Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf.*

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning , 2015, and ending ,

Name of foundation: THE COMPASS FUND

A Employer identification number: 04-3366745

Number and street (or P O box number if mail is not delivered to street address): PO BOX 156 — Room/suite:

B Telephone number (see instructions): (800) 392-9244

City or town, state or province, country, and ZIP or foreign postal code: KINGSTON NH 03848

C If exemption application is pending, check here ► [ ]

G Check all that apply: [ ] Initial return [ ] Initial return of a former public charity [ ] Final return [ ] Amended return [ ] Address change [ ] Name change

D 1 Foreign organizations, check here ► [ ]

2 Foreign organizations meeting the 85% test, check here and attach computation ► [ ]

H Check type of organization: [X] Section 501(c)(3) exempt private foundation [ ] Section 4947(a)(1) nonexempt charitable trust [ ] Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ► [ ]

I Fair market value of all assets at end of year (*from Part II, column (c), line 16*) ► $ 1,911,095.

J Accounting method: [X] Cash [ ] Accrual [ ] Other (specify) ____ (*Part I, column (d) must be on cash basis*)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► [ ]

Part I Analysis of Revenue and Expenses (*The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)*)

	Line	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (attach schedule)	46,122.			
	2 Ck ► [ ] if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	28,231.	28,231.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	36,736.	L-6a Stmt		
	b Gross sales price for all assets on line 6a 1,161,098.				
	7 Capital gain net income (from Part IV, line 2)		36,736.		
	8 Net short-term capital gain			36,736.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule) See Line 11 Stmt	32,719.	-25,600.		
	12 **Total.** Add lines 1 through 11	143,808.	39,367.	36,736.	
OPERATING AND ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) L-16b Stmt	3,766.	3,766.		
	c Other prof. fees (attach sch) L-16c Stmt	22,851.	22,851.		
	17 Interest				
	18 Taxes (attach schedule)(see instrs) See Line 18 Stmt	10,432.	448.		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) STATE FILING FEE	75.			75.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	37,124.	27,065.		75.
	25 Contributions, gifts, grants paid	117,500.			117,500.
	26 **Total expenses and disbursements** Add lines 24 and 25	154,624.	27,065.		117,575.
	27 Subtract line 26 from line 12.				
	a **Excess of revenue over expenses and disbursements**	-10,816.			
	b **Net investment income** (if negative, enter -0-)		12,302.		
	c **Adjusted net income** (if negative, enter -0-)			36,736.	

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BAA For Paperwork Reduction Act Notice, see instructions. TEEA0301 12/04/15 Form **990-PF** (2015)

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	120,797.	56,274.	56,274.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) ►			
		Less: allowance for doubtful accounts ►			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments — U S and state government obligations (attach schedule) L-10a. Stmt	0.	23,058.	22,208.
	b	Investments — corporate stock (attach schedule) L-10b. Stmt	1,600,935.	1,608,592.	1,776,696.
	c	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis ►			
		Less accumulated depreciation (attach schedule) ►			
	12	Investments — mortgage loans			
	13	Investments — other (attach schedule) L-13 Stmt	53,199.	49,792.	55,917.
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ►			
	15	Other assets (describe ►)			
	16	**Total assets** (to be completed by all filers — see the instructions. Also, see page 1, item I)	1,774,931.	1,737,716.	1,911,095.
LIABILITIES	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ►)			
	23	**Total liabilities** (add lines 17 through 22)			
NET ASSETS OR FUND BALANCES		**Foundations that follow SFAS 117, check here ► ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ► X and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	1,774,931.	1,737,716.	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	1,774,931.	1,737,716.	
	31	**Total liabilities and net assets/fund balances** (see instructions)	1,774,931.	1,737,716.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,774,931.
2	Enter amount from Part I, line 27a	2	-10,816.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	1,764,115.
5	Decreases not included in line 2 (itemize) ► UNREALIZED LOSS ON INVESTMENTS	5	26,399.
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	1,737,716.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo, day, yr)
1a	PUBLICLY TRADED SECURITIES (SEE ATTACHED PDF)	P	Various	Various
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,161,098.		1,124,362.	36,736.
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a	0.	0.	0.	36,736.
b				
c				
d				
e				

2 Capital gain net income or (net capital loss) . . . If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 . . . **2** 36,736.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)
If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . **3** 36,736.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . ☐ Yes ☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	56,075.	2,356,473.	0.023796
2013	62,075.	1,472,909.	0.042144
2012	54,317.	1,186,529.	0.045778
2011	53,650.	1,096,964.	0.048908
2010	41,075.	943,888.	0.043517

2	**Total** of line 1, column (d) . . .	2	0.204143
3	Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . .	3	0.040829
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 . . .	4	2,291,420.
5	Multiply line 4 by line 3 . . .	5	93,556.
6	Enter 1% of net investment income (1% of Part I, line 27b) . . .	6	123.
7	Add lines 5 and 6 . . .	7	93,679.
8	Enter qualifying distributions from Part XII, line 4 . . .	8	117,575.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see instructions)

1 a	Exempt operating foundations described in section 4940(d)(2), check here ► [ ] and enter 'N/A' on line 1. Date of ruling or determination letter _______ (attach copy of letter if necessary — see instrs)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► [X] and enter 1% of Part I, line 27b		1	123.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3	Add lines 1 and 2		3	123.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	123.
6	Credits/Payments:			
a	2015 estimated tax pmts and 2014 overpayment credited to 2015	6a 4,745.		
b	Exempt foreign organizations — tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	4,745.
8	Enter any **penalty** for underpayment of estimated tax. Check here [ ] if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ►		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ►		10	4,622.
11	Enter the amount of line 10 to be: **Credited to 2016 estimated tax** ► 4,622. **Refunded** ►		11	

Part VII-A Statements Regarding Activities

		Line	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. **(1)** On the foundation ► $ ______ **(2)** On foundation managers ► $ ______			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► $ ______			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If 'Yes,' attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes*	3		X
4 a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	X	
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If 'Yes,' attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If 'Yes,' complete Part II, col (c), and Part XV*	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► NH - New Hampshire			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If 'No,' attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities (continued)

		Line	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► N/A

14 The books are in care of ► STATE STREET BANK & TRUST Telephone no. ► (617) 537-3887

Located at ► PO BOX 5300 BOSTON MA ZIP + 4 ► 02206-5300

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** — Check here ► ☐

and enter the amount of tax-exempt interest received or accrued during the year ► 15

		Line	Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

			Line	Yes	No
1 a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? **(Exception.** Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes ☒ No			
b	If any answer is 'Yes' to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1 b		
	Organizations relying on a current notice regarding disaster assistance check here ► ☐				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	☐ Yes ☒ No			
	If 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__				
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer 'No' and attach statement — see instructions.)		2 b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ► 20__ , 20__ , 20__ , 20__ .				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No			
b	If 'Yes,' did it have excess business holdings in 2015 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)*		3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4 a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4 b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5 a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . Yes [ ] No [X]

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . Yes [ ] No [X]

(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . Yes [ ] No [X]

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions) . . . Yes [ ] No [X]

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . Yes [ ] No [X]

b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? . . . **5 b**

Organizations relying on a current notice regarding disaster assistance check here . . . ▶ [ ]

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . Yes [ ] No [ ]

If 'Yes,' attach the statement required by Regulations section 53 4945-5(d).

6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . Yes [ ] No [X]

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . **6 b** No: X

If 'Yes' to 6b, file Form 8870.

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . Yes [ ] No [X]

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? . . . **7 b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation **(If not paid, enter -0-)**	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STEVEN B. FRENCH PO BOX 156 KINGSTON NH 03848	TRUSTEE 2.00	0.	0.	0.
EMILY F. BREAKEY PO BOX 156 KINGSTON NH 03848	TRUSTEE 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 . . . ▶ None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE	0.
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	0.
2	
All other program-related investments. See instructions. 3 NONE	0.
Total. Add lines 1 through 3 ▶	None

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
a	Average monthly fair market value of securities	1a	2,254,059.
b	Average of monthly cash balances	1b	72,256.
c	Fair market value of all other assets (see instructions)	1c	0.
d	**Total** (add lines 1a, b, and c)	1d	2,326,315.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,326,315.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	34,895.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,291,420.
6	**Minimum investment return.** Enter 5% of line 5	6	114,571.

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	114,571.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	123.		
b	Income tax for 2015 (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	123.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	114,448.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	114,448.
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	114,448.

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes.		
a	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	117,575.
b	Program-related investments — total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	117,575.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	123.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	117,452.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII **Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				114,448.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			111,027.	
b Total for prior years: 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2015				
a From 2010: 0.				
b From 2011: 0.				
c From 2012: 0.				
d From 2013: 0.				
e From 2014: 0.				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4: ► $ 117,575.				
a Applied to 2014, but not more than line 2a			111,027.	
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2015 distributable amount				6,548.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (*If an amount appears in column (d), the same amount must be shown in column (a).*)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				107,900.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0.			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011: 0.				
b Excess from 2012: 0.				
c Excess from 2013: 0.				
d Excess from 2014: 0.				
e Excess from 2015: 0.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ►

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2015	**(b)** 2014	**(c)** 2013	**(d)** 2012	**(e) Total**
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ► [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include.

