	Form <b>990-T</b>	Ex	empt Organizatior (and proxy ta				ax Retur	$\frac{1}{2}$		to 1545 0047
		For calendar vea	r 2019 or other tax year beginning				lo	111	2	019
			o to www.irs.gov/Form990	-		, , ,	information		_	
Dep	artment of the Treasury rnal Revenue Service		enter SSN numbers on this form						Open to Put	olić Inspection for ganizations Only
A	Check box if	<u> </u>	· · · · · · · · · · · · · · · · · · ·			id see instructions)		D E	mplover iden	tification number
В	☐ address changed Exempt under section	n Print	Episcopal Health	Found	ation			iu (c	imployees' tru structions )	131, 300
	501( c ) (03)	Ö or	500 Fannin, Ste	300					46-2599	9162
	408(e) 1220(	e) Type	Houston, TX 7700	2				ΕŲ	nrelated bus	ness activity code
	408A 530(	a)						(	See instruction	115 )
	529(a)							[	525990	
С	Book value of all assets at end of year	F Group	exemption number (See inst	tructions)	<b>-</b>			<del></del>		
	1,336,989,980	G Check	organization type	X 501(	c) corpor	ation 50	1(c) trust	401(a)	trust	Other trust
			s unrelated trades or busines	sses	<b>►</b> 1		escribe the o	nly (or first)	unrelated	
	trade or business he	re <b>Invest</b>	ment in partnersh	ip						ete Parts I-V
			in the blank space at the		e previou	is sentence, co	omplete Part	s I and II, c	omplete a	Schedule M
<del></del>			ss, then complete Parts III			<del> </del>				
ı			ration a subsidiary in an af			parent-subsid	ary controlle	ed group?	<b>►</b> ∐ Y	es 🛛 No
_			fying number of the parent	corporati	on P					
_	The books are in care		Mitchell		1 22		elephone nu	<del> \ '</del>	<del>,                                     </del>	0-6444
	Unrelated		usiness income	1	(A	) Income	(B) Exp	oenses	000000000000000000000000000000000000000	C) Net
7	a Gross receipts or s				ŀ				1.0	
2	b Less returns and allowa		c Balance				AND THE RESERVE		18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_	Cost of goods sold			2			The State of the Co		25000	
3	<b>F</b>			3			AND THE REAL PROPERTY.	ACCOMPANY OF THE PARTY OF THE P		
	a Capital gain net ind	•	•	4a		51,139.	AND AND THE PARTY OF	Land (1889 F) Aff		
	<b>b</b> Net gain (loss) (Form 4)		) (attacii roim 4/9/)	4b			1.100 VE 5 48	35 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
5	c Capital loss deduci Income (loss) from a		an S corporation	4c						
·	(attach statement)	2 para 10/0/1/1/p 0.	St	1   5		-310,889.				
6	Rent income (Sche	edule C)		6						
7	Unrelated debt-fina	anced income	(Schedule E)	7						
8	Interest, annuities, royal	Ities, and rents fro	m a controlled organization (Schedul	e F) 8			,			
9	Investment income of a	section 501(c)(7),	(9), or (17) organization (Schedule G	) 9	,					
10	Exploited exempt a	activity income	(Schedule I)	10						
11	Advertising income	(Schedule J)		11	i					
12	Other income (See	instructions, a	attach schedule)	- 1						
		2 3	_	12			70.25	类似的类	<del></del>	
	Total. Combine line			13		<u>-259,750.</u>	<u> </u>	0.		259,750.
<u> Pa</u>			n Elsewhere (See insi h the unrelated busine			nitations on	deduction	is ) (Dedi	ictions r	nust be
14			rs, and trustees (Schedule		, , , , , , , , , , , , , , , , , , ,			14		
15	Salaries and wages	S						15		
16	Repairs and mainte	enance		. ↓ _	_RE(	CEIVED		16		
17	Bad debts			<del>-</del>		10		17		
18	Interest (attach sch	nedule) (see ıŋ	structions)	8	NOV	<b>24)</b> 2020	80	18	-	
19	Taxes and licenses	,				2020	RS-OS	19		
20	Depreciation (attac	h Form 4562)		-	005	20	그때	167:49		
21	Less depreciation of	claimed on Set	nedule A and elsewhere on	return	OGL	JEIN UT		21b		
22	Depletion					1		22		
23	Contributions to de	ferred compen	sation plans					23		
24	Employee benefit p	programs						24		
25	Excess exempt exp		•					25		
26	Excess readership							26		
27	Other deductions (a							27		
28	Total deductions.				_			28		500.
29	L'inrelated business	taxable incom	e before net operating loss	deduction	n Subtr	aet-line 28 from	m line 13	A 39		<u>260,250.</u>
30 31/			tax years beginning on or after Jar ie Subtract line 30 from lin		esee instr	uctions		() <del>29</del> 30 31		260 2E0
<u>/-</u> -		··	tice, see instructions.	23	thos			(N   3/1.		260,250.
рΑР	LOLESPERMORK KEC	auction Act No	ace, see instructions.		4	TEFA02011 9/19	/10	$\sim$	rorm	<b>990-T</b> (2019)

