Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052
2016
Open to Public Inspection

For calendar year 2016 or tax year beginning , 2016, and ending ,

Name of foundation
THE COMPASS FUND

A Employer identification number
04-3366745

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

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

City or town, state or province, country, and ZIP or foreign postal code
KINGSTON NH 03848-0156

C If exemption application is pending, check here ► ☐

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

D 1 Foreign organizations, check here ► ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ► ☐

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

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

I Fair market value of all assets at end of year (from Part II, column (c), line 16) ► $ 2,236,459.

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

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

SCANNED MAY 24 2017

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE				
1 Contributions, gifts, grants, etc , received (attach schedule)	105,577.			
2 Check ► ☐ if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	24,790.	24,790.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	83,229.	L-6a Stmt		
b Gross sales price for all assets on line 6a 674,713.				
7 Capital gain net income (from Part IV, line 2)		83,229.		
8 Net short-term capital gain			7,165.	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule) See Line 11 Stmt	52,057.	-31,602.		
12 **Total** Add lines 1 through 11	265,653.	76,417.	7,165.	
OPERATING AND ADMINISTRATIVE EXPENSES				
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach sch) L-16b Stmt	4,268.	4,268.		
c Other professional fees (attach sch) L-16c Stmt	20,678.	20,678.		
17 Interest				
18 Taxes (attach schedule)(see instrs) FOREIGN TAXES PAID	234.	234.		
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) STATE FILING FEE	75.			75.
24 **Total operating and administrative expenses** Add lines 13 through 23	25,255.	25,180.		75.
25 Contributions, gifts, grants paid	112,000.			112,000.
26 **Total expenses and disbursements** Add lines 24 and 25	137,255.	25,180.		112,075.
27 Subtract line 26 from line 12				
a **Excess of revenue over expenses and disbursements**	128,398.			
b **Net investment income** (if negative, enter -0-)		51,237.		
c **Adjusted net income** (if negative, enter -0-)			7,165.	

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Part II Balance Sheets

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

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	56,274.	8,988.	8,988.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) ►			
		Less allowance for doubtful accounts ►			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments — U S and state government obligations (attach schedule) L-10a Stmt	23,058.	12,816.	12,184.
	b	Investments — corporate stock (attach schedule) L-10b Stmt	1,608,592.	1,813,214.	2,134,156.
	c	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ►			
	12	Investments — mortgage loans			
	13	Investments — other (attach schedule) L-13 Stmt	49,792.	57,495.	81,131.
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ►			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	1,737,716.	1,892,513.	2,236,459.
LIABILITIES	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)			
NET ASSETS OR FUND BALANCES		**Foundations that follow SFAS 117, check here ► ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ► [X] and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	1,737,716.	1,892,513.	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	1,737,716.	1,892,513.	
	31	Total liabilities and net assets/fund balances (see instructions)	1,737,716.	1,892,513.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,737,716.
2	Enter amount from Part I, line 27a	2	128,398.
3	Other increases not included in line 2 (itemize) ► UNREALIZED GAIN ON INVESTMENTS	3	26,399.
4	Add lines 1, 2, and 3	4	1,892,513.
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	1,892,513.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	SHORT-TERM COVERED SECURITIES (SEE ATTACHED PDF)	P	01/01/16	12/31/16
b	LONG-TERM COVERED SECURITIES (SEE ATTACHED PDF)	P	12/31/15	12/31/16
c	SHORT-TERM NONCOVERED SECURITIES (SEE ATTACHED PDF)	P	01/01/16	12/31/16
d	LONG-TERM NONCOVERED SECURITIES (SEE ATTACHED PDF)	P	12/31/15	12/31/16
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	224,256.		217,995.	6,261.
b	316,662.		295,927.	20,735.
c	8,595.		7,691.	904.
d	125,200.		69,871.	55,329.
e				

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

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				6,261.
b				20,735.
c				904.
d				55,329.
e				

2	Capital gain net income or (net capital loss) . . . . If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 . . .	2	83,229.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . .	3	7,165.

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	117,452.	2,291,420.	0.051257
2014	56,075.	2,356,473.	0.023796
2013	62,075.	1,472,909.	0.042144
2012	54,317.	1,186,529.	0.045778
2011	53,650.	1,096,964.	0.048908

2	**Total** of line 1, column (d) . . .	2	0.211883
3	Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . .	3	0.042377
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 . . .	4	2,042,670.
5	Multiply line 4 by line 3 . . .	5	86,562.
6	Enter 1% of net investment income (1% of Part I, line 27b) . . .	6	512.
7	Add lines 5 and 6 . . .	7	87,074.
8	Enter qualifying distributions from Part XII, line 4 . . .	8	112,075.

