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## Form 990-PF Department of the Treasury Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2016 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 separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

For cale	indar year 2015 or tax year beginning SEP	24, 2015	, and ending	DEC 31, 2015	<u> </u>
Name	of foundation			A Employer identification	number
MAI	DMONE, INC.			47-5131103	
	and street (or P O box number if mail is not delivered to street	address)	Room/suite	<b>B</b> Telephone number	
	RIVERGATE DRIVE	·		516-734-37	
	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
	CHMOND, VA 23238	· - · - · · · · · · · · · · · · · · · ·		]	
<b>G</b> Chec	k all that apply:	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2 Foreign organizations me	eating the 85% test
	Address change	Name change		2. Foreign organizations me check here and attach co	imputation
	k type of organization; X Section 501(c)(3) ex			E If private foundation sta	tus was terminated
		Other taxable private founda		under section 507(b)(1)	(A), check here
	narket value of all assets at end of year   J Account	•	Accrual	F If the foundation is in a	
	Part II, col (c), line 16)	ther (specify)		under section 507(b)(1)	(B), check here
▶\$	2,968,402. (Part I, colu				(A)-
Part	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	( <b>d</b> ) Disbursements for charitable purposes
<del></del>	<del></del>	1	income	<u> </u>	(cash basis only)
1	Contributions, gifts, grants, etc., received	2,950,773.		N/A	<b></b>
2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary		145	<del> </del>	CM2 WENTER 4
3	cash investments	130.	112. 1,970.		STATEMENT 1
4	Dividends and interest from securities	1,970.	1,9/0.	<del> </del>	STATEMENT 2 STATEMENT 3
1 -	a Gross rents	-44.		<del> </del>	STATEMENT 3
	b Net rental income or (loss) -44.	2,064,340.		<del> </del>	
g °	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 3,011,965.	2,004,340.		<del>RE(</del>	EIVED
Revenue 2		}	2,064,340.		<del> </del>
ê 8	Net short-term capital gain	<del></del>	2,004,340.	W MOV	
	Income modifications	<del> </del>		VOV B	2 3 2016 O
10	Gross sales less returns a and allowances	<del> </del>			
'`	b Less Cost of goods sold	<del> </del>		OGL	EN LIT
- }	c Gross profit or (loss)	<del> </del>			
11		-3,760.	0.		STATEMENT 4
12		5,013,409.	2,066,422.	<del></del>	
13	<del></del>	0.	0.	<del> </del>	0.
14		<del>  </del>		1	
15	• •	<del> </del>		<u> </u>	<del></del>
g 16	a Legal fees STMT 5	5,000.	5,000.		0.
Expenses	b Accounting fees				
껇	c Other professional fees				
	Interest	59.	59.		0.
E   18	Taxes				
. <u>₹</u> 19	Depreciation and depletion				
Operating and Administrative 52 53 54 14 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Occupancy				
₹ 21	Travel, conferences, and meetings				
E 22	• •				
E 23	•	136.	136.		0.
현 24	, •			}	-
a	expenses. Add lines 13 through 23	5,195.	5,195.	<u> </u>	0. 9,500.
25	Contributions, gifts, grants paid	9,500.		ļ	9,500.
26	•		- 40-	1	0.500
	Add lines 24 and 25	14,695.	5,195.	<del> </del>	9,500.
27	Subtract line 26 from line 12;	4 000 744		1	ì
1	8 Excess of revenue over expenses and disbursements	4,998,714.	3 021 332	<b></b>	ļ
	b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)		2,061,227.	N/A	<del></del>

