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## Form **990-PF**

#### **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. about Form 990-PF and its senarate instructions is at www.irs.gov/form990nf OMB No 1545-0052

Department of the Treasury

1111	SINAI P	Revenue Service Information about Form					cir to r ubite inspection
		endar year 2015 or tax year beginning	10	/14 <b>, 2015</b> ,	and ending		12/31, 2015
Ν	ame c	of foundation				A Employer identifi	cation number
MAO FAMILY FOUNDATION					47-5355593	3	
N	umbe	r and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telephone number	er (see instructions)
						(80	0) 839-1754
1	FOUN	NDATION SOURCE 501 SILVERSIDE	RD		123	, , , ,	
		town, state or province, country, and ZIP or foreign pos				1	
_	-,	, p	**			C If exemption applica	tion is
	WTT.	ATNOTON DE 10000.1277				pending, check here	▶ △
		4INGTON, DE 19809-1377	و حديثهما المبايرول	of a former -	ublio obositi		
ی	Спе	ck all that apply X Initial return	Initial return o	-	uplic charity		
		Final return	Amended ret			2 Foreign organizat 85% test, check h	
		Address change	Name change			computation .	
ዟ	Che	ck type of organization X Section 501(	c <u>)(3)</u> exempt private fo	oundation		E If private foundation	status was terminated
	S	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri	vate founda	tion		)(1)(A), check here .
1	Fair	market value of all assets at J Acco	unting method X Ca	ashAcc	rual	F If the foundation is	
			ther (specify)				(1)(B), check here
	16)		olumn (d) must be on cas	h basis )			_ <del>_</del>
Р		Analysis of Revenue and Expenses (The	(a) Revenue and	,		-	(d) Disbursements
		total of amounts in columns (b), (c), and (d)	expenses per	(b) Net inve		(c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions) )	books	incon	ie	income	purposes (cash basis only)
7		111	1,000,012.				(535:: 255:5 5:::)/
		Check if the foundation is not required to	1,000,012.				
		attach Sch B	_				-
	3	Interest on savings and temporary cash investments.	1 (07		1 670		
1	4	Dividends and interest from securities	1,687.		1,670.		
	5a	Gross rents		<del></del>			
1	b	Net rental income or (loss)					
일	6a	Net gain or (loss) from sale of assets not on line 10	15,334.				
evenue	b	Gross sales price for all 540, 947.					
اڇ	7	Capital gain net income (from Part IV, line 2)		33	6,446.		
~	8	Net short-term capital gain					
	9	Income modifications					SELVES T
	10 a	Gross sales less returns and allowances				l Kt	LUEIVEU
	h	Less Cost of goods sold .				1	10
-		Gross profit or (loss) (attach schedule)				F. Ar	D 9 5 2016
		Other income (attach schedule)				iii Al	1 2 5 2 4 1 5 1 S
	12	Total. Add lines 1 through 11	1,017,033.	33	8,116.	i L	<u> </u>
┪	13	Compensation of officers, directors, trustees, etc	0.				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ဖွ	14	Other employee salaries and wages		<u> </u>		<u> </u>	····································
uses		, ,	· · · · · · · · · · · · · · · · · · ·				<u> </u>
힝	15 16a b c 17 18 19 20 21	Pension plans, employee benefits					
낆	ıba	Legal fees (attach schedule)					<del>                                     </del>
بة	b	Accounting fees (attach schedule)	188.		188.		<u> </u>
흴	С	Other professional fees (attach schedule).[1]	136.		- 100.		<del> </del>
길	17	Interest				c	<del> </del>
.≅I	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion.					
ġ	20	Occupancy					
9	21	Travel, conferences, and meetings					<u> </u>
a	22	Printing and publications					
힏	23	Other expenses (attach schedule) ATCH .2 .	30.		30.		
Ę	24	Total operating and administrative expenses.					
er:		Add lines 13 through 23	218.		218.		
Ö	23 24 25	Contributions, gifts, grants paid					
_	26	Total expenses and disbursements Add lines 24 and 25	218.		218.	***	0
_	27	Subtract line 26 from line 12					<del></del>
	1	Excess of revenue over expenses and disbursements	1,016,815.				
	ı	Net investment income (if negative, enter -0-)	1,010,013.	3-	37,898.		<u> </u>
	ı	, -		<del>                                     </del>	.,,,,,,,	<u> </u>	<del>                                     </del>
_	<u> ၂</u>	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>			<u> </u>