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

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

1 a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter 'N/A' on line 1 Date of ruling or determination letter _______ (attach copy of letter if necessary — see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ☒ and enter 1% of Part I, line 27b	1	512.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0.
3	Add lines 1 and 2	3	512.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	512.
6	Credits/Payments		
a	2016 estimated tax pmts and 2015 overpayment credited to 2016 — 6 a: 0.		
b	Exempt foreign organizations — tax withheld at source — 6 b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6 c: 512.		
d	Backup withholding erroneously withheld — 6 d:		
7	Total credits and payments Add lines 6a through 6d	7	512.
8	Enter any **penalty** for underpayment of estimated tax Check here ☒ if Form 2220 is attached	8	0.
9	**Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ►	9	0.
10	**Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ►	10	0.
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ► **Refunded** ►	11	

Part VII-A Statements Regarding Activities

			Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b		X
	*If the answer is 'Yes' to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. **(1)** On the foundation ► $ **(2)** On foundation managers ► $			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► $			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If 'Yes,' attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes*	3		X
4 a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4 a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If 'Yes,' attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If 'Yes,' complete Part II, col (c), and Part XV*	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► NEW HAMPSHIRE			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If 'No,' attach explanation*	8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities *(continued)*

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

Website address ► N/A

14 The books are in care of ► STATE STREET BANK & TRUST Telephone no ► (617) 537-3887
Located at ► PO BOX 5300 BOSTON MA ZIP + 4 ► 02206-5300

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** — Check here ► ☐
and enter the amount of tax-exempt interest received or accrued during the year ► 15

			Yes	No
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If 'Yes,' enter the name of the foreign country ►			

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

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

			Yes	No
1 a	During the year did the foundation (either directly or indirectly).			
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
(6)	Agree to pay money or property to a government official? (**Exception.** Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is 'Yes' to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here ► ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☒ No If 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer 'No' and attach statement – see instructions)	2 b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ► 20__ , 20__ , 20__ , 20__			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If 'Yes,' did it have excess business holdings in 2016 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)*	3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4 b		X

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

5a During the year did the foundation pay or incur any amount to			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes ☒ No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b If any answer is 'Yes' to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?		5b	
Organizations relying on a current notice regarding disaster assistance check here ► ☐			
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? *If 'Yes,' attach the statement required by Regulations section 53 4945–5(d)*	☐ Yes ☐ No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? *If 'Yes' to 6b, file Form 8870*		6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

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

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

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

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

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

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

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

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

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

Part IX-A Summary of Direct Charitable Activities

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1 a	2,041,146.
b	Average of monthly cash balances	1 b	32,631.
c	Fair market value of all other assets (see instructions)	1 c	0.
d	**Total** (add lines 1a, b, and c)	1 d	2,073,777.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1 e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,073,777.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	31,107.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,042,670.
6	**Minimum investment return.** Enter 5% of line 5	6	102,134.

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

1	Minimum investment return from Part X, line 6			1	102,134.
2 a	Tax on investment income for 2016 from Part VI, line 5	2 a	512.		
b	Income tax for 2016 (This does not include the tax from Part VI)	2 b			
c	Add lines 2a and 2b			2 c	512.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	101,622.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	101,622.
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	101,622.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	112,075.
b	Program-related investments — total from Part IX-B	1 b	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)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	112,075.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	512.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	111,563.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				101,622.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			107,900.	
b Total for prior years 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2016				
a From 2011 ... 0.				
b From 2012 ... 0.				
c From 2013 ... 0.				
d From 2014 ... 0.				
e From 2015 ... 0.				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from Part XII, line 4 ► $ 112,075.				
a Applied to 2015, but not more than line 2a			107,900.	
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2016 distributable amount				4,175.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (*If an amount appears in column (d), the same amount must be shown in column (a).*)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				97,447.
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 2011 not applied on line 5 or line 7 (see instructions)	0.			
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2012 ... 0.				
b Excess from 2013 ... 0.				
c Excess from 2014 ... 0.				
d Excess from 2015 ... 0.				
e Excess from 2016 ... 0.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling ►