47-5131103 MADMONE, Form 990-PF (2015) INC. Page 2 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (c) Fair Market Value (b) Book Value (a) Book Value 1,704,625. 1,704,625. Cash - non-interest-bearing 2 Savings and temporary cash investments 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 7 Other notes and loans receivable 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 1,302,043. 1,263,777. STMT 7 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 3,006,668. 2,968,402. instructions. Also, see page 1, item I) 0. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright [\overline{X}]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. þ 0 27 Capital stock, trust principal, or current funds σ. Ō. 28 Paid-in or capital surplus, or land, bldg., and equipment fund Ō. 3,006,668. 29 Retained earnings, accumulated income, endowment, or other funds Š 0. 3,006,668 30 Total net assets or fund balances 3,006,668 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 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) 4,998,714. 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) 4,998,714. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► UNREALIZED GAIN ON CONTRIBUTED STOCK 1,992,046. 3,006,668. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form 990-PF (2015)

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47-5131103 Form 990-PF (2015) MADMONE, INC. Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) 1a 47,620 SHS DEALERTRACK TECHNOLOGIES 09/28/15 10/07/15 D TOTAL LONG-TERM COMMON TRUST AND c PARTNERSHIPS 12/31/15 e (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 3,011,965. 947,615 2,064,350. 10. -10. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any 2,064,350. -10.If gain, also enter in Part I, line 7 2,064,340. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 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). N/A If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income N/A (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. Yes No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? 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.

Distribution ratio (col. (b) divided by col. (c))		

Form **990-PF** (2015)

See the Part VI instructions.

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.

Form 990-PI <b>Part VI</b>	(2015) MADMONE, INC. Excise Tax Based on Investment Income (Section 4940)	)(a).	49	940(b), 4940(e)			5131			Page 4
	t operating foundations described in section 4940(d)(2), check here  and er				,		T .			
	ruling or determination letter (attach copy of letter if nec						1			
	tic foundations that meet the section 4940(e) requirements in Part V, check here				}	1	1	4	1,2	25.
	I, line 27b								<u> </u>	
	er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I,	line 12, col. (b).	'		{			
	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other					2	<u> </u>			0.
3 Add lin	* * * * * * * * * * * * * * * * * * * *					3		4	1,2	25.
4 Subtitle	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	hers e	ente	er -0-)		4				0.
5 Tax ba	sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-					5		4	1,2	25.
6 Credits	Payments:									
a 2015 e	stimated tax payments and 2014 overpayment credited to 2015	6a	1				į.			
<b>b</b> Exemp	foreign organizations - tax withheld at source	6b					}			
c Tax par	d with application for extension of time to file (Form 8868)	6c	1	42,2	00.		}			
<b>d</b> Backup	withholding erroneously withheld	<u>6d</u>	1				}			
7 Total c	edits and payments. Add lines 6a through 6d					7	<u> </u>	4	<u>2,2</u>	00.
	ny <b>penalty</b> for underpayment of estimated tax. Check here 📖 if Form 2220 is attac	ched				8_	ļ		5	64.
9 Tax du	e. If the total of lines 5 and 8 is more than line 7, enter amount owed					9	ļ			<del></del>
•	yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			4441		10	ļ		4	11.
	ne amount of line 10 to be: Credited to 2016 estimated tax		_	411 Refund	ed 🖊	11	<u> </u>			0.
	A   Statements Regarding Activities			<del></del>					Yes	No
=	the tax year, did the foundation attempt to influence any national, state, or local legisl	ation o	or d	lid it participate or in	tervene	เท		4-	res	X
, ,	itical campaign?	/			.64			1a		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	pend more than \$100 during the year (either directly or indirectly) for political purpos							15		
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	a copi	ies	or any materiais p	ubiisne	a or		[		
	uted by the foundation in connection with the activities									х
	foundation file Form 1120-POL for this year?							10		
	the amount (if any) of tax on political expenditures (section 4955) imposed during the	-			0.				- 1	
	the foundation. > \$ 0 (2) On foundation managers. The reimbursement (if any) paid by the foundation during the year for political expendit			angeed on foundation				1		
	ers. $ ightharpoonup$	uie lax	A 111	iposeu on loundatio	"			. [		
•	foundation engaged in any activities that have not previously been reported to the IR	52						2		Х
	attach a detailed description of the activities."							<del></del> -		<del></del> -
	foundation made any changes, not previously reported to the IRS, in its governing in	strum	1en1	t articles of incorpor	ation, o	r				
	or other similar instruments? If "Yes," attach a conformed copy of the change			,	, -	•		3		X
	foundation have unrelated business gross income of \$1,000 or more during the year	_						4a		X
	has it filed a tax return on Form 990-T for this year?					N	[/A	4b		
5 Was th	ere a liquidation, termination, dissolution, or substantial contraction during the year?							5		X
	," attach the statement required by General Instruction T									
6 Are the	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her:								
<ul><li>By la</li></ul>	nguage in the governing instrument, or							1		
<ul><li>By st</li></ul>	ate legislation that effectively amends the governing instrument so that no mandatory	direct	tion	is that conflict with t	he state	law		1		
	in the governing instrument?							6	Х	
7 Did the	foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	plete	Pa	art II, col (c), and F	Part XV	,		7	X	
	ne states to which the foundation reports or with which it is registered (see instruction	ıs) 🕨	_							
VA										
	nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney	/ Ge	eneral (or designate)				_	v	
	state as required by General Instruction G? If "No," attach explanation							85	<u> </u>	
	oundation claiming status as a private operating foundation within the meaning of sec				ior cale	ndar		_		v
	15 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," co				ď	ጥልጥ	ι Ω	9	X	<u>X</u>
IU DIG any	persons become substantial contributors during the tax year? if "Yes," attach a schedul	e listing	g the	er names and addresse	3 3	TMT		10 m <b>99</b> 0		(2015)
							FOI	ょっし	, , ,	(2010)