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRALIN MUSEUM OF ART AT THE U OF VA 155 RUGBY ROAD CHARLOTTESVILLE VA 22903		501C3	ART CONSERVANCY	25,000.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS TN 38105		501C3	RESEARCH AND TREATMENT OF CHILDHOOD DISEASES	1,000.
THE GOVERNOR'S ACADEMY 1 ELM STREET BYFIELD MA 01922		501C3	ANNUAL FUND, GENERAL SUPPORT	20,500.
SMALL WOODLAND OWNERS' ASSN OF ME PO BOX 836 AUGUSTA ME 04332		501C3	ADVOCACY AND STEWARDSHIP OF MAINE WOODLANDS	2,000.
GRANITE STATE WOODLAND INSTITUTE 54 PORTSMOUTH STREET CONCORD NH 03301		501C3	EDUCATION	5,000.
BROOKS SCHOOL 1160 GREAT POND ROAD NORTH ANDOVER MA 01845		501C3	GENERAL SUPPORT	5,000.
TRUSTEES OF UNION COLLEGE 807 UNION STREET SCHENECTADY NY 12308		501C3	GENERAL SUPPORT	5,000.
BEAR-PAW REGIONAL GREENWAYS PO BOX 19 DEERFIELD NH 03037		501C3	LAND CONSERVATION	1,000.
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE NE WASHINGTON DC 20002		501C3	PUBLIC POLICY ADVOCACY	1,000.
See Line 3a statement				52,000.
Total . . . . . ▶ 3a				117,500.
b *Approved for future payment*				
NONE				
Total . . . . . ▶ 3b				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	28,231.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	36,736.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a PARTNERSHIP K-1			18	32,681.	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				97,648.	

13 **Total.** Add line 12, columns (b), (d), and (e) . . . 13 97,648.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
	N/A

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1 a (1)		X
(2) Other assets	1 a (2)		X
b Other transactions.			
(1) Sales of assets to a noncharitable exempt organization	1 b (1)		X
(2) Purchases of assets from a noncharitable exempt organization	1 b (2)		X
(3) Rental of facilities, equipment, or other assets	1 b (3)		X
(4) Reimbursement arrangements	1 b (4)		X
(5) Loans or loan guarantees	1 b (5)		X
(6) Performance of services or membership or fundraising solicitations	1 b (6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1 c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2 a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 or trustee: [signature] Date: 5/4/16 Title: TRUSTEE

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Timothy F. Hagan, CPA	[signature]	04/26/16		P00365920

Firm's name ► BERNARD, JOHNSON & COMPANY, P.C. Firm's EIN ► 04-3068663

Firm's address ► 15 MAIN STREET TOPSFIELD MA 01983 Phone no (978) 887-2220

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Name of the organization	Employer identification number
THE COMPASS FUND	04-3366745

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . . ► $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
THE COMPASS FUND	04-3366745

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRENCH CHARITABLE LEAD ANNUITY TRUST 1092 GREAT POND ROAD NORTH ANDOVER MA 01845	$ 46,122.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Form 990-PF Part I, Line 6a	Net Gain or Loss From Sale of Assets	2015

Name	Employer Identification Number
THE COMPASS FUND	04-3366745

Asset Information:

Description of Property: 511 ACCESS MIDSTREAM PARTNERS, LP
Date Acquired: 06/25/14 How Acquired: Purchased
Date Sold: 01/15/15 Name of Buyer:
Sales Price: 25,622. Cost or other basis (do not reduce by depreciation) 32,026.
Sales Expense: Valuation Method:
Total Gain (Loss): -6,404. Accumulation Depreciation:

Description of Property: 18 ACCESS MIDSTREAM PARTNERS, LP
Date Acquired: 08/04/14 How Acquired: Purchased
Date Sold: 01/15/15 Name of Buyer:
Sales Price: 903. Cost or other basis (do not reduce by depreciation) 1,071.
Sales Expense: Valuation Method:
Total Gain (Loss): -168. Accumulation Depreciation:

Description of Property: 60 ACCESS MIDSTREAM PARTNERS, LP
Date Acquired: 09/23/13 How Acquired: Purchased
Date Sold: 01/15/15 Name of Buyer:
Sales Price: 3,008. Cost or other basis (do not reduce by depreciation) 2,747.
Sales Expense: Valuation Method:
Total Gain (Loss): 261. Accumulation Depreciation:

Description of Property: 204 ACCESS MIDSTREAM PARTNERS, LP
Date Acquired: 09/17/13 How Acquired: Purchased
Date Sold: 01/16/15 Name of Buyer:
~~Sales Price: 10,392. Cost or other basis (do not reduce by depreciation) 9,318.~~
Sales Expense: Valuation Method:
Total Gain (Loss): 1,074. Accumulation Depreciation:

Description of Property: 35 ACCESS MIDSTREAM PARTNERS, LP
Date Acquired: 09/23/13 How Acquired: Purchased
Date Sold: 01/16/15 Name of Buyer:
Sales Price: 1,783. Cost or other basis (do not reduce by depreciation) 1,603.
Sales Expense: Valuation Method:
Total Gain (Loss): 180. Accumulation Depreciation:

Description of Property: 47 MARLIN MIDSTREAM PARTNERS, LP
Date Acquired: 07/26/13 How Acquired: Purchased
Date Sold: 01/16/15 Name of Buyer:
Sales Price: 937. Cost or other basis (do not reduce by depreciation) 940.
Sales Expense: Valuation Method:
Total Gain (Loss): -3. Accumulation Depreciation:

Description of Property: 20 MARLIN MIDSTREAM PARTNERS, LP
Date Acquired: 07/26/13 How Acquired: Purchased
Date Sold: 01/16/15 Name of Buyer:
Sales Price: 399. Cost or other basis (do not reduce by depreciation) 393.
Sales Expense: Valuation Method:
Total Gain (Loss): 6. Accumulation Depreciation:

Description of Property: See Net Gain or Loss from Sale of Assets
Date Acquired: How Acquired:
Date Sold: Name of Buyer:
Sales Price Cost or other basis (do not reduce by depreciation)
Sales Expense: Valuation Method:
Total Gain (Loss): Accumulation Depreciation:

Form 990-PF, Part I, Lines 6a
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 135 ENABLE MIDSTREAM PARTNERS, LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 04/11/14 How Acquired . Purchased
Date Sold . . . . 01/20/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,501. Cost or other basis (do not reduce by depreciation) . . 2,942.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -441. Accumulated Depreciation . . . .

Description of Property . . . . . . 208 MARLIN MIDSTREAM PARTNERS, LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 02/03/14 How Acquired . Purchased
Date Sold . . . . 01/20/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 4,230. Cost or other basis (do not reduce by depreciation) . . 3,542.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 688. Accumulated Depreciation . . . .

Description of Property . . . . . . 80 MARLIN MIDSTREAM PARTNERS, LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 02/04/14 How Acquired . Purchased
Date Sold . . . . 01/20/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,627. Cost or other basis (do not reduce by depreciation) . .
Sales Expense . . 1,353. Valuation Method . . .
Total Gain (Loss) . . . . 274. Accumulated Depreciation . . . .

Description of Property . . . . . . 91 MARLIN MIDSTREAM PARTNERS, LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 02/05/14 How Acquired . Purchased
Date Sold . . . . 01/20/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,851. Cost or other basis (do not reduce by depreciation) . .
Sales Expense . . 1,525. Valuation Method . . .
Total Gain (Loss) . . . . 326. Accumulated Depreciation . . . .

Description of Property . . . . . . 165 ENABLE MIDSTREAM PARTNERS, LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 04/11/14 How Acquired . Purchased
Date Sold . . . . 01/21/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,065. Cost or other basis (do not reduce by depreciation) . .
Sales Expense . . 3,596. Valuation Method . . .
Total Gain (Loss) . . . . -531. Accumulated Depreciation . . . .

Description of Property . . . . . . 39 MARLIN MIDSTREAM PARTNERS, LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 07/26/13 How Acquired . Purchased
Date Sold . . . . 01/21/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 781. Cost or other basis (do not reduce by depreciation) . . 767.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 14. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 55 MARLIN MIDSTREAM PARTNERS, LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 01/31/14 How Acquired . Purchased
Date Sold . . . . 01/21/15 Name of Buyer.
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 1,101. Cost or other basis (do not reduce by depreciation) . . 956.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 145. Accumulated Depreciation . . . .

Description of Property . . . . . . 384 AMERICAN TOWER CORP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 10/21/13 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 37,622. Cost or other basis (do not reduce by depreciation) . . 30,455.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 7,167. Accumulated Depreciation . . . .

Description of Property . . . . . . 181 BOEING CO
Business Code . Exclusion Code. . . . 18
Date Acquired . . 04/23/12 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 24,404. Cost or other basis (do not reduce by depreciation) . .
~~Sales Expense . . 13,126. Valuation Method . . .~~
Total Gain (Loss) . . . . 11,278. Accumulated Depreciation . . . .

Description of Property . . . . . . 7 DANAHER CORP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 03/03/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 584. Cost or other basis (do not reduce by depreciation) . . 531.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 53. Accumulated Depreciation . . . .

Description of Property . . . . . . 13 DANAHER CORP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 03/25/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 1,084. Cost or other basis (do not reduce by depreciation) . . 974.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 110. Accumulated Depreciation . . . .