Par	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1	
	instructions)		260,250.
33	Amounts paid for disallowed fringes	33	_
34	Charitable contributions (see instructions for limitation rules) \ Statement 2	Y	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from		260 250
36	the sum of lines 32 and 33  Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)  See St3	36	<u>260,250.</u>
	Decident for the operating to a aroung in tax years beginning before sarially 1, 2010 (800 mon )	1 30	260 250
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		260,250.
38 39	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	38	
33	enter the smaller of zero or line 37	39 -	260,250.
Par	Tax Computation		
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
	on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	
	Proxy tax. See instructions	42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income. See instructions	44	
	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
AL 401 MIL	Tax and Payments		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  46a		
	Other credits (see instructions)  General business credit Attach Form 3800 (see instructions) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	General business credit Attach Form 3800 (see instructions)  Credit for prior year minimum tax (attach Form 8801 or 8827)  46 c  46 c  46 d		
	Total credits. Add lines 46a through 46d	46 e	0.
	Subtract line 46e from line 45	47	0.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		<u> </u>
	Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a	Payments A 2018 overpayment credited to 2019 ,   51 a	39	
b	2019 estimated tax payments 25,000.	7 <sub>6</sub> 3.1	
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)  51 d		
	Backup withholding (see instructions)  51e		
	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments Form 2439	-	
9	Form 4136 Other Total 51 g		
52	Total payments. Add lines 51a through 51g	\$2	25,000.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	43	23,000.
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	25,000.
	Enter the amount of line 55 you want Credited to 2020 estimated tax 10,000. Refunded	56	15,000.
Part		1 - 1	10,000.
100000	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority of	ver a	Yes No
	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN		<b>10</b>
	Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here		_ 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	_	
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of below the personal to the personal to the best of the penalties of which properly have a second to the penalties of which properly have a second to the penalties of which properly have a second to the penalties of which properly have a second to the penalties of which properly have a second to the penalties of which properly have a second to the penalties of which penalties of the	of my knowledge and	
Sign	$\mathbb{R}$	May the IRS discuss	this return with
Here	Signature of officer  Date  Title	the preparer shown to	
	Profiture appeared agent		. C3   NO
Paid		PTIN	
Pre-	Balbala Mulphy   1/1/0/2020   Self-employed		
pare		76-0269860	J
Use Only	Firm's address 2900 Weslayan, Suite 200	(712) 424	
	nouscon, in 1,02,	(713) 439	
BAA	TEEA0202L 02/21/20	Form S	<b>990-T</b> (2019)

101111 330 1 (20 10) DD10COD	ar mearem rot	211GG C T O1.				10	2000102	
Schedule A - Cost of Goo	ods Sold. Enter m	ethod of inv	entory valuation	<b>-</b>				
1 Inventory at beginning of ye	ear 1		6	Invento	ry at	end of year	6	
2 Purchases	7							
3 Cost of labor 3					ne 5 Enter here			
4 a Additional section 263A costs (attack		and in	Part I	, line 2	7	Tv. Tv.		
	4 a							Yes No
b Other costs	4 b					of section 263A (wit duced or acquired fo		
(attach sch)  5 Total. Add lines 1 through 4	1b 5			to the			resale, apply	
Schedule C - Rent Income	e (From Real Pro	operty an	d Personal Pro	perty	Leas	sed With Real Pi	operty) (see	instructions)
1 Description of property								
(1)								
(2)								
(3)								
(4)							-	
	2 Rent received or	accrued		-				
(a) From personal prop	perty	(b) From r	eal and personal [	property	,	3(a) Deductions	s directly conne columns 2(a) a	cted with and 2(b)
(if the percentage of rent for property is more than 10%	r personal	(if the perc	entage of rent for ceeds 50% or if the	persona	al Is		ach schedule)	2(5)
more than 50%)	butnot	based	on profit or incor	or in the rent is rincome)				
(1)								
(2)								
(3)								
(4)								
Total	Tota	1						
(c) Total income. Add totals of co	olumns 2(a) and 2(b)	Enter				(b) Total deductions E here and on page 1, Part		
here and on page 1, Part I, line 6		<b>&gt;</b>				I, line 6, column (B)	<b>•</b>	
Schedule E - Unrelated D	ebt-Financed Inc	c <b>ome</b> (see	instructions)					
1 December of deb	A 6		2 Gross income		<b>3</b> D∈	eductions directly con debt-finan	nnected with or ced property	allocable to
1 Description of deb	t-financed property		or allocable to debt- financed property depr			(a) Straight line	(b) Other d	leductions
					èciation (attach sch)	(attach schedule)		
(1)			·					
(2)								
(3)								
(4)								
4 Amount of average	5 Average adjuste		6 Column 4			7 Gross income	8 Allocable	
acquisition debt on or allocable to debt-financed	or allocable to del		dıvıded by column 5		rep	ortable (column 2 x column 6)	(column 6 columns 3(a	
property (attach schedule)	property (attach	3criedule)	Column			column o)	Coldining S(d)	) and 3(5))
(1)				%				
(2)				%				
(3)				%				
(4)				%		•		
					Enter	here and on page 1	Enter here an	d on page 1,
					Part	I, line 7, column (A)	Part I, line 7,	column (B)
Totals				▶.				
Total dividends-received deducti	ons included in colu	ımn 8				•	1	
BAA		TE	EA0203L 09/19/19				Form	990-T (2019)