Pa	rt VII-A	Statements Regarding Activities (continued)				
					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	2(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the fou	ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory pri	vileges?			
	If "Yes," att	ach statement (see instructions)		12		X
13	Did the fou	ndation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website ad				·	
14		are in care of ▶ MARK F. O'NEIL Telephone no.▶			<u>703</u>	
	Located at	▶453 RIVERGATE DRIVE, RICHMOND, VA	ZIP+4 <b>▶</b> 23	<u> 238</u>		
15	Section 49	47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
	and enter t	he amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time	during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities,	or other financial account in a foreign country?		16		<u>X</u>
	See the ins	tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign cou					
Pa	rt VII-B	Statements Regarding Activities for Which Form 4720 May Be Required			- I	
		4720 If any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	-	year did the foundation (either directly or indirectly):	X No			
			[A] NO			
		v money from, lend money to, or otherwise extend credit to (or accept it from)	X No			
			X No			
		, , , , , , , , , , , , , , , , , , , ,	X No			
		Impensation to, or pay or reimburse the expenses of, a disqualified person?  Logical Yes  er any income or assets to a disqualified person (or make any of either available	. LAAL 110			
		benefit or use of a disqualified person)?	X No			
		to pay money or property to a government official? (Exception. Check "No"				
		oundation agreed to make a grant to or to employ the official for a period after				
			X No			
h		ver is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
Ŭ	•	4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
		ins relying on a current notice regarding disaster assistance check here	<b>▶</b>			
c	•	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
٠		first day of the tax year beginning in 2015?		10		X
2		allure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
		section 4942(j)(3) or 4942(j)(5));				
а	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 201	5? Yes	x X No			
		the years $\blacktriangleright$ ,,,				
b		ny years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation o	f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	/ -			
		see instructions.)	N/A	<u>2b</u>		
C	If the provi	sions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
	<u> </u>	,,,				
3a		ndation hold more than a 2% direct or indirect interest in any business enterprise at any time	s X No			
	during the	<del></del>				
b		I it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after				
		169; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	hose	}		
	-	s acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	N/A	Зь		
4-		0, to determine if the foundation had excess business holdings in 2015) Indation invest during the year any amount in a manner that would jeopardize its charitable purposes?	** ( **	4a		X
		indation mixest during the year any amount in a mariner that would jeopardize its charitable purpose indation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	that	<b>-</b>		<del></del>
U		en removed from jeopardy before the first day of the tax year beginning in 2015?		46		x
		, , , , , , , , , , , , , , , , , , , ,	Fo		0-PF	(2015)