Description of Property . . . . . . 39 DANAHER CORP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/02/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 3,252. Cost or other basis (do not reduce by depreciation) . . 3,073.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 179. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 41 DANAHER CORP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 01/27/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,419. Cost or other basis (do not reduce by depreciation) . . 3,037.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 382. Accumulated Depreciation . . . .

Description of Property . . . . . . 1 ILLINOIS TOOL WORKS
Business Code . Exclusion Code. . . . 18
Date Acquired . . 03/11/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 94. Cost or other basis (do not reduce by depreciation) . . 83.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 11. Accumulated Depreciation . . . .

Description of Property . . . . . . 14 ILLINOIS TOOL WORKS
Business Code . Exclusion Code. . . . 18
Date Acquired . . 03/25/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,316. Cost or other basis (do not reduce by depreciation) . . 1,136.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 180. Accumulated Depreciation . . . .

Description of Property . . . . . . 67 ILLINOIS TOOL WORKS
Business Code . Exclusion Code. . . . 18
Date Acquired . . 02/11/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 6,297. Cost or other basis (do not reduce by depreciation) . . 5,285.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,012. Accumulated Depreciation . . . .

Description of Property . . . . . . 101 MARLIN MIDSTREAM PARTNERS, LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 01/31/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,039. Cost or other basis (do not reduce by depreciation) . . 1,756.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 283. Accumulated Depreciation . . . .

Description of Property . . . . . . 5 MARLIN MIDSTREAM PARTNERS, LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 02/03/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 101. Cost or other basis (do not reduce by depreciation) . . 85.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . 16. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 227 MICROSOFT CORP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___01/22/14 How Acquired . Purchased
Date Sold . . . . ___01/22/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . ____10,450. Cost or other basis (do not reduce by depreciation) . . _____8,202.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 2,248. Accumulated Depreciation . . . .

Description of Property . . . . . . 26 NIKE INC
Business Code . ______ Exclusion Code 18
Date Acquired . . ___05/23/14 How Acquired . Purchased
Date Sold . . . . ___01/22/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . _____2,442. Cost or other basis (do not reduce by depreciation) . . _____1,976.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 466. Accumulated Depreciation . . . .

Description of Property . . . . . . 123 NIKE INC
Business Code . ______ Exclusion Code 18
Date Acquired . . ___01/22/14 How Acquired . Purchased
Date Sold . . . . ___01/22/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . ____11,554. Cost or other basis (do not reduce by depreciation) . . _____9,074.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 2,480. Accumulated Depreciation . . . .

Description of Property . . . . . . 151 ROPER INDUSTRIES INC
Business Code . ______ Exclusion Code 18
Date Acquired . . ___08/16/10 How Acquired . Purchased
Date Sold . . . . ___01/22/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . ____22,399. Cost or other basis (do not reduce by depreciation) . . _____9,062.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 13,337. Accumulated Depreciation . . . .

Description of Property . . . . . . 140 ROPER INDUSTRIES INC
Business Code . ______ Exclusion Code 18
Date Acquired . . ___08/08/88 How Acquired . Purchased
Date Sold . . . . ___01/22/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . ____20,767. Cost or other basis (do not reduce by depreciation) . . ________0.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 20,767. Accumulated Depreciation . . . .

Description of Property . . . . . . 67 STAG INDUSTRIAL INC
Business Code . ______ Exclusion Code 18
Date Acquired . . ___10/28/13 How Acquired . Purchased
Date Sold . . . . ___10/22/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . _____1,780. Cost or other basis (do not reduce by depreciation) . . _____1,443.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 337. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 82 STAG INDUSTRIAL INC
Business Code . Exclusion Code 18
Date Acquired . . 01/28/14 How Acquired . Purchased
Date Sold . . . . 01/22/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,178. Cost or other basis (do not reduce by depreciation) . . 1,765.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 413. Accumulated Depreciation . . . .

Description of Property . . . . . . 278 UNDER ARMOUR INC
Business Code . Exclusion Code 18
Date Acquired . . 12/15/11 How Acquired . Purchased
Date Sold . . . . 02/03/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 20,066. Cost or other basis (do not reduce by depreciation) . . 5,092.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 14,974. Accumulated Depreciation . . . .

Description of Property . . . . . . 649 ENABLE MIDSTREAM PARTNERS LP
Business Code . Exclusion Code 18
Date Acquired . . 04/11/14 How Acquired . Purchased
Date Sold . . . . 02/04/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 11,500. Cost or other basis (do not reduce by depreciation) . . 14,146.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -2,646. Accumulated Depreciation . . . .

Description of Property . . . . . . 223 ENABLE MIDTREAM PARTNERS LP
Business Code . Exclusion Code 18
Date Acquired . . 04/10/14 How Acquired . Purchased
Date Sold . . . . 02/04/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 3,951. Cost or other basis (do not reduce by depreciation) . . 4,460.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -509. Accumulated Depreciation . . . .

Description of Property . . . . . . 150 ENABLE MIDSTREAM PARTNERS LP
Business Code . Exclusion Code 18
Date Acquired . . 04/10/14 How Acquired . Purchased
Date Sold . . . . 02/05/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,692. Cost or other basis (do not reduce by depreciation) . . 3,000.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -308. Accumulated Depreciation . . . .

Description of Property . . . . . . 660 ENABLE MIDSTREAM PARTNERS LP
Business Code . Exclusion Code 18
Date Acquired . . 04/10/14 How Acquired . Purchased
Date Sold . . . . 02/06/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 11,934. Cost or other basis (do not reduce by depreciation) . . 13,200.
Sales Expense . Valuation Method . . .
Total Gain (Loss) . . . . -1,266. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a — Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 301 WORLD POINT TERMINALS LP
Business Code . Exclusion Code 18
Date Acquired . . 08/09/13 How Acquired . Purchased
Date Sold . . . . 02/20/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 6,030. Cost or other basis (do not reduce by depreciation) . . 6,020.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 10. Accumulated Depreciation . . . .

Description of Property . . . . . . 157 WORLD POINT TERMINALS LP
Business Code . Exclusion Code 18
Date Acquired . . 08/09/13 How Acquired .
Date Sold . . . . 02/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 3,139. Cost or other basis (do not reduce by depreciation) . . 3,140.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1. Accumulated Depreciation . . . .

Description of Property . . . . . . 283 HANNON ARMSTRONG SUSTAINABLE
Business Code . Exclusion Code 18
Date Acquired . . 05/05/14 How Acquired . Purchased
Date Sold . . . . 03/05/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 4,988. Cost or other basis (do not reduce by depreciation) . . 3,677.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,311. Accumulated Depreciation . . . .

Description of Property . . . . . . 117 HANNON ARMSTRONG SUSTAINABLE
Business Code . Exclusion Code 18
Date Acquired . . 04/17/13 How Acquired . Purchased
Date Sold . . . . 03/05/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,062. Cost or other basis (do not reduce by depreciation) . . 1,357.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 705. Accumulated Depreciation . . . .

Description of Property . . . . . . 145 WORLD POINT TERMINALS LP
Business Code . Exclusion Code 18
Date Acquired . . 08/09/13 How Acquired . Purchased
Date Sold . . . . 03/05/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,899. Cost or other basis (do not reduce by depreciation) . . 2,900.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1. Accumulated Depreciation . . . .

Description of Property . . . . . . 124 WORLD POINT TERMINALS LP
Business Code . Exclusion Code 18
Date Acquired . . 08/09/13 How Acquired . Purchased
Date Sold . . . . 03/06/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,476. Cost or other basis (do not reduce by depreciation) . . 2,480.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -4. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a
Net Gain or Loss from Sale of Assets

Continued

Asset Information:

Description of Property . . . . . . 606 WORLD POINT TERMINALS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___08/09/13 How Acquired . Purchased
Date Sold . . . . ___03/06/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ____12,101. Cost or other basis (do not reduce by depreciation) . . ____11,936.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 165. Accumulated Depreciation . . . .

Description of Property . . . . . . 649 TALLGRASS ENERGY PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___05/14/13 How Acquired . Purchased
Date Sold . . . . ___03/12/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ____30,488. Cost or other basis (do not reduce by depreciation) . . ____14,516.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 15,972. Accumulated Depreciation . . . .

Description of Property . . . . . . 543 TALLGRASS ENERGY PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___05/14/13 How Acquired . Purchased
Date Sold . . . . ___03/12/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ____25,508. Cost or other basis (do not reduce by depreciation) . . ____11,675.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 13,833. Accumulated Depreciation . . . .

Description of Property . . . . . . 95 TALLGRASS ENERGY PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___05/14/13 How Acquired . Purchased
Date Sold . . . . ___03/13/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _____4,461. Cost or other basis (do not reduce by depreciation) . . _____2,043.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 2,418. Accumulated Depreciation . . . .

Description of Property . . . . . . 284 GRAN TIERRA ENERGY INC
Business Code . ______ Exclusion Code 18
Date Acquired . . ___02/10/12 How Acquired . Purchased
Date Sold . . . . ___03/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _______733. Cost or other basis (do not reduce by depreciation) . . _____1,605.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -872. Accumulated Depreciation . . . .