JSA For Paperwork Reduction Act Notice, see instructions. 5E1410 1 000

Form **990-PF** (2015)

9.26 25

	Attached schedules and amounts in the	Beginning of year	End	of year
Part II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments		104,867.	104,867
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)		<u> </u>	
7	Other notes and loans receivable (attach schedule)			
1	Less allowance for doubtful accounts ▶			
8  S	Inventories for sale or use			
SSetS 9	Prepaid expenses and deferred charges			
	Investments - U S and state government obligations (attach schedule).			
b	Investments - corporate stock (attach schedule) ATCH, 3		911,948.	922,836
	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis			<b>_</b>
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
	Investments - other (attach schedule)			
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)	0.	1,016,815	1,027,703
17	Accounts payable and accrued expenses			
18	Grants payable			
	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons.			
19 20 21	Mortgages and other notes payable (attach schedule)			
≝  <sub>22</sub>	Other liabilities (describe ▶)			
	`			
23	Total liabilities (add lines 17 through 22)	0.	0	
	Foundations that follow SFAS 117, check here ▶			
မွ	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
딕	Foundations that do not follow SFAS 117,			
딘	check here and complete lines 27 through 31.			
Ö 27	Capital stock, trust principal, or current funds			
Net Assets or Fund B: 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Paid-in or capital surplus, or land, bldg , and equipment fund			_
S 29	Retained earnings, accumulated income, endowment, or other funds		1,016,815	
<b>∀</b> 30	Total net assets or fund balances (see instructions)	0.	1,016,815	
2 31	Total liabilities and net assets/fund balances (see		-	
	instructions)	0.	1,016,815	.
	Analysis of Changes in Net Assets or Fund Bala			
	al net assets or fund balances at beginning of year - Part		must agree with	
	I-of-year figure reported on prior year's return)			
2 Ent	er amount from Part I, line 27a		2	1,016,815
			[ '	
	d lines 1, 2, and 3			1,016,815
5 De	creases not included in line 2 (itemize) ▶		5	
6 Tot	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II. column (	b), line 30 6	1,016,815

Pa		and Losses for Tax on Invelored the kind(s) of property sold (		(b) How acquired	(c) Date	(4) D-41-2	
	(a) List and 2-story br	acquired P - Purchase D - Donation	acquired	(d) Date sold (mo , day, yr )			
1a	SEE PART IV SCHEE	D - Donation					
<u>тъ</u>							
С							
d							
<u>e</u>	· · · · · · · · · · · · · · · · · · ·		<del></del>				
	(e) Gross sales price		(h) Gain or (lo (e) plus (f) mini				
<u>a</u>							
<u>b</u>				<del>                                     </del>			
_ <u>c</u> _				<u> </u>			
e							
	Complete only for assets	showing gain in column (h) and owne	ed by the foundation on 12/31/69	(0)	Gains (Col (h) g	ain minus	
(	(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				(k), but not less to Losses (from co	than -0-) <b>or</b>	
а						_	
b							
_ <u>c</u>							
<u>d</u>				<b>-</b>			
<u>e</u>			Dati baran	<del>                                     </del>			
	Capital gain net income of	or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		336,446.	
3		in or (loss) as defined in sections					
	•		tructions) If (loss), enter -0- in			0.	
Da		Inder Section 4940(e) for Re	duced Tax on Net Investment	Income		<u> </u>	
Wa		Toda and part starting	Dutable amount of any year in the l			Yes No	
"-			ar, see the instructions before make	ng any en	tries		
<u> </u>	(a)	(b)	(c)	(d)			
Cal	Base period years lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution r (col (b) divided b		
	2014				· · · · · · · · · · · · · · · · · · ·		
	2013						
	2012						
	2011			<del>                                     </del>			
_	2010		1	<del>                                     </del>			
•	Tatal of loss 4 - advance / d	n		2			
			de the total on line 2 by 5, or by the				
3	<u> </u>	•	ss than 5 years	1 _ 1			
4	Enter the net value of no	ncharitable-use assets for 2015 fi	rom Part X, line 5	4			
5	Multiply line 4 by line 3			5		<del></del>	
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6	· · · · · · · · · · · · · · · · · · ·	-	
7	Add lines 5 and 6			7			
8	Enter qualifying distribution of the second	reater than line 7, check the box	c in Part VI, line 1b, and complete	that part	t using a 1% ta	ax rate. See the	