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Form 990-PF (2015) MADMONE, INC.			47-51311	03 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y	es 🗓 No	1 1
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,	}	} }
any voter registration drive?		Y	es 🗓 No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No	[ ]
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1 1
4945(d)(4)(A)? (see instructions)			es X No	} }
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			1 1
the prevention of cruelty to children or animals?	, , , , , , , ,		es X No	<b>1</b>
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-	der the excentions described i			1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		1 1
expenditure responsibility for the grant?			es 🔲 No	1 1
If "Yes," attach the statement required by Regulations section 53 494		.,		} }
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				1 1
a personal benefit contract?	pay premiums on		es X No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	versional hanefit contract?	السلا		6b X
	sersonal peneur contract.		<u> </u>	
If "Yes" to 6b, file Form 8870	shalter transportion?	v	es X No	1 }
7a At any time during the tax year, was the foundation a party to a prohibited tax s		٠, ١٠		7b
b If "Yes," did the foundation receive any proceeds or have any net income attributed and the foundation About Officers, Directors, Trust		nagare Highl		70 1
Paid Employees, and Contractors	ees, roundation wa	mayers, mym	y	
List all officers, directors, trustees, foundation managers and their	compensation.			<del></del>
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	i and deterred i	account, other allowances
MARK F. O'NEIL	DIRECTOR/PRES		compensation	anowanico
453 RIVERGATE DRIVE		122111	}	
RICHMOND, VA 23238	0.00	0.	0.	0.
	DIRECTOR/VICE			<del></del>
453 RIVERGATE DRIVE	DIRECTOR, VICE	TREDIDEN		
RICHMOND, VA 23238	0.00	o.	0.	0.
	DIRECTOR/TREA	1		<del></del>
19 PATCHOGUE HOLBROOK ROAD	DIRECTOR/IREA	BOKEK/ DEC	KEIAKI	
RONKONKOMA, NY 11779	0.00	0.	0.	0.
KONKONKOMA, NI 11775	0.00	ļ	<del>-</del>	<u></u>
	}	ł	1	
<del> </del>		1		
Compensation of five highest-paid employees (other than those inc	luded on line 1) If none.	enter "NONE."	L	
		1	(d) Contributions to	(e) Expense account, other
(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 deterred compensation	account, other allowances
NONE	devoted to position	<del> </del>	compensation	anowanees
NONE		[		
		<del> </del>	<del> </del>	
		l		
	<del> </del>	<del> </del>	<del> </del>	
		ł	}	
	<del></del>	<del> </del>		
		j	1	
	<del> </del>	<del> </del>	<del> </del>	
	}	Ì		
Fuel number of other ampleyees send over \$50,000	<u> </u>	L	<u> </u>	
Total number of other employees paid over \$50,000		<del> </del>	Corm	990-PF (2015)
			rorm	<b>ラブレード (</b> 2015)

Form 990-PF (2015) MADMONE, INC.	47-	5131103 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Nation Paid Employees, and Contractors (continued)	lanagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	u	
(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		• 0
Part IX-A   Summary of Direct Charitable Activities	<del></del>	- <del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 at 1 N/A	nd 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0 • Form <b>990-PF</b> (2015)
		rorm <b>990-PF</b> (2015)