Description of Property . . . . . . 260 GRAN TIERRA ENERGY INC
Business Code . ______ Exclusion Code 18
Date Acquired . . ___01/30/13 How Acquired . Purchased
Date Sold . . . . ___03/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _______671. Cost or other basis (do not reduce by depreciation) . . _____1,387.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -716. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 740 GRAN TIERRA ENERGY INC
Business Code . Exclusion Code 18
Date Acquired . . 08/08/88 How Acquired . Purchased
Date Sold . . . . 03/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 1,930. Cost or other basis (do not reduce by depreciation) . . 0.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,930. Accumulated Depreciation . . . .

Description of Property . . . . . . 1185 GRAN TIERRA ENERGY INC
Business Code . Exclusion Code 18
Date Acquired . . 08/08/88 How Acquired . Purchased
Date Sold . . . . 03/24/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 3,090. Cost or other basis (do not reduce by depreciation) . . 0.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . 3,090. Accumulated Depreciation . . . .

Description of Property . . . . . . 740 GRAN TIERRA ENERGY INC
Business Code . Exclusion Code 18
Date Acquired . . 08/08/88 How Acquired . Purchased
Date Sold . . . . 03/25/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 1,952. Cost or other basis (do not reduce by depreciation) . . 0.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,952. Accumulated Depreciation . . . .

Description of Property . . . . . . 65 S&P DEPOSITARY RECEIPT
Business Code . Exclusion Code 18
Date Acquired . . 03/17/15 How Acquired . Purchased
Date Sold . . . . 04/01/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 13,335. Cost or other basis (do not reduce by depreciation) . . 13,542.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -207. Accumulated Depreciation . . . .

Description of Property . . . . . . 160 EQT MIDSTREAM PARTNERS LP
Business Code . Exclusion Code 18
Date Acquired . . 06/27/12 How Acquired . Purchased
Date Sold . . . . 04/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 13,911. Cost or other basis (do not reduce by depreciation) . . 3,360.
Sales Expense . Valuation Method . .
Total Gain (Loss) . . . 10,551. Accumulated Depreciation . . . .

Description of Property . . . . . . 108 EQT MIDSTREAM PARTNERS LP
Business Code . Exclusion Code 18
Date Acquired . . 06/27/12 How Acquired . Purchased
Date Sold . . . . 04/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 9,390. Cost or other basis (do not reduce by depreciation) . . 2,493.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 6,897. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued

Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 180 CONE MIDSTREAM PARTNERS LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 09/25/14 How Acquired . Purchased
Date Sold . . . . 04/27/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,072. Cost or other basis (do not reduce by depreciation) . . 5,160.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -2,088. Accumulated Depreciation . . . .

Description of Property . . . . . . 186 CONE MIDSTREAM PARTNERS LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 09/25/14 How Acquired . Purchased
Date Sold . . . . 04/28/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,173. Cost or other basis (do not reduce by depreciation) . . 5,332.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -2,159. Accumulated Depreciation . . . .

Description of Property . . . . . . 247 CONE MIDSTREAM PARTNERS LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 09/25/14 How Acquired . Purchased
Date Sold . . . . 04/28/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 4,214. Cost or other basis (do not reduce by depreciation) . . 7,059.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -2,845. Accumulated Depreciation . . . .

Description of Property . . . . . . 149 CONE MIDSTREAM PARTNERS LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 09/25/14 How Acquired . Purchased
Date Sold . . . . 04/29/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,554. Cost or other basis (do not reduce by depreciation) . . 4,258.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,704. Accumulated Depreciation . . . .

Description of Property . . . . . . 256 CONE MIDSTREAM PARTNERS LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 09/24/14 How Acquired . Purchased
Date Sold . . . . 04/29/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 4,388. Cost or other basis (do not reduce by depreciation) . . 5,632.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,244. Accumulated Depreciation . . . .

Description of Property . . . . . . 442 CONE MIDSTREAM PARTNERS LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 09/24/14 How Acquired . Purchased
Date Sold . . . . 04/30/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 7,810. Cost or other basis (do not reduce by depreciation) . . 9,724.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,914. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a — Continued

Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 328 CONE MIDSTREAM PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 09/24/14 How Acquired . Purchased
Date Sold . . . . 05/01/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 5,975. Cost or other basis (do not reduce by depreciation) . . 7,216.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,241. Accumulated Depreciation . . . .

Description of Property . . . . . . 120 S&P DEPOSITARY RECEIPT
Business Code . Exclusion Code. . . . 18
Date Acquired . . 03/17/15 How Acquired . Purchased
Date Sold . . . . 05/07/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 25,063. Cost or other basis (do not reduce by depreciation) . . 25,001.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 62. Accumulated Depreciation . . . .

Description of Property . . . . . . 1181 GOOGLE INC-CL C
Business Code . Exclusion Code. . . . 18
Date Acquired . . 05/27/14 How Acquired . Purchased
Date Sold . . . . 05/08/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 64. Cost or other basis (do not reduce by depreciation) . . 66.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -2. Accumulated Depreciation . . . .

Description of Property . . . . . . 92 SUNOCO LOGISTICS PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 06/25/13 How Acquired . Purchased
Date Sold . . . . 05/12/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,790. Cost or other basis (do not reduce by depreciation) . . 2,809.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 981. Accumulated Depreciation . . . .

Description of Property . . . . . . 36 SUNOCO LOGISTICS PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/16/13 How Acquired . Purchased
Date Sold . . . . 05/12/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,483. Cost or other basis (do not reduce by depreciation) . . 1,135.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 348. Accumulated Depreciation . . . .

Description of Property . . . . . . 56 SUNOCO LOGISTICS PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/17/13 How Acquired . Purchased
Date Sold . . . . 05/12/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,307. Cost or other basis (do not reduce by depreciation) . . 1,765.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 542. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 14 SUNOCO LOGISTICS PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/18/13 How Acquired . Purchased
Date Sold . . . . 05/12/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 577. Cost or other basis (do not reduce by depreciation) . . 442.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 135. Accumulated Depreciation . . . .

Description of Property . . . . . . 198 SUNOCO LOGISTICS PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 06/25/14 How Acquired . Purchased
Date Sold . . . . 05/12/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 8,157. Cost or other basis (do not reduce by depreciation) . . 9,218.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,061. Accumulated Depreciation . . . .

Description of Property . . . . . . 76 SUNOCO LOGISTICS PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 06/24/13 How Acquired . Purchased
Date Sold . . . . 05/12/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 3,131. Cost or other basis (do not reduce by depreciation) . . 2,307.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . 824. Accumulated Depreciation . . . .

Description of Property . . . . . . 137 SUNOCO LOGISTICS PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 06/24/13 How Acquired . Purchased
Date Sold . . . . 05/13/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 5,635. Cost or other basis (do not reduce by depreciation) . . 4,159.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,476. Accumulated Depreciation . . . .

Description of Property . . . . . . 75 S&P DEPOSITARY RECEIPT
Business Code . Exclusion Code. . . . 18
Date Acquired . . 03/17/15 How Acquired . Purchased
Date Sold . . . . 05/14/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 15,876. Cost or other basis (do not reduce by depreciation) . . 15,625.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 251. Accumulated Depreciation . . . .

Description of Property . . . . . . 489 SUNOCO LOGISTICS PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 06/24/13 How Acquired . Purchased
Date Sold . . . . 05/14/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 20,073. Cost or other basis (do not reduce by depreciation) . . 14,845.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 5,228. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 17 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___09/08/14 How Acquired . Purchased
Date Sold . . . . ___06/04/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ______333. Cost or other basis (do not reduce by depreciation) . . ______446.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -113. Accumulated Depreciation . . . .

Description of Property . . . . . . 519 CRESTWOOD EQUITY PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___04/10/14 How Acquired . Purchased
Date Sold . . . . ___06/04/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _____2,529. Cost or other basis (do not reduce by depreciation) . . _____7,188.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -4,659. Accumulated Depreciation . . . .

Description of Property . . . . . . 8 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___09/08/14 How Acquired . Purchased
Date Sold . . . . ___06/05/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ______155. Cost or other basis (do not reduce by depreciation) . . ______210.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -55. Accumulated Depreciation . . . .

Description of Property . . . . . . 10 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___09/10/14 How Acquired . Purchased
Date Sold . . . . ___06/05/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ______194. Cost or other basis (do not reduce by depreciation) . . ______262.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -68. Accumulated Depreciation . . . .

Description of Property . . . . . . 11 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___08/27/14 How Acquired . Purchased
Date Sold . . . . ___06/05/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ______214. Cost or other basis (do not reduce by depreciation) . . ______287.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -73. Accumulated Depreciation . . . .

Description of Property . . . . . 1101 CRESTWOOD EQUITY PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___04/10/14 How Acquired . Purchased
Date Sold . . . . ___06/05/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _____5,258. Cost or other basis (do not reduce by depreciation) . . ____15,249.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -9,991. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 368 CRESTWOOD EQUITY PARTNERS LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___ 04/10/14 How Acquired . Purchased
Date Sold . . . . ___ 06/08/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . ____ 1,752. Cost or other basis (do not reduce by depreciation) . . ____ 5,097.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -3,345. Accumulated Depreciation . . . .

