMay the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No**Paid Preparer Use Only**Print/Type preparer's name
RACHEL SPURLOCK

Preparer's signature

Rachel SpurlockDate
8/13/2019Check ☐ if self-employedPTIN
P00520729Firm's name CROWE LLPFirm's EIN 35-0921880Firm's address 750 N ST PAUL, SUITE 850, DALLAS, TX 75201Phone no. (214) 777-5200

Form 990-T (2017)

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a	0			
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0	Total 0	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►

0

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
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 reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0	Enter here and on page 1, Part I, line 7, column (B). 0
Total dividends-received deductions included in column 8			0	0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0	0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0	0			0

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

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

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0	0				0
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5) ▶	0	0				0

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0

Form **990-T** (2017)

Alternative Minimum Tax—Corporations

OMB No 1545-0123

2017

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

Name TEXAS CHILDREN'S HOSPITAL FOUNDATION		Employer identification number 20-2380599	
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction	1	(4,246,579)
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	(2,192)
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	(2,046)
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	(115)
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o.	3	(4,250,932)
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	(4,250,932)
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	0
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You <i>must</i> enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	(4,250,932)
6	Alternative tax net operating loss deduction. See instructions	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (0.25)	8b	
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	
10	Multiply line 9 by 20% (0.20)	10	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	
13	Regular tax liability before applying all credits except the foreign tax credit	13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	

For Paperwork Reduction Act Notice, see separate Instructions.

Cat. No 12955I

Form **4626** (2017)

Form 4626, Line 6

Alternative Tax Net Operating Loss Deduction

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	AMT NOL Expires
2011	3,445,540		2,055,267		1,390,273	2031
2013	899,985				899,985	2033
2014	2,159,579				2,159,579	2034
2015	8,461,574				8,461,574	2035
2016	7,940,668				7,940,668	2036
2017	4,246,579				4,246,579	2037
Totals	27,153,925	0	2,055,267	0	25,098,658	

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

2017Attachment
Sequence No. **12A**Name(s) shown on return
TEXAS CHILDREN'S HOSPITAL FOUNDATIONSocial security number or taxpayer identification number
20-2380599

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

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) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	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) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SHORT-TERM GAIN/LOSS FROM INVESTMENTS			454,172				454,172
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				454,172	0		0	454,172

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
TEXAS CHILDREN'S HOSPITAL FOUNDATION

Social security number or taxpayer identification number
20-2380599

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) 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) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	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) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG-TERM GAIN/LOSS FROM INVESTMENTS			182,672				182,672
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 Box F above is checked) ▶				182,672	0		0	182,672

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.

Statement of Tax Position Disclosure

Form: 990-T

Tax Period: FYE 09/30/2018

Description of Items: Tax Treatment of Sale of Partnership Units

During the fiscal year ending September 30, 2018, Texas Children's Hospital Foundation disposed of 2 publicly traded partnership interests. Each partnership provided Texas Children's Hospital Foundation with a Schedule K-1 that includes supplemental tax reporting information. Included in the supplemental tax reporting information to the Schedule(s) K-1 received from the respective partnerships is a sales schedule (sample provided below) summarizing certain information with respect to the disposition of units.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
UNITS DISPOSED	ACQUISITION DATE	DISPOSITION DATE	SALES PROCEEDS	PURCHASE AMOUNT	ADJUSTMENTS TO BASIS	TOTAL GAIN OR LOSS (+)	GAIN OR LOSS CLASSIFICATION		ALTERNATIVE MINIMUM TAX BASIS ADJUSTMENT
							ORDINARY GAIN	CAPITAL GAIN OR LOSS (+)	
9,000 00000	4/26/2016	10/24/2017			-59,729		21,602		-763
4,000 00000	2/28/2017	10/24/2017			-13,040		9,994		-129
5,000 00000	3/30/2017	10/24/2017			-15,743		11,054		-175
7,000 00000	6/28/2017	10/24/2017			-10,718		9,378		-165

Texas Children's Hospital Foundation takes the position that any amount reported from the disposition of partnership interests classified as ordinary gain is not subject to unrelated business income ("UBI"). Rather the disposition of each of the partnership interests represents a disposal of a single asset and is excluded from unrelated business income under modification for unrelated business income provided in Code Section 512(b)(5)

IRC Section 512(b)(5) provides that there shall be excluded all gains or losses from the sale, exchange, or other disposition of property other than-

- (A) Stock in trade or other property of a kind which would properly be includible in inventory if on hand at the close of the taxable year, or
- (B) Property held primarily for sale to customers in the ordinary course of the trade or business.