For	rm 990-PF (2015) MADMONE, INC.	47-5131103	Page 8
P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	<del></del>	
	Average monthly fair market value of securities	1a 1,822	760.
	Average of monthly cash balances	1a 1,822, 1b 1,173,	230.
	Fair market value of all other assets	10	
	Total (add lines 1a, b, and c)	1d 2,995	990.
	Reduction claimed for blockage or other factors reported on lines 1a and		, = = -
٠	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 2,995	990.
-	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		940.
4	, •	5 2,951	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4  Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD		022.
습			, 022.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	o certain	
1	Minimum investment return from Part X, line 6	1 40,	022.
	Tax on investment income for 2015 from Part VI, line 5	<del></del>	
	income tax for 2015. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c 41,	225.
3	Distributable amount before adjustments, Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	<del>0.</del>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
	art VIII	<del></del>	<u></u>
<u> </u>	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gitts, etc total from Part I, column (d), line 26	1a 9,	500.
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 9,	500.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 9,	500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies for the section	
	4940(e) reduction of tax in those years.	<del>.</del>	
_		Form <b>990-F</b>	F (2015)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	<del></del>	- <del></del>		
line 7				0.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2015:				
aFrom 2010	ĺ			•
b From 2011	[			
c From 2012				
dFrom 2013				
eFrom 2014				
f Total of lines 3a through e	0.		_	
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$9,500.	J			i
a Applied to 2014, but not more than line 2a	ļ		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	9,500.			
5 Excess distributions carryover applied to 2015 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,500.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	j	0.		
c Enter the amount of prior years'	<del></del>		<del> </del>	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	<b>\</b>	0.		
e Undistributed income for 2014. Subtract line				<del></del>
4a from line 2a. Taxable amount - see instr.	ļ		0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of	<del></del>			<u></u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	<del></del>			
not applied on line 5 or line 7	0.	ì		
9 Excess distributions carryover to 2016.				<del></del>
Subtract lines 7 and 8 from line 6a	9,500.	į		1
10 Analysis of line 9:			<del></del>	
a Excess from 2011	}			
b Excess from 2012	Ì			
c Excess from 2013	ł			
d Excess from 2014	ľ			
e Excess from 2015 9,500.	l			ı
<del></del>				Farm 000 DE (0015)

orm 990-PF (2015) MADMONE	, INC.				L31103 Page 10
Part XIV Private Operating F			<del></del>	N/A	
1 a If the foundation has received a ruling o			)		
foundation, and the ruling is effective fo	· ·	•	▶	<del>,</del>	
<b>b</b> Check box to indicate whether the found		ing foundation describe		4942(j)(3) or4	942())(5)
2 a Enter the lesser of the adjusted net	Tax year	ļ	Prior 3 years		<u> </u>
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for				1	ļ
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		<u> </u>		<u> </u>	
d Amounts included in line 2c not					
used directly for active conduct of			,		j
exempt activities		1			
e Qualifying distributions made directly					
for active conduct of exempt activities.		1			
Subtract line 2d from line 2c			1		
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;		[	[		ĺ
(1) Value of all assets		1	ľ		
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)			ľ		
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year			1		·
listed		_	_	1	
c "Support" alternative test - enter:					
(1) Total support other than gross		(	1		
investment income (interest,					
dividends, rents, payments on securities loans (section		İ	1		
512(a)(5)), or royalties)					
(2) Support from general public	· · · · · · · · · · · · · · · · · · ·				
and 5 or more exempt		1			
organizations as provided in section 4942(j)(3)(B)(iii)		}	· ·		
(3) Largest amount of support from					
an exempt organization			ji		1
(4) Gross investment income			1		
Part XV   Supplementary Info	rmation (Compl	ete this part only	y if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see inst	tructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total co	ntributions received by the	e foundation before the cl	ose of any tax
year (but only if they have contributed n	nore than \$5,000). (See	section 507(d)(2).)			
MARK F. O'NEIL					<del></del>
<ul> <li>List any managers of the foundation who other entity) of which the foundation has</li> </ul>			n (or an equally large port	ion of the ownership of a j	partnership or
***	s a 10% of greater inter	35L			
NONE		<del></del>		<del></del>	<del></del>
2 Information Regarding Contributi					
Check here X if the foundation of the foundation makes gifts, grants, etc.					
	<del>`</del>		<u></u>		<del></del>
a The name, address, and telephone number	per or e-mail address of	the person to whom app	olications should be addre	sseu.	
b The form in which applications should b	e submitted and inform	ation and materials they	should include.		<del></del>
o The form in which applications should b	e sooniitted and midrin	ation and materials they	andala melade.		
c Any submission deadlines:			<del></del>	<del></del>	
·					
d Any restrictions or limitations on awards	s, such as by geographi	cal areas, charitable field	s, kinds of institutions, or	other factors:	
2260 1124 15					Form 990-PF (2015)

47-5131103 Page 11

Form 990-PF (2015)

MADMONE, INC.