	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ctions	<u>s)                                    </u>
1a	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 instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		6,7	<u>58.</u>
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J 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			
3	Add lines 1 and 2		6,7	58.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		6,7	58.
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015   6a			
b	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			^
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		6 7	58.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0, 1	56.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities		Vaa	Na
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes	No X
	participate or intervene in any political campaign?	ıa		
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1b		Х
	Instructions for the definition)?	10	_	
	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	1c		Х
	Did the foundation file Form 1120-POL for this year?			
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation  \$	İ		
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
е	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
2	If "Yes," attach a detailed description of the activities			
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		Х
Дa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
-	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or		ļ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	ļ		
	conflict with the state law remain in the governing instrument?	6	X	l
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	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
	DE,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-		1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<del>                                     </del>
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,"			l
	complete Part XIV	9	├	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1	"	
	names and addresses . ATCH. 4	10	N-DE	<u> </u>

Pa	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
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_		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶N/A			
14	The books are in care of ▶ FOUNDATION SOURCE Telephone no ▶ 800-83	9-175	4	
	Located at ► 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ► 19809-	L377		
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		r., -	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authorit	1	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	f		
	the foreign country			
Рa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Τ.	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	NO
1a	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?	İ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(c) the same of th	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	the benefit or use of a disqualified person)?			}
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after			l
	termination of government service, if terminating within 90 days )	-		
ı	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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(	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?	1c		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))			
á	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 X No			
	If "Yes," list the years		<u> </u>	
ı	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 )	<u> 2b</u>	<del> </del>	<del> </del>
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1		
_		ŀ	ļ	
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Ì		
	, , , , , , , , , , , , , , , , , , , ,	-		1
	of "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation of			
	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)		<u> </u>	t'
A	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		†	X
	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?			X

Form 9	990-PF (2015) MAO FAM	ILY FOUNDATION		47-5	355593	Page 6
Par	t VII-B Statements Regarding A	ctivities for Which Form	4720 May Be Req	uired (continued)		
5a	During the year did the foundation pay or inc	cur any amount to		· <del></del>		
	(1) Carry on propaganda, or otherwise atter	mpt to influence legislation (section	on 4945(e))?	. Yes X No		
	(2) Influence the outcome of any specific					
	directly or indirectly, any voter registration					
	(3) Provide a grant to an individual for travel				.	
	(4) Provide a grant to an organization of					
	section 4945(d)(4)(A)? (see instructions).	, , ,	-		.	1
	(5) Provide for any purpose other than r			. — —		
	purposes, or for the prevention of cruelty	•	• •		,	
b	If any answer is "Yes" to 5a(1)-(5), did a				.	
-	Regulations section 53 4945 or in a current r	_			5b	ļ
	Organizations relying on a current notice rec					$\neg$
С	If the answer is "Yes" to question 5a(4),	=       =			<u>'</u>	
٠	because it maintained expenditure responsit		•		.	
	If "Yes," attach the statement required by Reg	· ·				
6a	Did the foundation, during the year, rece	-	rectly to nay premilir	me		
va					.	
b	on a personal benefit contract?  Did the foundation, during the year, pay pre				6ь	l x
U	If "Yes" to 6b, file Form 8870	mums, unectty of munectly, on a	personal benefit contra	act		<del></del>
7a	At any time during the tax year, was the fou	undation a party to a prohibited ta	v chalter transaction?	Vos X No		
	If "Yes," did the foundation receive any proc				1 1	
	rt VIII Information About Officers	-				
	and Contractors		_			
1	List all officers, directors, trustees, for	undation managers and thei		instructions). (d) Contributions to		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense other alk	e account, owances
		devoted to position	enter-0-j	and deferred compensation		
ATC	н 5		0.			0.
	· · · · · · · · · · · · · · · · · · ·					
	Compensation of five highest-paid e	mployees (other than tho	ı se included on lin	e 1 - see instruction	ons). If no	ne. enter
	"NONE."				·····	,
		(b) Title, and average	4.1.0	(d) Contributions to employee benefit	(e) Expens	e account.
(a)	Name and address of each employee paid more that	an \$50,000 hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all	
				Compensation		
	NONE					
	NONE					
					-	
	- · · · · · · · · · · · · · · · · · · ·	<del></del>				
				<del> </del>		
		<del></del>				
		<del></del> [				
Tete	I number of other employees need ever	L	L			
iota	I number of other employees paid over \$	500,000	<u> </u>			) DE