In analyzing the gain or loss from a sale, exchange or other disposition of property, IRC Section 512(b)(5) does not require that the disposed property be a capital asset to qualify for its exclusion from UBI. Thus, as long as the partnership interest is not "stock in trade" or other property of a kind which would properly be included in inventory nor property held primarily for sale to customers in the ordinary course of a trade or business, the sale of the partnership interest can be excluded from the computation of UBI.

Furthermore, Section 512(b)(5) does not look through the partnership interest in applying its exclusion from UBI to gain or loss on the sale of the interest.

**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

2017

Name

TEXAS CHILDREN'S HOSPITAL FOUNDATION

Employer identification number

20-2380599

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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	454,172	0	0	454,172
4 Short-term capital gain from installment sales from Form 6252, line 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 computation)			6 (0)	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	454,172

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(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				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	182,672	0	0	182,672
11 Enter gain from Form 4797, line 7 or 9			11	3,096,596
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	3,279,268

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	454,172
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	3,279,268
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	3,733,440

Note: If losses exceed gains, see **Capital losses** in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Cat. No 11460M

Schedule D (Form 1120) 2017

Name of Partnership	EIN	UBI
AIM ACTIVITY		
(1) ABRY HERITAGE PARTNERS, L.P.	81-2275515	-35,075
(2) ABRY PARTNERS VIII, L.P.	46-5617304	-460,214
(3) AIPCF VI AIV GERBER (CAYMAN), L.P.	98-1318692	-72,302
(4) AIPCF VI CREDIT OPPORTUNITY FUND, L.P.	47-4514583	89,417
(5) ANTERO MIDSTREAM PARTNERS, L.P. (PARTNER #173)	46-4109058	-11,836
(6) ANTERO MIDSTREAM PARTNERS, L.P. (PARTNER #997)	46-4109058	-11,920
(7) BLACK STONE MINERALS, L.P. COMMON UNITS	47-1846692	52,218
(8) BLACK STONE MINERALS, L.P. SUBORDINATED	47-1846692	-869,130
(9) BP MIDSTREAM PARTNERS, L.P.	82-1646447	-4,513
(10) BUCKEYE PARTNERS, L.P. (PARTNER #641)	23-2432497	-33,959
(11) BUCKEYE PARTNERS, L.P. (PARTNER #952)	23-2432497	-45,719
(12) CARLYLE INFRASTRUCTURE PARTNERS, L.P.	87-0782895	1,285,241
(13) CENTERBRIDGE CREDIT PARTNERS, L.P.	77-0696942	-22,467
(14) CHAMBERS ENERGY CAPITAL III, L.P.	30-0858895	-10,370
(15) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, L.P.	26-3669321	266
(16) COMMONFUND CAPITAL VENTURE PARTNERS IX, L.P.	26-4138517	-4,435
(17) COMMONFUND CAPITAL VENTURE PARTNERS X, L.P.	80-0788864	-21,714
(18) CONDIRE RESOURCE PARTNERS, L.P.	27-1350016	1,789
(19) CONTROL 3 HOLDINGS II, L.L.C.	47-4010018	345,193
(20) CORDILLERA INVESTMENT FUND I, L.P.	47-4527837	-11,893
(21) CORDILLERA PRIMARY WAVE CO-INVESTMENT FUND, L.P.	82-1568240	-58,755
(22) CORDILLERA SUNTEX CO-INVESTMENT FUND, L.P.	82-1534817	4,011
(23) DEERFIELD PRIVATE DESIGN FUND IV, L.P.	81-3299895	-12,597
(24) DEERFIELD SPECIAL SITUATIONS FUND, L.P.	20-3665010	-24
(25) DOMINION ENERGY MIDSTREAM PARTNERS, L.P.	46-5135781	-28,141
(26) DOUBLELINE OPPORTUNISTIC INCOME, L.P.	27-3161476	113,625
(27) ENCAP ENERGY CAPITAL FUND X, L.P.	47-2732735	-1,443,751
(28) ENERGY TRANSFER EQUITY, L.P. 734	30-0108820	-137,533
(29) ENERGY TRANSFER EQUITY, L.P. 816	30-0108820	-131,600
(30) ENERGY TRANSFER PARTNERS, L.P.	73-1493906	-146,288
(31) ENLINK MIDSTREAM PARTNERS, L.P. (PARTNER #028)	16-1616605	-47,136
(32) ENLINK MIDSTREAM PARTNERS, L.P. (PARTNER #711)	16-1616605	-146,404
(33) ENTERPRISE PRODUCT PARTNERS, L.P.	76-0568219	-979,594
(34) EQT GP HOLDINGS, L.P. (PARTNER #444)	30-0855134	-29,905
(35) EQT GP HOLDINGS, L.P. (PARTNER #949)	30-0855134	-12,041
(36) EQT MIDSTREAM PARTNERS, L.P. (PARTNER# 223)	37-1661577	-34,131
(37) EQT MIDSTREAM PARTNERS, L.P. (PARTNER# 751)	37-1661577	-10,711
(38) FIRST RESERVE FUND XI, L.P. (PARTNER #223)	20-5069838	-119,529
(39) FIRST RESERVE FUND XI, L.P. (PARTNER #263)	20-5069838	-137,618
(40) FIVE POINTS SMALL BUYOUT STRATEGIES I, L.L.C.	20-8693009	-14,116
(41) FIVE POINTS SMALL BUYOUT STRATEGIES II, L.L.C.	80-0927853	-5,089
(42) FOUR RIVERS PARTNERS III, L.P.	30-0804618	-388
(43) FOUR RIVERS PARTNERS IV, L.P.	36-4850132	-685
(44) FR XI-E ONSHORE AIV, L.P. (PARTNER #223)	74-3227850	-1,647
(45) FR XI-E ONSHORE AIV, L.P. (PARTNER #255)	74-3227850	-218
(46) FR XI-E ONSHORE AIV, L.P. (PARTNER #263)	74-3227850	-1,896
(47) GAUGE FUND, L.P.	46-4808023	-200,919
(48) GENESIS ENERGY, L.P.	76-0513049	-570,155
(49) HALE CAPITAL PARTNERS, L.P.	26-1736044	64,612
(50) HAYFIN SPECIAL OPPORTUNITIES CREDIT FUND, L.P.	98-1103163	13,412
(51) JC FLOWERS II, L.P. C/O JC FLOWERS & CO, L.L.C.	98-0494093	-8,711
(52) JCF II AIV K, L.P. C/O JC FLOWERS & CO, L.L.C.	98-0548512	5,114
(53) MAGELLAN MIDSTREAM PARTNERS, L.P.	73-1599053	-96,392
(54) MAINSAIL PARTNERS IV, L.P.	47-5368212	-218,826