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year HOPE THE PREMIER WAY, INC 501(C)(3) TO SUPPORT CHARITABLE 13040 I 10 SERVICE ROAD NEW ORLEANS, LA 70128 5,000. COLORADO OUTWARD BOUND SCHOOL 501(C)(3) TO SUPPORT CHARITABLE PURPOSE 5161 SHERIDAN BLVD DENVER, CO 80212 2,500. COLLEGIATE SCHOOL 501(C)(3) TO SUPPORT CHARITABLE 103 N. MOORELAND ROAD PURPOSE RICHMOND, VA 23229 2,000. Total **▶** 3a 9,500. **b** Approved for future payment NONE Total **▶** 3b

nter gross amounts unless otherwise indicated.	Unrelated hi	isiness income	Exclude	d by section 512, 513, or 514	/0\
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exemp function income
Program service revenue:	code		code	Aniouni	
<b>a</b>				<del></del>	
b			<del>  </del>		
c			<del>} }-</del>		
d			<del>} }</del>		
e			<del></del>		
f			<del> </del>		
g Fees and contracts from government agencies		<del> </del>			
Membership dues and assessments					
Interest on savings and temporary cash					
investments	523000	18.		112.	<del> </del>
Dividends and interest from securities			14	1,970.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property	523000	-44.	16		
Net rental income or (loss) from personal				}	
property	1		1 1	1	
Other investment income		,			
Gain or (loss) from sales of assets other					
than inventory			18	2,064,340.	
Net income or (loss) from special events		<del></del>			<del></del>
Gross profit or (loss) from sales of inventory					<del></del>
Other revenue	<del>  </del>				
a FROM K-1 - ENERGY			} }	+	
b TRANSFER PARTNERS, LP	523000	-3,760.	01	0.1	
^			<del>  </del>		
d			<del>  -</del>		<del></del>
0 	<del> </del>	·	<del>  -</del>		<del></del>
Subtotal. Add columns (b), (d), and (e)	<del> </del>	-3,786.	<del>  -</del>	2,066,422.	<del></del>
Subtotal. Add Columns (b), (d), and (e)	<del></del>	3,700.	<del></del>	13	2,062,63
				[3	2,002,0
Total. Add line 12, columns (b), (d), and (e)	\				
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculatio					
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculatio  art XVI-B Relationship of Activiti		olishment of Ex	empt	Purposes	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculatio art XVI-B  Relationship of Activiti	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activitione No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activitione No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activitione No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activitions No.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities.  Explain below how each activity for which	ies to the Accomp	lumn (e) of Part XVI-A			lishment of

ın section	501(c) of the Code (other than section 501(c			LIYes L∡S⊾INo	
b If "Yes," co	implete the following schedule.				
	(a) Name of organization	(b) Type of organization	(	c) Description of rel	ationship
	N/A				
Sign and be	penalties of perury, I declare that I have examined the plat, it is true, correct, and complete Declaration of pure the penalties of officer or trustee			has any knowledge	May the IRS discuss this return with the preparer shown below (see instr.)?  Yes No
<del>-</del>	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN
Paid Preparer Use Only	BETH P. BRADBERRY  Firm's name ► ROSELINE TAX	<del></del>	10/26/16	Firm's EIN ▶ 20	P00622198 0-3565336
	Firm's address > 140 VIRGIN RICHMOND, N	Phone no. 804	1-545-7440		
					Form <b>990-PF</b> (2015)