Description of Property . . . . . . 195 WILLIAMS COMPANIES INC COM
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___ 11/04/14 How Acquired . Purchased
Date Sold . . . . ___ 06/09/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . ____ 9,448. Cost or other basis (do not reduce by depreciation) . . ____ 10,526.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,078. Accumulated Depreciation . . . .

Description of Property . . . . . . 297 WILLIAMS COMPANIES INC COM
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___ 11/05/14 How Acquired . Purchased
Date Sold . . . . ___ 06/09/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . ____ 14,390. Cost or other basis (do not reduce by depreciation) . . ____ 16,041.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,651. Accumulated Depreciation . . . .

Description of Property . . . . . . 130 WILLIAMS COMPANIES INC COM
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___ 11/06/14 How Acquired . Purchased
Date Sold . . . . ___ 06/09/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . ____ 6,299. Cost or other basis (do not reduce by depreciation) . . ____ 7,054.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -755. Accumulated Depreciation . . . .

Description of Property . . . . . . 268 WILLIAMS COMPANIES INC COM
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___ 11/07/14 How Acquired . Purchased
Date Sold . . . . ___ 06/09/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . ____ 12,985. Cost or other basis (do not reduce by depreciation) . . ____ 14,753.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,768. Accumulated Depreciation . . . .

Description of Property . . . . . . 22 WILLIAMS COMPANIES INC COM
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___ 03/19/15 How Acquired . Purchased
Date Sold . . . . ___ 06/09/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . ____ 1,066. Cost or other basis (do not reduce by depreciation) . . ____ 1,057.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 9. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 940 COLUMBIA PIPELINE PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___02/06/15 How Acquired . Purchased
Date Sold . . . . ___06/25/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . ____24,371. Cost or other basis (do not reduce by depreciation) . . ____26,180.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,809. Accumulated Depreciation . . . .

Description of Property . . . . . . 179 COLUMBIA PIPELINE PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___02/06/15 How Acquired . Purchased
Date Sold . . . . ___06/25/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . _____4,641. Cost or other basis (do not reduce by depreciation) . . _____4,949.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -308. Accumulated Depreciation . . . .

Description of Property . . . . . . 12 CRESTWOOD EQUITY PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___04/10/14 How Acquired . Purchased
Date Sold . . . . ___07/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . _______45. Cost or other basis (do not reduce by depreciation) . . ______166.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -121. Accumulated Depreciation . . . .

Description of Property . . . . . . 18 ISHARES RUSSELL 2000 ETF
Business Code . ______ Exclusion Code 18
Date Acquired . . ___03/04/15 How Acquired . Purchased
Date Sold . . . . ___07/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . _____2,247. Cost or other basis (do not reduce by depreciation) . . _____2,203.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 44. Accumulated Depreciation . . . .

Description of Property . . . . . . 226 ISHARES RUSSELL 2000 ETF
Business Code . ______ Exclusion Code 18
Date Acquired . . ___01/22/15 How Acquired . Purchased
Date Sold . . . . ___07/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . ____28,213. Cost or other basis (do not reduce by depreciation) . . ____26,485.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 1,728. Accumulated Depreciation . . . .

Description of Property . . . . . 6000 NETSCOUT SYSTEMS INC
Business Code . ______ Exclusion Code 18
Date Acquired . . ___01/27/14 How Acquired . Purchased
Date Sold . . . . ___07/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . _______23. Cost or other basis (do not reduce by depreciation) . . _______19.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 4. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a
Net Gain or Loss from Sale of Assets

Continued

Asset Information:

Description of Property . . . . . . 6448 TESORO LOGISTICS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . 02/11/14 How Acquired . Purchased
Date Sold . . . . 07/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 34. Cost or other basis (do not reduce by depreciation) . . 50.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -16. Accumulated Depreciation . . . .

Description of Property . . . . . . 6 TYLER TECHNOLOGIES INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 07/26/12 How Acquired . Purchased
Date Sold . . . . 07/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 837. Cost or other basis (do not reduce by depreciation) . . 226.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 611. Accumulated Depreciation . . . .

Description of Property . . . . . . 37 ULTIMATE SOFTWARE GROUP INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 03/17/14 How Acquired . Purchased
Date Sold . . . . 07/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 6,440. Cost or other basis (do not reduce by depreciation) . . 5,810.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 630. Accumulated Depreciation . . . .

Description of Property . . . . . . 114 WHITESTONE REIT B
Business Code . ______ Exclusion Code 18
Date Acquired . . 06/04/14 How Acquired . Purchased
Date Sold . . . . 07/23/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 1,492. Cost or other basis (do not reduce by depreciation) . . 1,615.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . -123. Accumulated Depreciation . . . .

Description of Property . . . . . . 186 WHITESTONE REIT B
Business Code . ______ Exclusion Code 18
Date Acquired . . 06/04/14 How Acquired . Purchased
Date Sold . . . . 07/24/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,430. Cost or other basis (do not reduce by depreciation) . . 2,636.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -206. Accumulated Depreciation . . . .

Description of Property . . . . . . 215 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . 08/27/14 How Acquired . Purchased
Date Sold . . . . 07/27/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 3,169. Cost or other basis (do not reduce by depreciation) . . 5,618.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . -2,449. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 35 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 09/15/14 How Acquired . Purchased
Date Sold . . . . 07/27/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 516. Cost or other basis (do not reduce by depreciation) . . 913.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -397. Accumulated Depreciation . . . .

Description of Property . . . . . . 59 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 09/09/14 How Acquired . Purchased
Date Sold . . . . 07/27/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 870. Cost or other basis (do not reduce by depreciation) . . 1,534.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -664. Accumulated Depreciation . . . .

Description of Property . . . . . . 378 ISHARES RUSSELL 2000 ETF
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 01/22/15 How Acquired . Purchased
Date Sold . . . . 07/27/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 45,568. Cost or other basis (do not reduce by depreciation) . . 44,298.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,270. Accumulated Depreciation . . . .

Description of Property . . . . . . 200 S&P DEPOSITARY RECEIPT
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 02/06/15 How Acquired . Purchased
Date Sold . . . . 07/27/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 41,300. Cost or other basis (do not reduce by depreciation) . . 41,367.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -67. Accumulated Depreciation . . . .

Description of Property . . . . . . 135 S&P DEPOSITARY RECEIPT
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 03/17/15 How Acquired . Purchased
Date Sold . . . . 07/27/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 27,877. Cost or other basis (do not reduce by depreciation) . . 28,126.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -249. Accumulated Depreciation . . . .

Description of Property . . . . . . 231 S&P DEPOSITARY RECEIPT
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 01/23/15 How Acquired . Purchased
Date Sold . . . . 07/27/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 47,701. Cost or other basis (do not reduce by depreciation) . . 47,450.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 251. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 56 WHITESTONE REIT B
Business Code . ______ Exclusion Code 18
Date Acquired . . 06/04/14 How Acquired . Purchased
Date Sold . . . . 07/27/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 731. Cost or other basis (do not reduce by depreciation) . . 794.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -63. Accumulated Depreciation . . . .

Description of Property . . . . . . 50 WHITESTONE REIT B
Business Code . ______ Exclusion Code 18
Date Acquired . . 12/20/12 How Acquired . Purchased
Date Sold . . . . 07/28/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 643. Cost or other basis (do not reduce by depreciation) . . 693.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -50. Accumulated Depreciation . . . .

Description of Property . . . . . . 43 WHITESTONE REIT B
Business Code . ______ Exclusion Code 18
Date Acquired . . 06/04/14 How Acquired . Purchased
Date Sold . . . . 07/28/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 553. Cost or other basis (do not reduce by depreciation) . . 609.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -56. Accumulated Depreciation . . . .

Description of Property . . . . . . 197 WHITESTONE REIT B
Business Code . ______ Exclusion Code 18
Date Acquired . . 05/05/11 How Acquired . Purchased
Date Sold . . . . 07/28/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 2,534. Cost or other basis (do not reduce by depreciation) . . 2,157.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 377. Accumulated Depreciation . . . .

Description of Property . . . . . . 88 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . 08/19/14 How Acquired . Purchased
Date Sold . . . . 07/28/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 1,349. Cost or other basis (do not reduce by depreciation) . . 2,273.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -924. Accumulated Depreciation . . . .

Description of Property . . . . . . 21 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . 09/09/14 How Acquired . Purchased
Date Sold . . . . 07/28/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 322. Cost or other basis (do not reduce by depreciation) . . 546.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -224. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 166 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___08/18/14 How Acquired . Purchased
Date Sold . . . . ___07/28/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _____2,544. Cost or other basis (do not reduce by depreciation) . . _____4,201.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,657. Accumulated Depreciation . . . .

Description of Property . . . . . . 112 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___08/18/14 How Acquired . Purchased
Date Sold . . . . ___07/29/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _____1,716. Cost or other basis (do not reduce by depreciation) . . _____2,835.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,119. Accumulated Depreciation . . . .

Description of Property . . . . . . 176 WHITESTONE REIT B
Business Code . ______ Exclusion Code 18
Date Acquired . . ___05/05/11 How Acquired . Purchased
Date Sold . . . . ___07/29/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _____2,253. Cost or other basis (do not reduce by depreciation) . . _____1,927.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 326. Accumulated Depreciation . . . .