47-5355593 MAO FAMILY FOUNDATION Form 990-PF (2015) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 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 0. Total number of others receiving over \$50,000 for professional services. 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 Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc 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

Form 990-PF (2015)

3 NONE

Total. Add lines 1 through 3.

All other program-related investments. See instructions

Pari	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	307,612.
b	Average of monthly cash balances	1b	17,478.
С	Fair market value of all other assets (see instructions)	1c	
d		1d	325,090.
е			
	1c (attach detailed explanation)	<b>」</b>	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	325,090.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4,876.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	320,214.
6	Minimum investment return. Enter 5% of line 5	6	3,465.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	3,465.
	Tax on investment income for 2015 from Part VI, line 5		
- b	Income tax for 2015 (This does not include the tax from Part VI).	]	
c		2c	6,758.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	-3,293.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		-3,293.
6	Deduction from distributable amount (see instructions).		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
-	line 1	1 1	
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B	1b	
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		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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)		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years		ether the foundation

Рa	art XIII Undistributed Income (see instructions)									
_		(a)	(b)	(c)	(d)					
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015					
	line 7				0.					
2	Undistributed income, if any, as of the end of 2015									
а	Enter amount for 2014 only									
b	Total for pnor years 20_13 ,20_12 ,20_11									
3	Excess distributions carryover, if any, to 2015									
а	From 2010									
b	From 2011									
С	From 2012									
d	From 2013									
е	From 2014									
f	Total of lines 3a through e									
4	Qualifying distributions for 2015 from Part XII,									
	line 4 ▶ \$									
а	Applied to 2014, but not more than line 2a									
b	Applied to undistributed income of prior years									
	(Election required - see instructions)									
С	Treated as distributions out of corpus (Election									
	required - see instructions)									
	Applied to 2015 distributable amount									
	Remaining amount distributed out of corpus									
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:									
_										
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				<del>.</del>					
b	Prior years' undistributed income Subtract									
С	line 4b from line 2b	-			· - · · · · · · · · · · · · · · · · · ·					
	income for which a notice of deficiency has									
	been issued, or on which the section 4942(a) tax has been previously assessed									
	Subtract line 6c from line 6b Taxable			ï						
	amount - see instructions									
е	Undistributed income for 2014 Subtract line			1-10						
	4a from line 2a Taxable amount - see instructions									
7	Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be									
	distributed in 2016									
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)									
9	Excess distributions carryover to 2016.	0.								
	Subtract lines 7 and 8 from line 6a	ļ								
	Analysis of line 9									
	Excess from 2011	}								
	Excess from 2012									
	Excess from 2013									
	d Excess from 2014	1								
	Excess from 2015	l .	L	1	l					

Form	990-PF (2015)	MAO FAMIL	Y FOUNDATION			47-53	355593 Page <b>10</b>
Pa	rt XIV Private Ope	erating Foundations	s (see instructions a	nd Part VII-A, questi	on 9)		NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private opera	ating		
	foundation, and the ruling	g is effective for 2015, e	nter the date of the ruling		▶∟		
b	Check box to indicate v		is a private operating		section	4942(j)(3	or4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	т		(e) Total
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 20	012	
b	85% of line 2a						
	Qualifying distributions from Part XII, line 4 for each year listed						
đ	Amounts included in line 2c not used directly for active conduct of exempt activities						
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c						
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter						
	(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
D	"Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X, line 6 for each year listed			:			
С	"Support alternative test - enter  (1) Total support other than gross investment income (interest, dividends, rents, payments on secunties loans (section 512(a)(5)), or royalties).						
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942 (i)(3)(B)(III)						
	(3) Largest amount of sup- port from an exempt organization						<del>.</del>
Pa		l ntary Information ( uring the year - see		only if the founda	tion had \$	5,000 or r	nore in assets at
1	Information Regardin	g Foundation Manage	rs:				
а	•	tax year (but only if th	have contributed mo ney have contributed	re than 2% of the tota more than \$5,000) (S	al contributi ee section 5	ons received 07(d)(2))	d by the foundation
	CONSTANCE M		400/		<del> </del>		
D				or the stock of a corp n has a 10% or greater		an equally I	arge portion of the
_	N/A Information Regardin	- C	Oit I Oit -	Lin ata Danier			
2	Check here ► X if to unsolicited requests for	he foundation only	makes contributions lation makes gifts, gi	nip, etc., Programs: to preselected char ants, etc (see instruc	itable organitions) to inc	nizations and dividuals or	d does not accep organizations unde
a	The name, address, a			the person to whom ap	pplications sh	ould be addre	essed