(55) MPLX, L.P. (PARTNER #618)	27-0005456	-70,968
(56) MPLX, L.P. (PARTNER #927)	27-0005456	-51,023
(57) MRIO COINVEST PARTNERS I, L L C	36-4845228	-85,520
(58) P10 ALTERNATIVES FUND A, L P.	82-0906520	6,473
(59) PACIFIC LAKE PARTNERS FUND THREE, L.P.	37-1803102	-119,508
(60) PAGF CO-INVESTMENT, L.P.	80-0883478	129
(61) PHILLIPS 66 PARTNERS, L P. (PARTNER #095	38-3899432	-53,118
(62) PHILLIPS 66 PARTNERS, L P. (PARTNER #700)	38-3899432	-62,538
(63) PINE BROOK CAPITAL PARTNERS II, L.P.	37-1699332	-1,043,866
(64) PINTO AMERICA GROWTH FUND, L.P.	20-3001181	459,517
(65) PLAINS ALL AMERICAN PIPELINE, L.P. (PARTNER #113)	76-0582150	-125,862
(66) PLAINS ALL AMERICAN PIPELINE, L.P. (PARTNER #403)	76-0582150	-83,088
(67) PLATFORM PARTNERS, L L C	20-4311042	-851,814
(68) POST OAK ENERGY PARTNERS III, L.P.	61-1790717	-761,250
(69) PURSUIT OIL AND GAS, L L C. - SERIES 1	35-2509891	-3,675
(70) QUANTUM ENERGY PARTNERS IV, L.P.	20-5242645	438,535
(71) QUANTUM ENERGY PARTNERS V, L.P.	26-2514715	111,227
(72) QUINTANA ENERGY PARTNERS, L.P.	86-1172018	-305,456
(73) RESOLUTE FUND II E&P, L.P.	45-5074274	-24,530
(74) RIVERSTONE/CARLYLE GLOBAL ENERGY AND POWER FUND IV (CAYMAN) -S3, L.P.	98-1087833	-487
(75) RIVERSTONE/CARLYLE GLOBAL ENERGY AND POWER FUND IV (CAYMAN), L P. C/O RIVERSTONE/CARLYLE	98-0573371	-34
(76) RIVERSTONE/CARLYLE GLOBAL ENERGY AND POWER FUND IV FT, L P C/O RIVERSTONE/CARLYLE	26-1819245	-50,939
(77) SHELL MIDSTREAM PARTNERS, L.P.	46-5223743	-141,958
(78) SPO PARTNERS II, L.P.	75-2377615	428,699
(79) SPST INVESTORS, L.L.C.	82-3054530	-39,859
(80) STEEL PARTNERS HOLDINGS, L.P.	13-3727655	-177
(81) SUMMIT PARK II, L P	47-1702505	341,986
(82) SUNOCO LOGISTICS PARTNERS, L.P.	23-3096839	-17,502
(83) THE ENERGY & MINERALS GROUP FUND III, L P	46-3816664	-1,918,370
(84) THE HSH AIV 1 TRUST C/O JC FLOWERS & CO, L L C	98-0526489	-23,763
(85) THE RESOLUTE FUND II MARITIME, L.P.	26-3197077	54
(86) THE RESOLUTE FUND II SIE, L.P.	98-0587497	1,211
(87) THE RESOLUTE FUND II, L.P.	20-8103900	144
(88) VALERO ENERGY PARTNERS, L.P.	90-1006559	-21,491
(89) VIA SEED TECHNOLOGY PARTNERS EXPLORER FUND, L.P.	47-5603762	-882
(90) WESTERN GAS EQUITY PARTNERS, L P	46-0967367	-141,068
(91) WESTERN GAS PARTNERS, L.P.	26-1075808	-165,937
(92) WHITE ROCK OIL & GAS PARTNERS II, L.P.	32-0466253	-304,988
(93) YC HOLDINGS, L.L.C.	27-0156211	1,906,688
Total for Part I, Line 5		-7,010,457