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

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS TN 38105		501C3	RESEARCH AND TREATMENT OF CHILDHOOD DISEASES	2,000.
THE GOVERNOR'S ACADEMY 1 ELM STREET BYFIELD MA 01922		501C3	ANNUAL FUND, GENERAL SUPPORT	15,000.
SMALL WOODLAND OWNERS' ASSN OF ME PO BOX 836 AUGUSTA ME 04332		501C3	ADVOCACY AND STEWARDSHIP OF MAINE WOODLANDS	1,000.
GRANITE STATE WOODLAND INSTITUTE 54 PORTSMOUTH STREET CONCORD NH 03301		501C3	EDUCATION	10,000.
BROOKS SCHOOL 1160 GREAT POND ROAD NORTH ANDOVER MA 01845		501C3	GENERAL SUPPORT	5,000.
TRUSTEES OF UNION COLLEGE 807 UNION STREET SCHENECTADY NY 12308		501C3	GENERAL SUPPORT	3,000.
BEAR-PAW REGIONAL GREENWAYS PO BOX 19 DEERFIELD NH 03037		501C3	LAND CONSERVATION	1,000.
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE NE WASHINGTON DC 20002		501C3	PUBLIC POLICY ADVOCACY	1,000.
MEMPHIS ATHLETIC MINISTRIES, INC. 1548 POPLAR AVENUE MEMPHIS TN 38104		501C3	YOUTH DEVELOPMENT	1,000.
See Line 3a statement				73,000.
Total ► 3a				112,000.
b Approved for future payment				
NONE				
Total ► 3b				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	24,790.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	83,229.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a PARTNERSHIP K-1			18	52,024.	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				160,043.	
13 Total. Add line 12, columns (b), (d), and (e) 13					160,043.

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If 'Yes,' complete the following schedule

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

Sign Here

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

Signature of officer or trustee — Date: 05/17/17 — Title: TRUSTEE

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Timothy F. Hagan, CPA	CPA	05/09/17		P00365920

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

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

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2016

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

Organization type (check one)

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: THE COMPASS FUND

Employer identification number: 04-3366745

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRENCH CHARITABLE LEAD ANNUITY TRUST 1092 GREAT POND ROAD NORTH ANDOVER MA 01845	$ 105,577.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Form 990-PF Part I, Line 6a | **Net Gain or Loss From Sale of Assets** | **2016**

Name: THE COMPASS FUND
Employer Identification Number: 04-3366745

Asset Information:

Description of Property: 100 WILLIAMS COMPANIES
Date Acquired: 03/19/15 — How Acquired: Purchased
Date Sold: 01/20/16 — Name of Buyer:
Sales Price: 1,433. — Cost or other basis (do not reduce by depreciation): 4,801.
Sales Expense: — Valuation Method:
Total Gain (Loss): -3,368. — Accumulation Depreciation:

Description of Property: 33 PRECISION CASTPARTS CORP
Date Acquired: 04/01/15 — How Acquired: Purchased
Date Sold: 02/01/16 — Name of Buyer:
Sales Price: 7,755. — Cost or other basis (do not reduce by depreciation): 6,910.
Sales Expense: — Valuation Method:
Total Gain (Loss): 845. — Accumulation Depreciation:

Description of Property: 461 PROSHARES SHORT 20+ TR TREASURY ETF
Date Acquired: 07/23/15 — How Acquired: Purchased
Date Sold: 04/13/16 — Name of Buyer:
Sales Price: 10,309. — Cost or other basis (do not reduce by depreciation): 11,836.
Sales Expense: — Valuation Method:
Total Gain (Loss): -1,527. — Accumulation Depreciation:

Description of Property: 131 SURGICAL CARE AFFILIATES INC
Date Acquired: 09/25/15 — How Acquired: Purchased
Date Sold: 04/15/16 — Name of Buyer:
Sales Price: 6,263. — Cost or other basis (do not reduce by depreciation): 4,930.
Sales Expense: — Valuation Method:
Total Gain (Loss): 1,333. — Accumulation Depreciation:

Description of Property: 23 UNDER ARMOUR INC
Date Acquired: 04/06/16 — How Acquired: Purchased
Date Sold: 05/04/16 — Name of Buyer:
Sales Price: 923. — Cost or other basis (do not reduce by depreciation): 1,009.
Sales Expense: — Valuation Method:
Total Gain (Loss): -86. — Accumulation Depreciation:

Description of Property: 23 UNDER ARMOUR INC
Date Acquired: 04/06/16 — How Acquired: Purchased
Date Sold: 05/04/16 — Name of Buyer:
Sales Price: 863. — Cost or other basis (do not reduce by depreciation): 965.
Sales Expense: — Valuation Method:
Total Gain (Loss): -102. — Accumulation Depreciation:

Description of Property: 313 NIKE INC
Date Acquired: 03/23/16 — How Acquired: Purchased
Date Sold: 06/07/16 — Name of Buyer:
Sales Price: 16,820. — Cost or other basis (do not reduce by depreciation): 19,527.
Sales Expense: — Valuation Method:
Total Gain (Loss): -2,707. — Accumulation Depreciation:

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

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

Asset Information:

Description of Property. . . . . . 54 REPLIGEN CORP
Business Code . Exclusion Code. . . . 18
Date Acquired. . 09/16/15 How Acquired . Purchased
Date Sold . . . . 06/07/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,333. Cost or other basis (do not reduce by depreciation) . . 1,903.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -570. Accumulated Depreciation . . . .