Schedule F – Interest, A		,,		ontrolled O			5-		(===		
		Employer ntification number	3 Net unrelated income (loss) (see instructions)			4 Total of specified payments made		d 5 Part of colu that is include the controlli organization gross incor		in c	eductions directly connected with come in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz									···		
<b>7</b> Taxable Income	ind	et unrelated come (loss) instructions)		of specifie ents made		ıncluded	in the d	n 9 that is controlling oss income		connecte	ctions directly d with income olumn 10
(1)											
(2)											
(3)											
(4)											
Totals						e and on		d 10 Enter , Part I, line (A)		e and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmen	nt Inco	me of a Se	ction 501	(c)(7) (9	) or (1	7) Orga	nizat	On (see in	struction	ns)	* ** *
1 Description of income			2 Amount of income		Deduction ctly conrach scheme	ons nected	4 Set-asides (attach schedule)		s 5 Total ule) set-as		I deductions and sides (column 3 us column 4)
(1)				- (311	ucii 50110	<u> </u>	-	<del></del>		F.,	as cola
(1)					•		<b> </b>				
(3)											
(4)											
Totals	<b>&gt;</b>	Enter here and Part I, line 9,	d on page 1 column (A							Enter he Part I, Ii	re and on page 1 ne 9, column (B)
Schedule I – Exploited E	xemp	t Activity In	come. O	ther Tha	n Adve	rtisina	Incor	ne (see ins	truction	s)	
1 Description of exploited a		2 Gross unrelate business income fro trade or business	3 Exp d con s p om of busi	enses directly inected with roduction unrelated ness income	4 Net inc from unre or busine 2 minus	ome (loss) elated trade ss (column column 3) , compute o through 7	5 Gros activi unrela	s income from ty that is not ited business income	6 Exp	penses itable to umn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)
(1)											
(2)		<u> </u>									
(3)	-			·		•		-			
(4)											
Totals		Enter here on page Part I, line column (/	1, on 10, Par	r here and page 1, t I, line 10, umn (B)							Enter here and on page 1, Part II, line 25
Schedule J – Advertising	a Inco	me (see instr	uctions)		Likoryeem	**************************************	2-0 2-122 - 4-0 1-0		an we wanted	Maria Cara Cara Cara Cara Cara Cara Cara	st
Part I Income From Pe	_			onsolida	ted Ra	cic					
meome Tom e	Toulce	2 Gross		Direct		sing gain or	5 C	rculation	6 Rea	dership	7 Excess readership
1 Name of periodical		advertisin income	ng   ad	vertising costs	(loss) (d col 3) compu	ol 2 minus If a gain, te cols 5 ough 7		icome		osts	costs (col 6 minus col 5, but not more than col 4)
(1)											
(2)							<u> </u>				
(3)		_									
(4)		-						-			THE SHAPE OF SE
Totals (carry to Part II, line (5))	Þ	-									
BAA		·	· ·	TEEA0204 L	09/19/19					F	orm <b>990-T</b> (2019)

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Form 990-T (2019)

Form 990-T (2019) Episcopal Health Foundation 46-2599162 Page Partil 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	5)	•	•	` '		•	ū
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)							
(2)							
(4)							
Totals from Part I	•						
Totals, Part II (lines 1– 5)	<b>•</b>	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 26
Schedule K – Compensation	on of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)	39952000	
1 Name				2 Title	3 Percent of time devote to business	d to unrela	ation attributable ited business
						%	
						%	
						%	
						%	•
Total. Enter here and on page 1, I	Part II.	. line 14	•			<u> </u>	