Form 990T Part II, Line 19

Taxes a

ses

Description		Amount
AIM ACTIVITY		
(1) STATE TAXES PAID		4,291
(2) FOREIGN TAXES FROM SCHEDULE K-1S		-163
Total		4,130
Total for Part II, Line 19		4,130

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2013	7,366				7,366	2018
2014	12,837				12,837	2019
2015	7,086				7,086	2020
2016	8,067				8,067	2021
2017	19,960				19,960	2022
Totals	55,316	0	0	0	55,316	

Description		Amount
AIM ACTIVITY		
(1) ACCOUNTING FEES		51,120
(2) MANAGEMENT FEES		914,312
(3)		
(4) AMORTIZATION		0
Total		965,432
Total for Part II, Line 28		965,432

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2012	3,445,540		2,521,713		923,827	2032
2013	899,985				899,985	2033
2014	2,235,170				2,235,170	2034
2015	8,461,574				8,461,574	2035
2016	7,940,666				7,940,666	2036
2017	4,228,643				4,228,643	2037
Totals	27,211,578	0	2,521,713	0	24,689,865	

THE TAXPAYER INCURRED A NET OPERATING LOSS IN THE CURRENT TAX YEAR AND IS ENTITLED TO A TWO-YEAR CARRYBACK OF THE LOSS UNDER IRC SEC. 172(B)(1)(A)(I). PURSUANT TO IRC SEC. 172(B)(3), THE TAXPAYER HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSSES.

1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	-4,246,579
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less	
3	Subtract line 2 from line 1	
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	
5	Subtract line 4 from line 3	
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	
7	Subtract line 6 from line 5	
8	Enter 15% of line 2	
9	Enter 25% of line 4	
10	Enter 34% of line 6	
11	Enter 35% of line 7	
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	
14	Add lines 8 through 13. Enter here and on line 35c, page 2, Form 990-T	0

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017Attachment
Sequence No. **179**

Name(s) shown on return

TEXAS CHILDREN'S HOSPITAL FOUNDATION

Business or activity to which this form relates

900000

Identifying number

20-2380599

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	510,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	510,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
FROM PASSTHROUGH INVESTMENT		11,527
7 Listed property. Enter the amount from line 29	7	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	11,527
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	11,527
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	11,527

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	0
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	0
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2017)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29	0	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	0		0		0		0		0		0	
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44 0