Description of Property . . . . . . 137 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___08/18/14 How Acquired . Purchased
Date Sold . . . . ___07/30/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _____2,123. Cost or other basis (do not reduce by depreciation) . . _____3,467.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,344. Accumulated Depreciation . . . .

Description of Property . . . . . . 195 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___07/24/14 How Acquired . Purchased
Date Sold . . . . ___07/30/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _____3,022. Cost or other basis (do not reduce by depreciation) . . _____4,583.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,561. Accumulated Depreciation . . . .

Description of Property . . . . . . 27 WHITESTONE REIT B
Business Code . ______ Exclusion Code 18
Date Acquired . . ___05/05/11 How Acquired . Purchased
Date Sold . . . . ___07/30/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . _______347. Cost or other basis (do not reduce by depreciation) . . _______296.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 51. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 116 HARSCO CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___01/22/14 How Acquired . Purchased
Date Sold . . . . ___08/06/15 Name of Buyer .
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . _____1,335. Cost or other basis (do not reduce by depreciation) . . _____3,096.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,761. Accumulated Depreciation . . . .

Description of Property . . . . . . 384 HARSCO CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___05/13/14 How Acquired . Purchased
Date Sold . . . . ___08/06/15 Name of Buyer .
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . _____4,421. Cost or other basis (do not reduce by depreciation) . . ____10,159.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -5,738. Accumulated Depreciation . . . .

Description of Property . . . . . . 101 HARSCO CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___05/12/14 How Acquired . Purchased
Date Sold . . . . ___08/07/15 Name of Buyer .
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . _____1,155. Cost or other basis (do not reduce by depreciation) . . _____2,643.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,488. Accumulated Depreciation . . . .

Description of Property . . . . . . 3 HARSCO CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___05/13/14 How Acquired . Purchased
Date Sold . . . . ___08/07/15 Name of Buyer .
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . ________34. Cost or other basis (do not reduce by depreciation) . . ________79.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -45. Accumulated Depreciation . . . .

Description of Property . . . . . . 179 HARSCO CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___06/19/13 How Acquired . Purchased
Date Sold . . . . ___08/07/15 Name of Buyer .
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . _____2,046. Cost or other basis (do not reduce by depreciation) . . _____4,222.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -2,176. Accumulated Depreciation . . . .

Description of Property . . . . . . 121 HARSCO CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . ___06/19/13 How Acquired . Purchased
Date Sold . . . . ___08/10/15 Name of Buyer .
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . _____1,424. Cost or other basis (do not reduce by depreciation) . . _____2,854.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,430. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued

Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 233 HARSCO CORP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 05/14/15 How Acquired . Purchased
Date Sold . . . . ___ 08/10/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 2,741. Cost or other basis (do not reduce by depreciation) . . 4,011.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,270. Accumulated Depreciation . . . .

Description of Property . . . . . . 126 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 07/24/14 How Acquired . Purchased
Date Sold . . . . ___ 08/12/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 1,959. Cost or other basis (do not reduce by depreciation) . . 2,961.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,002. Accumulated Depreciation . . . .

Description of Property . . . . . . 72 HARSCO CORP
Business Code . ______ Exclusion Code . . 18
Date Acquired . . ___ 05/14/15 How Acquired . Purchased
Date Sold . . . . ___ 08/12/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 848. Cost or other basis (do not reduce by depreciation) . . 1,240.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -392. Accumulated Depreciation . . . .

Description of Property . . . . . . 155 HARSCO CORP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 05/15/15 How Acquired . Purchased
Date Sold . . . . ___ 08/12/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 1,825. Cost or other basis (do not reduce by depreciation) . . 2,651.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -826. Accumulated Depreciation . . . .

Description of Property . . . . . . 14 HARSCO CORP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 05/15/15 How Acquired . Purchased
Date Sold . . . . ___ 08/13/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 167. Cost or other basis (do not reduce by depreciation) . . 239.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -72. Accumulated Depreciation . . . .

Description of Property . . . . . . 82 HARSCO CORP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 05/15/15 How Acquired . Purchased
Date Sold . . . . ___ 08/13/15 Name of Buyer .
Check Box, if Buyer is a Business . . . . ☐
Sales Price . . . 969. Cost or other basis (do not reduce by depreciation) . . 1,402.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -433. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 10 NORTHERN OIL & GAS INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 01/22/14 How Acquired . Purchased
Date Sold . . . . 08/21/15 Name of Buyer .
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 47. Cost or other basis (do not reduce by depreciation) . . 152.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -105. Accumulated Depreciation . . . .

Description of Property . . . . . . 17 NORTHERN OIL & GAS INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 01/24/14 How Acquired . Purchased
Date Sold . . . . 08/21/15 Name of Buyer .
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 80. Cost or other basis (do not reduce by depreciation) . . 260.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -180. Accumulated Depreciation . . . .

Description of Property . . . . . . 14 NORTHERN OIL & GAS INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 01/27/14 How Acquired . Purchased
Date Sold . . . . 08/21/15 Name of Buyer .
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 66. Cost or other basis (do not reduce by depreciation) . . 213.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -147. Accumulated Depreciation . . . .

Description of Property . . . . . . 125 NORTHERN OIL & GAS INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/31/14 How Acquired . Purchased
Date Sold . . . . 08/21/15 Name of Buyer .
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 589. Cost or other basis (do not reduce by depreciation) . . 1,984.
Sales Expense . . Valuation Method . .
Total Gain (Loss) . . . . -1,395. Accumulated Depreciation . . . .

Description of Property . . . . . . 46 NORTHERN OIL & GAS INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 08/01/14 How Acquired . Purchased
Date Sold . . . . 08/21/15 Name of Buyer .
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 217. Cost or other basis (do not reduce by depreciation) . . 730.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -513. Accumulated Depreciation . . . .

Description of Property . . . . . . 470 NORTHERN OIL & GAS INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 12/06/13 How Acquired . Purchased
Date Sold . . . . 08/21/15 Name of Buyer .
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 2,214. Cost or other basis (do not reduce by depreciation) . . 6,891.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -4,677. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 878 NORTHERN OIL & GAS INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 12/06/13 How Acquired . Purchased
Date Sold . . . . 08/26/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 4,210. Cost or other basis (do not reduce by depreciation) . . 12,873.
Sales Expense . . ______ Valuation Method . . .
Total Gain (Loss) . . . . -8,663. Accumulated Depreciation . . . .

Description of Property . . . . . . 1283 NORTHERN OIL & GAS INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 12/06/13 How Acquired . Purchased
Date Sold . . . . 08/27/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 6,637. Cost or other basis (do not reduce by depreciation) . . 18,811.
Sales Expense . . ______ Valuation Method . . .
Total Gain (Loss) . . -12,174. Accumulated Depreciation . . . .

Description of Property . . . . . . 369 NORTHERN OIL & GAS INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 12/06/13 How Acquired . Purchased
Date Sold . . . . 08/28/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,059. Cost or other basis (do not reduce by depreciation) . . 5,410.
Sales Expense . . ______ Valuation Method . . .
Total Gain (Loss) . . . . -3,351. Accumulated Depreciation . . . .

Description of Property . . . . . . 203 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 07/24/14 How Acquired . Purchased
Date Sold . . . . 08/31/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,110. Cost or other basis (do not reduce by depreciation) . . 4,771.
Sales Expense . . ______ Valuation Method . . .
Total Gain (Loss) . . . . -1,661. Accumulated Depreciation . . . .

Description of Property . . . . . . 281 CSI COMPRESSCO LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 07/24/14 How Acquired . Purchased
Date Sold . . . . 09/17/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,714. Cost or other basis (do not reduce by depreciation) . . 6,604.
Sales Expense . . ______ Valuation Method . . .
Total Gain (Loss) . . . . -2,890. Accumulated Depreciation . . . .

Description of Property . . . . . . 116 UNDER ARMOUR INC-A
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 12/15/11 How Acquired . Purchased
Date Sold . . . . 09/17/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 12,117. Cost or other basis (do not reduce by depreciation) . . 2,125.
Sales Expense . . ______ Valuation Method . . .
Total Gain (Loss) . . . . 9,992. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 54 CSI COMPRESSCO LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/24/14 How Acquired . Purchased
Date Sold . . . . 09/18/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 714. Cost or other basis (do not reduce by depreciation) . . 1,269.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . -555. Accumulated Depreciation . . . .

Description of Property . . . . . . 61 CSI COMPRESSCO LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/24/14 How Acquired . Purchased
Date Sold . . . . 10/02/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 793. Cost or other basis (do not reduce by depreciation) . . 1,434.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -641. Accumulated Depreciation . . . .

Description of Property . . . . . . 48 CSI COMPRESSCO LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/25/14 How Acquired . Purchased
Date Sold . . . . 10/02/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 624. Cost or other basis (do not reduce by depreciation) . . 1,111.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -487. Accumulated Depreciation . . . .

Description of Property . . . . . . 15 CSI COMPRESSCO LP
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/28/14 How Acquired . Purchased
Date Sold . . . . 10/02/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 195. Cost or other basis (do not reduce by depreciation) . . 345.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -150. Accumulated Depreciation . . . .