TEEA0204 L 09/19/19

2019	Federal S	tatem	ents		Page
	Episcopal Hea	ilth Foun	dation		46-259916
Statement 1 Form 990-T, Part I, Line 5 Income (Loss) from Partnerships	s and S Corporations	<b>.</b>			
Name			Gross Income	Deductions	Income (Loss)
EH Investment Fund, L.P.		\$	6,052.	\$ 316,941 Tota	. \$ -310,889. 1 \$ -310,889.
Statement 2 Form 990-T, Part III, Line 34 Charitable Contributions Charitable Contributions Income Percent Limit Al	lowed Charitable	· Contri	\$ .butions	117701146. 0.	<u>\$ 0.</u>
Statement 3 Form 990-T, Part III, Line 36 Net Operating Loss Deduction			Loss		
Loss Year Ending	Original Loss	P	reviously Used	A	Loss vailable
12/31/17 \$ Net Operating Loss Availab Taxable Income Net Operating Loss Deducti				302. \$	\$ 21,298. \$ 21,298. \$ -260,250. \$ 0.

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 1120)

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

2019

Name	er identifi	r identification number							
Episcopal Health Foundation	59916	99162							
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?									
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss									
Part   Short-Term Capital Gains and L	osses (See instru	ictions.)	-						
See instructions for how to figure the amounts to enter on the lines below.	(g) Adjustn to gain or los	s from	(h) Gain or (lo Subtract column (e) column (d) and comb	from					
This form may be easier to complete if you round off cents to whole dollars	Proceeds (Sales price)  Form may be easier to complete if you round for cents to whole dollars  Proceeds (Sales price)  (or other basis)  Ito gain or it to gain or it gain or								
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.	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								
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 2	26 or 37		4					
5 Short-term capital gain or (loss) from like-kind	exchanges from Form	1 8824		5					
6 Unused capital loss carryover (attach computa	6								
7 Net short-term capital gain or (loss) Combine	7								
Partil Long-Term Capital Gains and L	osses (See Instruc	ctions.)	··· <del>·</del> ································		(h) Gain or (lo				
enter on the lines below.	is form may be easier to complete if you round (sales price) (or other basis) Form(s) 8949, I								
off cents to whole dollars									
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.		,							
8b Totals for all transactions reported on Form(s) 8949 with Box D checked									
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	51,139.				51,1	39.			
11 Enter gain from Form 4797, line 7 or 9				11					
12 Long-term capital gain from installment sales f									
13 Long-term capital gain or (loss) from like-kind	13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824								
14 Capital gain distributions (see instructions)	14								
15 Net long-term capital gain or (loss) Combine li	15	51,1	39.						
Partill Summary of Parts I and II	artill Summary of Parts I and II								
16 Enter excess of net short-term capital gain (line	e 7) over net long-tern	n capital loss (line 15)		16					
17 Net capital gain. Enter excess of net long-term	capital gain (line 15)	over net short-term ca	pital loss (line 7	) 17	l				
Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns  Note: If losses exceed gains, see <i>Capital Losses</i> in the instructions									
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  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  12 Long-term capital gain from installment sales for all transactions (see instructions)  13 Long-term capital gain or (loss) from like-kind for the long-term capital gain or (loss). Combine like and like in the long-term capital gain or (loss) the long-term capital gain or (loss). All like in the long-term capital gain or loss). The long-term capital gain or loss. All like in the long-term capital gain Enter excess of net long-term. Add lines 16 and 17 Enter here and on Form 1	11 12 13 14 15	51,1	39						

Form	8949	(2019)	

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

Episcopal Health Foundation

46-2599162

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

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). 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 Form 8949, page 2, for each complete as many forms with	below. Check only on applicable box I th the same box c	ne box. If more than If you have more I hecked as you ne	one box applies for ong-term transacted	your long-term tran nons than will fit o	nsactions, coi on this page	mplete a separate e for one or more	of the boxes,
(D) Long-term transact							
(E) Long-term transa	ctions reported or	n Form(s) 1099-B	showing basis wa	sn't reported to t	he IRS		
X (F) Long-term transa	•	* *	=	r			
1 (a) Description of property (Example 100 shares XYZ Co )	(b) Date acquired (Mo , day, yr )	(C) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, If you enter ar enter a c See the se	(h) Gain or (loss) Subtract column (e	
<u> </u>	(, -=5,, ,, ,	(Mo , day, yr )	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Passthrough K-1 Ca	p Gaın - UE	I	51,139.	0.			51,139
-							·····
						'	
							<u> </u>
						'	
							_
2 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 9 (if Box E Box F above is checked)	its) Enter each to D, line 8b (if Box	tal here and ( <b>D</b> above is	51,139.	0.		0.	51,139.