Description of Property. . . . . . 157 REPLIGEN CORP
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 06/08/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,874. Cost or other basis (do not reduce by depreciation) . . 5,443.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,569. Accumulated Depreciation . . . .

Description of Property. . . . . . 50 S&P DEPOSITORY RECEIPT
Business Code . Exclusion Code. . . . 18
Date Acquired. . 11/20/15 How Acquired . Purchased
Date Sold . . . . 07/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 10,504. Cost or other basis (do not reduce by depreciation) . . 10,474.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 30. Accumulated Depreciation . . . .

Description of Property. . . . . . 10 S&P DEPOSITORY RECEIPT
Business Code . Exclusion Code. . . . 18
Date Acquired. . 11/20/15 How Acquired . Purchased
Date Sold . . . . 07/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,100. Cost or other basis (do not reduce by depreciation) . . 2,095.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 5. Accumulated Depreciation . . . .

Description of Property. . . . . . 17 AMERICAN RENAL ASSOCIATES
Business Code . Exclusion Code. . . . 18
Date Acquired. . 04/21/16 How Acquired . Purchased
Date Sold . . . . 07/28/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 403. Cost or other basis (do not reduce by depreciation) . . 374.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 29. Accumulated Depreciation . . . .

Description of Property. . . . . . 28 FACEBOOK INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 09/01/15 How Acquired . Purchased
Date Sold . . . . 07/28/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,487. Cost or other basis (do not reduce by depreciation) . . 2,463.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,024. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property. . . . . . 24 AMERICAN TOWER CORP
Business Code . Exclusion Code. . . . 18
Date Acquired. . 06/08/16 How Acquired . Purchased
Date Sold . . . . 09/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,799. Cost or other basis (do not reduce by depreciation) . . 2,579.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 220. Accumulated Depreciation . . . .

Description of Property. . . . . . 27 ILLNOIS TOOL WORKS
Business Code . Exclusion Code. . . . 18
Date Acquired. . 06/29/16 How Acquired . Purchased
Date Sold . . . . 09/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,270. Cost or other basis (do not reduce by depreciation) . . 2,752.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 518. Accumulated Depreciation . . . .

Description of Property. . . . . . 238 HEALTHEQUITY INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 10/05/15 How Acquired . Purchased
Date Sold . . . . 09/12/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 7,905. Cost or other basis (do not reduce by depreciation) . . 7,006.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 899. Accumulated Depreciation . . . .

Description of Property. . . . . . 40 S&P DEPOSITORY RECEIPT
Business Code . Exclusion Code. . . . 18
Date Acquired. . 11/20/15 How Acquired . Purchased
Date Sold . . . . 09/23/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 8,641. Cost or other basis (do not reduce by depreciation) . . 8,379.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 262. Accumulated Depreciation . . . .

Description of Property. . . . . . 55 S&P DEPOSITORY RECEIPT
Business Code . Exclusion Code. . . . 18
Date Acquired. . 11/20/15 How Acquired . Purchased
Date Sold . . . . 09/29/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 11,893. Cost or other basis (do not reduce by depreciation) . . 11,521.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 372. Accumulated Depreciation . . . .

Description of Property. . . . . . 8 S&P DEPOSITORY RECEIPT
Business Code . Exclusion Code. . . . 18
Date Acquired. . 11/20/15 How Acquired . Purchased
Date Sold . . . . 10/04/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,716. Cost or other basis (do not reduce by depreciation) . . 1,676.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 40. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property . . . . . . 37 S&P DEPOSITORY RECEIPT
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 11/20/15 How Acquired . Purchased
Date Sold . . . . 10/12/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 7,908. Cost or other basis (do not reduce by depreciation) . . 7,751.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 157. Accumulated Depreciation . . . .

Description of Property . . . . . . 299 GENERAL ELECTRIC CO
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 07/01/16 How Acquired . Purchased
Date Sold . . . . 10/17/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 8,602. Cost or other basis (do not reduce by depreciation) . . 9,436.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -834. Accumulated Depreciation . . . .