Description of Property . . . . . . 114 CSI COMPRESSCO LP
Business Code . Exclusion Code. . . 18
Date Acquired . . 07/28/14 How Acquired . Purchased
Date Sold . . . . 10/05/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 1,481. Cost or other basis (do not reduce by depreciation) . . 2,623.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,142. Accumulated Depreciation . . . .

Description of Property . . . . . . 63 TYLER TECHNOLOGIES INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 07/26/12 How Acquired . Purchased
Date Sold . . . . 10/05/15 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price . . . 10,654. Cost or other basis (do not reduce by depreciation) . . 2,378.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 8,276. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 188 BOEING CO COM
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 08/08/88 How Acquired . Purchased
Date Sold . . . . ___ 10/07/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ____ 25,625. Cost or other basis (do not reduce by depreciation) . . ____ 6,817.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 18,808. Accumulated Depreciation . . . .

Description of Property . . . . . . 370 ISHARES RUSSELL 2000 ETF
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 01/22/15 How Acquired . Purchased
Date Sold . . . . ___ 10/15/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ____ 41,794. Cost or other basis (do not reduce by depreciation) . . ____ 43,360.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,566. Accumulated Depreciation . . . .

Description of Property . . . . . . 176 NIKE INC CL B COM
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 01/22/14 How Acquired . Purchased
Date Sold . . . . ___ 10/21/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ____ 23,318. Cost or other basis (do not reduce by depreciation) . . ____ 12,983.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 10,335. Accumulated Depreciation . . . .

Description of Property . . . . . . 149 NIKE INC CL B COM
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 01/27/14 How Acquired . Purchased
Date Sold . . . . ___ 10/21/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ____ 19,741. Cost or other basis (do not reduce by depreciation) . . ____ 10,736.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . 9,005. Accumulated Depreciation . . . .

Description of Property . . . . . . 257 USD PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 10/09/14 How Acquired . Purchased
Date Sold . . . . ___ 11/03/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ____ 2,628. Cost or other basis (do not reduce by depreciation) . . ____ 4,369.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -1,741. Accumulated Depreciation . . . .

Description of Property . . . 79 USD PARTNERS LP
Business Code . ______ Exclusion Code 18
Date Acquired . . ___ 10/09/14 How Acquired . Purchased
Date Sold . . . ___ 11/04/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . ______ 800. Cost or other basis (do not reduce by depreciation) . . ____ 1,343.
Sales Expense . . __________ Valuation Method . . .
Total Gain (Loss) . . . . -543. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a — Continued

Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 63 QUANTA SERVICES INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 09/22/14 How Acquired . Purchased
Date Sold . . . . 11/06/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,289. Cost or other basis (do not reduce by depreciation) . . 2,327.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,038. Accumulated Depreciation . . . .

Description of Property . . . . . . 104 QUANTA SERVICES INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 09/24/14 How Acquired . Purchased
Date Sold . . . . 11/06/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,128. Cost or other basis (do not reduce by depreciation) . . 3,841.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,713. Accumulated Depreciation . . . .

Description of Property . . . . . . 46 QUANTA SERVICES INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 09/23/14 How Acquired . Purchased
Date Sold . . . . 11/06/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 941. Cost or other basis (do not reduce by depreciation) . . 1,699.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -758. Accumulated Depreciation . . . .

Description of Property . . . . . . 72 QUANTA SERVICES INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 09/23/14 How Acquired . Purchased
Date Sold . . . . 11/10/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,564. Cost or other basis (do not reduce by depreciation) . . 2,659.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,095. Accumulated Depreciation . . . .

Description of Property . . . . . . 113 QUANTA SERVICES INC
Business Code ______ Exclusion Code. . . 18
Date Acquired. 09/23/14 How Acquired . Purchased
Date Sold . . . 11/11/15 Name of Buyer.
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,454. Cost or other basis (do not reduce by depreciation) . . 4,173.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,719. Accumulated Depreciation . . . .

Description of Property . . . . . . 29 QUANTA SERVICES INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 09/23/14 How Acquired . Purchased
Date Sold . . . . 11/16/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 599. Cost or other basis (do not reduce by depreciation) . . 1,071.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -472. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 253 QUANTA SERVICES INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 09/23/14 How Acquired . Purchased
Date Sold . . . . 11/16/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 5,309. Cost or other basis (do not reduce by depreciation) . . 9,343.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -4,034. Accumulated Depreciation . . . .

Description of Property . . . . . . 10 QUANTA SERVICES INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 09/23/14 How Acquired . Purchased
Date Sold . . . . 11/17/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 210. Cost or other basis (do not reduce by depreciation) . . 369.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -159. Accumulated Depreciation . . . .

Description of Property . . . . . . 142 QUANTA SERVICES INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 04/20/15 How Acquired . Purchased
Date Sold . . . . 11/17/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,980. Cost or other basis (do not reduce by depreciation) . . 4,187.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,207. Accumulated Depreciation . . . .

Description of Property . . . . . . 8 GOPRO IN-CLASS A
Business Code . ______ Exclusion Code 18
Date Acquired . . 06/26/14 How Acquired . Purchased
Date Sold . . . . 11/18/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 154. Cost or other basis (do not reduce by depreciation) . . 192.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -38. Accumulated Depreciation . . . .

Description of Property . . . . . . 56 JERNIGAN CAPITAL INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 03/27/15 How Acquired . Purchased
Date Sold . . . . 11/20/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 895. Cost or other basis (do not reduce by depreciation) . . 1,130.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -235. Accumulated Depreciation . . . .

Description of Property . . . . . . 3 JERNIGAN CAPITAL INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 03/27/15 How Acquired . Purchased
Date Sold . . . . 11/24/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 48. Cost or other basis (do not reduce by depreciation) . . 61.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -13. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 214 JERNIGAN CAPITAL INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 03/26/15 How Acquired . Purchased
Date Sold . . . . 11/24/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 3,417. Cost or other basis (do not reduce by depreciation) . . 4,280.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -863. Accumulated Depreciation . . . .

Description of Property . . . . . . 321 ASPEN AEROGELS INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 06/13/14 How Acquired . Purchased
Date Sold . . . . 12/01/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,076. Cost or other basis (do not reduce by depreciation) . . 3,531.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,455. Accumulated Depreciation . . . .

Description of Property . . . . . . 373 ASPEN AEROGELS INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 06/13/14 How Acquired . Purchased
Date Sold . . . . 12/02/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,472. Cost or other basis (do not reduce by depreciation) . . 4,103.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,631. Accumulated Depreciation . . . .

Description of Property . . . . . . 136 ASPEN AEROGELS INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 06/13/14 How Acquired . Purchased
Date Sold . . . . 12/03/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 883. Cost or other basis (do not reduce by depreciation) . . 1,496.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -613. Accumulated Depreciation . . . .

Description of Property . . . . . . 75 JERNIGAN CAPITAL INC
Business Code . ______ Exclusion Code 18
Date Acquired . . 03/26/15 How Acquired . Purchased
Date Sold . . . . 12/03/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 1,142. Cost or other basis (do not reduce by depreciation) . . 1,500.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -358. Accumulated Depreciation . . . .

Description of Property . . . . . . 359 S & P DEPOSITARY RECEIPT
Business Code . ______ Exclusion Code 18
Date Acquired . . 11/20/15 How Acquired . Purchased
Date Sold . . . . 12/03/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 74,495. Cost or other basis (do not reduce by depreciation) . . 75,202.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -707. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 217 USD PARTNERS LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 10/09/14 How Acquired . Purchased
Date Sold . . . . 12/03/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,880. Cost or other basis (do not reduce by depreciation) . . 3,493.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . -1,613. Accumulated Depreciation . . . .

Description of Property . . . . . 882 USD PARTNERS LP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 10/08/14 How Acquired . Purchased
Date Sold . . . . 12/03/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 7,642. Cost or other basis (do not reduce by depreciation) . . 14,994.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -7,352. Accumulated Depreciation . . . .

Description of Property . . . . . . 182 ASPEN AEROGELS INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 06/13/14 How Acquired . Purchased
Date Sold . . . . 12/04/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,177. Cost or other basis (do not reduce by depreciation) . . 2,002.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -825. Accumulated Depreciation . . . .

Description of Property . . . . . . 100 BLACK DIAMOND GROUP LTD
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 06/11/13 How Acquired . Purchased
Date Sold . . . . 12/04/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 483. Cost or other basis (do not reduce by depreciation) . . 2,177.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,694. Accumulated Depreciation . . . .

Description of Property . . . . . . 333 BLACK DIAMOND GROUP LTD
Business Code . ______ Exclusion Code. . . 18
Date Acquired . . 05/14/15 How Acquired . Purchased
Date Sold . . . . 12/04/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,608. Cost or other basis (do not reduce by depreciation) . . 4,333.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -2,725. Accumulated Depreciation . . . .

Description of Property . . . . . . 167 BLACK DIAMOND GROUP LTD
Business Code . ______ Exclusion Code. . . . 18
Date Acquired . . 05/22/08 How Acquired . Purchased
Date Sold . . . . 12/04/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 806. Cost or other basis (do not reduce by depreciation) . . 1,230.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -424. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 189 JERNIGAN CAPITAL INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 03/26/15 How Acquired . Purchased
Date Sold . . . . 12/07/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,877. Cost or other basis (do not reduce by depreciation) . . 3,780.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -903. Accumulated Depreciation . . . .