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.

3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
				ļ.
				1
		!		
				ļ
	İ			
Total		<u> </u>	▶ 3a	
Total		<del></del>		<u> </u>
<b>b</b> Approved for future payment				
			1	
				1
		1		
	<u> </u>	1	1	<del> </del>
Total				) [

**Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a		· · · · · · · · · · · · · · · · · · ·			
b					
c					
d					
e					
f		<del>.</del>			
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	1,687.	
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.	1				
	L				
7 Other investment income			18	15,334.	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · ·
			-		
b					· <u> </u>
d					
d					
12 Subtotal Add columns (b), (d), and (e)				17,021.	<del></del>
		<u> </u>			<del></del>
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc					
Line No. Explain below how each activit accomplishment of the foundation					
					<u> </u>
					<u></u>
				· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	<del></del>
					<del></del>
				<del></del>	
	<u> </u>				
				<u></u>	
				<del></del>	

	YVII	Information R	egarding Tr	ILY FOUNDATION  ansfers To and Transa	ctions a	47-535 and Relationships With Non			ge 13 B
1	Did th	Exempt Organization direct		engage in any of the follow	ving with	any other organization described		Yes	No
			-	• - •	_	n section 527, relating to political			
	organ	izations?							
		•	-	a noncharitable exempt or	_				
							,		X
							1a(2)		X
_		transactions					l		v
	(1) 58	ales of assets to a no	oncharitable exe	empt organization			16(1)	_	X
									X
									x
									X
									х
									х
						Column (b) should always show		fair m	arke
						on If the foundation received less			
	value	in any transaction of	r sharing arran	gement, show in column (c	) the valu	ue of the goods, other assets, or s	ervice	s rec	eived
(a) Lii	ne no	(b) Amount involved	(c) Name of	noncharitable exempt organization	<u>-</u>	Description of transfers, transactions, and sha	aring arra	ngeme	nts
		N/A			N/F	<i>A</i>			
		- <del></del>	<del> </del>						
		· · · · · · · · · · · · · · · · · · ·	<del></del>			<del></del>			
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						<u> </u>		_	
		··		<del></del>					
			L			- <del></del>			
		-	-			nore tax-exempt organizations	$\Box$	es [X	٦.,,
		s," complete the follo		other than section 501(c)(3))	or in seci	tion 52/7	· ·	es <u> </u>	7 1/10
	II re:	(a) Name of organizatio		(b) Type of organization		(c) Description of relation	ship		—
	_		<del>.</del>			· · · · · · · · · · · · · · · · · · ·	<del>'</del>		
		<del></del>	··········		<del></del> -				
				ined this return, including accompanyin taxpayer) is based on all information of wh		and statements, and to the best of my knowled has any knowledge	ge and I	pelief, it	is true
Sign							S discus	s this	return
Here	<u>۔ ا</u> د	المستنب المستنب	<u> </u>	4/14/2016	2 <b>P</b> PY	with the p	reparer	shown	below
	⁻ Sıg	nature of officer or trustee		Date	Litle	(see instruction	ns)?   X	Yes	No