## 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, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

MA	ADMONE, INC.	47-5131103						
Organization type (check one)								
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
General Rule  X For an organization	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and in Special Rule and a Special Rule and I Specia	ş \$5,000 or more (ın money or						
Special Rules								
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour line 1. Complete Parts I and II	or 16b, and that received from						
year, total contribu	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.							
year, contributions is checked, enter h purpose Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material that the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it a, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , chantable, etc ,						
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

	NE, INC.		47-5131103
Part I	Contributors (see instructions). Use duplicate copies of Part	if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1	MARK F O'NEIL  453 RIVERGATE DRIVE  RICHMOND, VA 23238	\$\$\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

MADMONE, INC.

47-5131103

onal space is needed	
(c) FMV (or estimate) (see instructions)	(d) Date received
2,950,773.	09/28/15
(c) FMV (or estimate) (see instructions)	(d) Date received
(c) FMV (or estimate) (see instructions)	(d) Date received
(c) FMV (or estimate) (see instructions)	(d) Date received
(c) FMV (or estimate) (see instructions)	(d) Date received
(c) FMV (or estimate) (see instructions)	(d) Date received
	FMV (or estimate)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number MADMONE, 47-5131103 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this into once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part i (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

523454 10-26-15

FORM 990-PF INTERE	ST ON SAVING	GS AND TEMPOR	ARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A) REVENUE PER BOOK		NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM	₹.
FLOWTHROUGH INTEREST PARTNERSHIP WELLS FARGO	75. 55.		57. 55. 112.				
TOTAL TO PART I, LINE 3							
FORM 990-PF	DIVIDENDS	AND INTEREST	FROI	M SECUR	ITIES	STATEMENT	 
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	RE	VENUE	NET INVES	(C) ST- ADJUSTI OME NET INCO	
FLOW-THROUGH DIVIDENDS/INTEREST WELLS FARGO	61. 1,909.	0.		61. 1,909.	6 1,90	51. 09.	
TO PART I, LINE 4	1,970.	0.		1,970.	1,97	70.	
FORM 990-PF		RENTAL INCOM	E			STATEMENT	3
KIND AND LOCATION OF	F PROPERTY				ACTIVITY NUMBER		OME
FLOWTHROUGH RENTAL I	RTNERSHIP			1	-4	14.	
TOTAL TO FORM 990-PI	F, PART I, I	INE 5A				- 4	14.

FORM 990-PF	OTHER I	NCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED
FROM K-1 - ENERGY TRANSFER PARTNERS, LP		-3,760.	0	•
TOTAL TO FORM 990-PF, PART I	, LINE 11 ==	-3,760.	0	•
FORM 990-PF	LEGAL	FEES		STATEMENT 5
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE E PURPOSES
LEGAL FEES	5,000.	5,000	•	0.
TO FM 990-PF, PG 1, LN 16A	5,000.	5,000	•	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	
WILL OF THE CO. T.	125	135.	<del></del>	0.
WELLS FARGO ADVISORY FEES	135.	133	•	•••
WELLS FARGO ADVISORY FEES PASSTHROUGH EXPENSE FROM PARTNERSHIP	135.	133.		0.
PASSTHROUGH EXPENSE FROM				
PASSTHROUGH EXPENSE FROM PARTNERSHIP	1.	136		0.
PASSTHROUGH EXPENSE FROM PARTNERSHIP  TO FORM 990-PF, PG 1, LN 23	136.	136. E STOCK		0.
PASSTHROUGH EXPENSE FROM PARTNERSHIP  TO FORM 990-PF, PG 1, LN 23  FORM 990-PF	136.	136. E STOCK		0. 0. STATEMENT 7 FAIR MARKET

\*MADMONE, INC. 47-5131103

•			
FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	8
NAME OF CONTRIBUTOR	ADDRESS		
MARK F. O'NEIL	453 RIVERGATE DRIVE RICHMOND, VA 23238		
MONIQUE C. O'NEIL	453 RIVERGATE DRIVE RICHMOND, VA 23238		