Description of Property . . . . . . 107 JERNIGAN CAPITAL INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 03/26/15 How Acquired . Purchased
Date Sold . . . . 12/08/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,630. Cost or other basis (do not reduce by depreciation) . . 2,140.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -510. Accumulated Depreciation . . . .

Description of Property . . . . . . 141 VITAMIN SHOPPE INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 04/23/14 How Acquired . Purchased
Date Sold . . . . 12/08/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 4,597. Cost or other basis (do not reduce by depreciation) . . 6,829.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -2,232. Accumulated Depreciation . . . .

Description of Property . . . . . . 110 VITAMIN SHOPPE INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 04/23/14 How Acquired . Purchased
Date Sold . . . . 12/10/15 Name of Buyer.
Check Box, if Buyer is a Business. . ☐
Sales Price . . . 3,667. Cost or other basis (do not reduce by depreciation) . . 5,328.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,661. Accumulated Depreciation . . . .

Description of Property . . . . . . 43 JERNIGAN CAPITAL INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 03/26/15 How Acquired . Purchased
Date Sold . . . . 12/11/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 655. Cost or other basis (do not reduce by depreciation) . . 860.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -205. Accumulated Depreciation . . . .

Description of Property . . . . . . 165 JERNIGAN CAPITAL INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 03/26/15 How Acquired . Purchased
Date Sold . . . . 12/14/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,512. Cost or other basis (do not reduce by depreciation) . . 3,300.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -788. Accumulated Depreciation . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . . 55 JERNIGAN CAPITAL INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 03/26/15 How Acquired . Purchased
Date Sold . . . . 12/15/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 838. Cost or other basis (do not reduce by depreciation) . . 1,100.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -262. Accumulated Depreciation . . . .

Description of Property . . . . . . 481 VITAMIN SHOPPE INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 04/23/14 How Acquired . Purchased
Date Sold . . . . 12/15/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 15,870. Cost or other basis (do not reduce by depreciation) . . 23,296.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -7,426. Accumulated Depreciation . . . .

Description of Property . . . . . . 43 JERNIGAN CAPITAL INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 03/26/15 How Acquired . Purchased
Date Sold . . . . 12/16/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 655. Cost or other basis (do not reduce by depreciation) . . 860.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -205. Accumulated Depreciation . . . .

Description of Property . . . . . . 107 JERNIGAN CAPITAL INC
Business Code . Exclusion Code. . . . 18
Date Acquired . . 03/26/15 How Acquired . Purchased
Date Sold . . . . 12/16/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,629. Cost or other basis (do not reduce by depreciation) . . 2,140.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -511. Accumulated Depreciation . . . .

Description of Property . . . . . . PASS-THROUGH 1231 LOSS FROM K-1S
Business Code . Exclusion Code. . . . 18
Date Acquired . . Various How Acquired . Purchased
Date Sold . . . . 12/31/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 0. Cost or other basis (do not reduce by depreciation) . . 367.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -367. Accumulated Depreciation . . . .

Form 990-PF, Page 1, Part I, Line 11
Line 11 Stmt

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
ROYALTIES	38.	38.	
OTHER BUSINESS INCOME FROM LIMITED PARTNERSHIPS	32,681.	-25,638.	
Total	32,719.	-25,600.	

Form 990-PF, Page 1, Part I, Line 18
Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
FOREIGN TAXES PAID	448.	448.		
INVESTMENT EXCISE TAX	7,972.			
UNRELATED BUSINESS INCOME TAX	2,012.			
Total	10,432.	448.		

Form 990-PF, Page 11, Part XV, line 3a
Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox / Amount
***a** Paid during the year*				
MEMPHIS ATHLETIC MINISTRIES, INC. 1548 POPLAR AVENUE MEMPHIS TN 38104		501C3	YOUTH DEVELOPMENT	Person or [ ] Business [X] 1,000.
THE SHRINER'S HOSPITAL FOR CHILDREN PO BOX 31356 TAMPA FL 33631		501C3	HEALTH - REHABILITATIVE	Person or [ ] Business [X] 5,000.
YOUNG AMERICANS FOR FREEDOM 2300 M STREET NW, SUITE 800 WASHINGTON DC 20037		501C4	YOUTH ACTIVISM	Person or [ ] Business [X] 1,000.
ESSEX COUNTY GREEN BELT ASSOCIATION, INC. 82 EASTERN AVENUE ESSEX MA 01929		501C3	LAND CONSERVATION LAND STEWARDSHIP	Person or [ ] Business [X] 3,000.
TROUT UNLIMITED - COLD WATER 1777 NORTH KENT STREET, SUITE 100 ARLINGTON VA 22209		501C3	FISHERIES CONSERVATION CLEAN WATER	Person or [ ] Business [X] 1,000.
UPPER VALLEY LAND TRUST, INC. 19 BUCK ROAD HANOVER NH 03755		501C3	LAND CONSERVATION NH AND VT	Person or [ ] Business [X] 1,000.
FRIENDS OF BIG ISLAND POND PO BOX 222 HAMPSTEAD NH 03841		501C3	WATER QUALITY HABITAT PRESERVATION	Person or [ ] Business [X] 10,000.
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON MA 02114		501C3	HEALTH - GENERAL	Person or [ ] Business [X] 4,000.

Form 990-PF, Page 11, Part XV, line 3a Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox / Amount
a *Paid during the year*				
CENTER FOR WOODLANDS EDUCATION, INC. 1776 CENTER ROAD CORINTH VT 05039		501C3	LAND CONSERVATION EDUCATION	Person or Business X 1,000.
RENSSELAERVILLE PRESBYTERIAN CHURCH METHODIST HILL ROAD RENSSELAERVILLE NY 12147		501C3	GENERAL SUPPORT	Person or Business X 1,000.
CYSTIC FIBROSIS FOUNDATION MA/RI 6931 ARLINGTON ROAD BETHESDA MD 20814		501C3	THERAPIES DISEASE RESEARCH	Person or Business X 5,000.
BELMONT HILL SCHOOL, INC. 350 PROSPECT STREET BELMONT MA 02478		501C3	GENERAL SUPPORT	Person or Business X 1,000.
CHILD AND FAMILY SERVICES OF NH 464 CHESTNUT STREET MANCHESTER NH 03105		501C3	CHILD ABUSE TREATMENT AND PREVENTION	Person or Business X 4,000.
DOWNEAST LAKES LAND TRUST 4 WATER STREET GRAND LAKE STREAM ME 04668		501C3	FOREST AND WATER CONSERVATION	Person or Business X 1,000.
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE VA 22902		501C3	ENVIRONMENTAL QUALITY PROTECTION IN VIRGINIA AND SOUTHEAST	Person or Business X 2,000.
FOREST SOCIETY OF MAINE 115 FRANKLIN STREET BANGOR ME 04401		501C3	FORESTRY CONSERVATION IN MAINE	Person or Business X 1,000.
CONSERVATION LAW FOUNDATION, INC. 62 SUMMER STREET BOSTON MA 02110		501C3	NATURAL RESOURCE CONSERVATION AND ADVOCACY	Person or Business X 1,000.
NATIONAL RIFLE ASSOCIATION OF AMERICA, INC. 11250 WAPLES MILL ROAD FAIRFAX VA 22030		501C4	ADVOCACY	Person or Business X 3,000.
THE AMERICAN BLUEFIN TUNA ASSOCIATION PO BOX 854 NORWELL MA 02061		501C3	SUSTAINABLE FISHERIES	Person or Business X 5,000.
PISCATAQUOG LAND CONSERVANCY 5A MILL STREET NEW BOSTON NH 03070		501C3	LAND PROTECTION WATERSHED CONSERVATION AND EDUCATION	Person or Business X 1,000.
Total				52,000.

Form 990-PF, Page 1, Part I
Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE STREET	TAX RETURN PREPARATION FEE	1,800.	1,800.		
STATE STREET	CUSTODY ADVISOR FEES	1,966.	1,966.		
Total		3,766.	3,766.		

Form 990-PF, Page 1, Part I
Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE STREET	INVESTMENT MANAGEMENT FEES	22,851.	22,851.		
Total		22,851.	22,851.		

Form 990-PF, Page 2, Part II, Line 10a
L-10a Stmt

Line 10a - Investments - US and State Government Obligations:	End of Year State and Local Obligations Book Value	State and Local Obligations FMV	End of Year US Government Obligations Book Value	US Government Obligations FMV
PROSHARES SHORT 20+ YR TREASURY ETF			23,058.	22,208.
Total			23,058.	22,208.

Form 990-PF, Page 2, Part II, Line 10b
L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year Book Value	Fair Market Value
EQUITIES	1,608,592.	1,776,696.
Total	1,608,592.	1,776,696.

Form 990-PF, Page 2, Part II, Line 13
L-13 Stmt

Line 13 - Investments - Other:	End of Year Book Value	Fair Market Value
FOREIGN ASSETS	49,792.	55,917.

Form 990-PF, Page 2, Part II, Line 13 Continued

L-13 Stmt

Line 13 - Investments - Other:	End of Year Book Value	End of Year Fair Market Value
Total	49,792.	55,917.