NY

Preparer's signature

JEFFREY D HASKELL

8008391754 Form 990-PF (2015)

(see instructions)? X Yes

Check If PTIN

Firm's EIN ► 510398347

04/14/2016 self-employed P01345770

Phone no

Date

11042

Paid

Preparer

**Use Only** 

Firm's name

Firm's address

Print/Type preparer's name

JEFFREY D HASKELL

▶ FOUNDATION SOURCE

LAKE SUCCESS,

▶ ONE HOLLOW LN, STE 212

#### Schedule B

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

Name of the organization

#### 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 irs gov/form990.

OMB No 1545-0047

Employer identification number

MAO FAMILY FOUNDAT	ON		47-5355593							
Organization type (check o	ne)									
Filers of:	Section:									
Form 990 or 990-EZ	501(c)( ) (enter number) organization									
	4947(a)(1) nonexempt charitat	ble trust not treated as a private fou	indation							
	527 political organization									
Form 990-PF	X 501(c)(3) exempt private found	dation								
	4947(a)(1) nonexempt charital	ble trust treated as a private foundat	tion							
	501(c)(3) taxable private found	dation								
General Rule  X For an organizati	(7), (8), or (10) organization can check book on filing Form 990, 990-EZ, or 990-PF that y or property) from any one contributor Contributions	at received, during the year, contribu	utions totaling \$5,000							
Special Rules										
regulations unde 13, 16a, or 16b,	on described in section 501(c)(3) filing For sections 509(a)(1) and 170(b)(1)(A)(vi), t and that received from any one contributor of the amount on (i) Form 990, Part VIII,	that checked Schedule A (Form 990 or, during the year, total contributions	or 990-EZ), Part II, line s of the greater of (1)							
contributor, duri	on described in section 501(c)(7), (8), or (g the year, total contributions of more that tional purposes, or for the prevention of cr	an \$1,000 exclusively for religious, ch	naritable, scientific,							
contributor, during contributions total during the year for General Rule aptotaling \$5,000 contributors.	on described in section 501(c)(7), (8), or (g the year, contributions exclusively for relied more than \$1,000. If this box is checker an exclusively religious, charitable, etc., olies to this organization because it receive it more during the year	eligious, charitable, etc., purposes, but ed, enter here the total contributions purpose. Do not complete any of the ed nonexclusively religious, charitable	ut no such s that were received e parts unless the e, etc , contributions							
	at is not covered by the General Rule and nust answer "No" on Part IV, line 2, of 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)

Employer identification number 47-5355593

Part I	Contributors (see instructions) Use duplicate cop	ies of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	MAO, CONSTANCE  4111 EAST MADISON ST, PMB 358  SEATTLE, WA 98112	\$\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization MAO FAMILY FOUNDATION

Employer identification number 47-5355593

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

raitii	Noncasi i Toperty (see instructions) Ose duplicate copies	or rattir ir additional space is nee	<u>ucu.</u>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ALPHABET INC CL C GOOG, 50.00000000 SH.	\$\$	12/21/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	AMAZON COM AMZN, 100.00000000 SH.		12/21/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	APPLE INC AAPL, 1000.0000000 SH.	<b>\$</b>	12/21/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	BLACKROCK INC BLK, 200.00000000 SH.	\$\$.	12/21/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	CHEVRON CORP CVX, 1500.00000000 SH.	\$\$.	12/21/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	COMCAST CORP CMCSA, 500.00000000 SH.	\$\$.	12/21/2015

Name of organization MAO FAMILY FOUNDATION

Employer identification number 47-5355593

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CORNING INC		
1	GLW, 7000.00000000 SH.		
		<b>\$</b> 126,350.	12/21/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	GENERAL MILLS INC		
1	GIS, 1500.00000000 SH.		
		<b>\$</b> 85,793.	12/21/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	HALYARD HEALTH, INC		
1	HYH, 250.0000000 SH.		
		<b>\$</b> 8,368.	12/21/2015
			i
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_	LAS VEGAS SANDS CORP		<u> </u>
1	LVS, 1510.00000000 SH.		
	LVS, 1310.00000000 SH.	<del></del>	
		63 345	12/21/2015
		<b>\$</b> 63,345.	12/21/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	MONDETEZ TNEEDNATIONAT INC		
1	MONDELEZ INTERNATIONAL INC	_	
1	MONDELEZ INTERNATIONAL INC MDLZ, 1000.00000000 SH.		
1			12/21/2015
1		\$\$	12/21/2015
(a) No. from Part I		\$ 43,940.  (c)  FMV (or estimate) (see instructions)	12/21/2015 (d) Date received
(a) No.	MDLZ, 1000.00000000 SH.	(c) FMV (or estimate)	(d)
(a) No. from Part I	MDLZ, 1000.00000000 SH.  (b)  Description of noncash property given	(c) FMV (or estimate)	(d)
(a) No.	MDLZ, 1000.00000000 SH.  (b)  Description of noncash property given  SPLUNK INC	(c) FMV (or estimate)	(d)
(a) No. from Part I	MDLZ, 1000.00000000 SH.  (b)  Description of noncash property given  SPLUNK INC	(c) FMV (or estimate)	(d)

Name of organization MAO FAMILY FOUNDATION

Employer identification number

47-5355593

Part II	Noncash Property (see instructions)	Use duplicate copies of Part II is	f additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	EATON VANCE NATIONAL MUNI FD CL I EIHMX, 1875.00000000 SH.		
		\$18,656.	12/21/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
:		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<del></del>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	(Form 990, 990-EZ, or 990-PF) (2015) rganization MAO FAMILY FOUNDATION			Employer identification number
	gamenta MAO TANTIII TOUNDATION			47-5355593
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year (Enter this in	one contributor. On till, enter the total of formation once.	complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	· · · · ·	(d) Description of how gift is held
		(e) Transi	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship 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) Transi	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship 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) Trans	fer of gift	<u> </u>
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee
<del></del>				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Trans	fer of gift	I
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
		<del></del>		

47-5355593

ATTACHMENT 1

FEE
PROFESSIONAL
OTHER
- '
⊣∥
ART
PA
990PF, PA

	NET	INVESTMENT	INCOME	188.	188.
REVENUE	AND	EXPENSES	PER BOOKS	188.	188.
				INVESTMENT MANAGEMENT SERVICES	TOTALS
			DESCRIPTION	INVESTMENT MANA	

47-5355593

ATTACHMENT 2

PART I - OTHER EXPENSES FORM 990PF,

DESCRIPTION BANK CHARGES

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

30.

TOTALS

30.

30.

ATTACHMENT 2

FORM 990PF, PART II - CORPORATE STOCK

47-5355593

ATTACHMENT 3

		MOX	SA.	H			!	BON			FUN	
DESCRIPTION	ALPHABET INC CL C AMAZON COM	ANGEL OAK MULTI-STRATEGY INCOM APPLE INC	CORNING INC FATON VANCE RCHRD BRSTN ASS	WORLD WIDE H	EXXON MOBIL CORP GENERAL ELECTRIC CO	GENERAL MILLS INC	HALYARD HEALTH, INC	RAINED	LAS VEGAS SANDS CORF MONDELEZ INTERNATIONAL INC	SPLUNK INC	ATING RATE	WELLS FARGO & CO

TOTALS

ENDING <u>FMV</u>	7,94	4,07	9,90	2,63	1,07	8,2	4,84	9,74	50,022.	6,77	6,72	1,89	35	06'6	3,84	4,84	8,80	9,81	0	3,48	922,836.
ENDING BOOK VALUE	7,25	3,15	0,54	3,23	8,79	8,05	4,14	06 6	49,900.	7,24	6,45	1,47	8,36	06'6	1,95	3,94	4,0	06'6	90	3,8	911,948.

# MAO FAMILY FOUNDATION 47-5355593 FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	Property	NS AND LC	JOSES FUI	X IAX UN	INAESTI	VIE P	EN LINCOIVI	Coto cold
Kind of I	Property		or D	acquired	Date sold			
Gross sale price less	Depreciation allowed/	Cost or other	I FMV	Adı basıs	Excess of FMV over		Gain or	
expenses of sale	allowable	basis	as of 12/31/69	as of 12/31/69	adı basıs		(loss)	
540,947.		PUBLICLY-TR. 204,501.					336,446.	
TOTAL GAIN(L	oss)			•••••			336,446.	
:								
	L					Ш		

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

MAO, CONSTANCE 4111 EAST MADISON ST, PMB 358 SEATTLE, WA 98112

ATTACHMENT 4

47-5355593

ATTACHMENT 5	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	.0	0.
	COMPENSATION	.0	0
ERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRES / DIR / SEC / TREAS 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	CONSTANCE MAO FOUNDATION SOURCE 501 SILVERSIDE RD 123 WILMINGTON, DE 19809-1377	