Description of Property . . . . . . 101 WEBSTER FINANCIAL CORPORATION
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 09/23/16 How Acquired . Purchased
Date Sold . . . . 11/17/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 4,716. Cost or other basis (do not reduce by depreciation) . . 3,901.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 815. Accumulated Depreciation . . . .

Description of Property . . . . . . 59 SVB FINANCIAL GROUP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 09/14/16 How Acquired . Purchased
Date Sold . . . . 11/21/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 8,908. Cost or other basis (do not reduce by depreciation) . . 6,148.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 2,760. Accumulated Depreciation . . . .

Description of Property . . . . . . 1500 UBS E-TRACS ALERIAN INFRASTR
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 05/06/16 How Acquired . Purchased
Date Sold . . . . 12/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 40,952. Cost or other basis (do not reduce by depreciation) . . 39,280.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,672. Accumulated Depreciation . . . .

Description of Property . . . . . . 1382 UBS E-TRACS AMERIAN INFRASTR
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 12/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 36,954. Cost or other basis (do not reduce by depreciation) . . 33,762.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 3,192. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property. . . . . . 500 UBS E-TRACS ALERIAN INFRASTR
Business Code . Exclusion Code. . . . 18
Date Acquired. . 03/01/16 How Acquired . Purchased
Date Sold . . . . 12/20/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 13,825. Cost or other basis (do not reduce by depreciation) . . 11,070.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 2,755. Accumulated Depreciation . . . .

Description of Property. . . . . . 70 PRECISION CASTPARTS CORP
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 02/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 16,450. Cost or other basis (do not reduce by depreciation) . . 17,855.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,405. Accumulated Depreciation . . . .

Description of Property. . . . . . 62 GREEN BANCORP INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/14 How Acquired . Purchased
Date Sold . . . . 03/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 500. Cost or other basis (do not reduce by depreciation) . . 1,050.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -550. Accumulated Depreciation . . . .

Description of Property. . . . . . 40 GREEN BANCORP INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/14 How Acquired . Purchased
Date Sold . . . . 03/02/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 318. Cost or other basis (do not reduce by depreciation) . . 677.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -359. Accumulated Depreciation . . . .

Description of Property. . . . . . 380 GREEN BANCORP INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/14 How Acquired . Purchased
Date Sold . . . . 03/03/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,065. Cost or other basis (do not reduce by depreciation) . . 6,433.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -3,368. Accumulated Depreciation . . . .

Description of Property. . . . . . 273 NETSCOUT SYSTEMS INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 01/27/14 How Acquired . Purchased
Date Sold . . . . 03/16/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 5,530. Cost or other basis (do not reduce by depreciation) . . 8,425.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -2,895. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property. . . . . . 247 STAG INDUSTRIAL INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 04/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 4,995. Cost or other basis (do not reduce by depreciation) . . 5,548.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -553. Accumulated Depreciation . . . .

Description of Property. . . . . . 62 CONSOLIDATED COMMUNICATIONS HOLDINGS
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 04/12/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,514. Cost or other basis (do not reduce by depreciation) . . 1,063.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 451. Accumulated Depreciation . . . .

Description of Property. . . . . . 46 AMERICAN TOWER CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 04/13/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 4,874. Cost or other basis (do not reduce by depreciation) . . 4,233.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 641. Accumulated Depreciation . . . .

Description of Property. . . . . . 1038 ELEMENT FINANCIAL CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 04/13/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 11,646. Cost or other basis (do not reduce by depreciation) . . 13,593.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,947. Accumulated Depreciation . . . .

Description of Property. . . . . . 108 ILLINOIS TOOL WORKS
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 02/11/14 How Acquired .
Date Sold . . . . 04/13/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 11,298. Cost or other basis (do not reduce by depreciation) . . 8,518.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 2,780. Accumulated Depreciation . . . .

Description of Property. . . . . . 92 MICROSOFT CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 01/22/14 How Acquired . Purchased
Date Sold . . . . 04/13/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 5,054. Cost or other basis (do not reduce by depreciation) . . 3,324.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,730. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property...... 136 CONSOLIDATED COMMUNCATIONS HOLDINGS
Business Code . ______ Exclusion Code.... 18
Date Acquired. . 02/11/14 How Acquired . Purchased
Date Sold .... 04/18/16 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price ... 3,275. Cost or other basis (do not reduce by depreciation) . . 2,308.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 967. Accumulated Depreciation . . . .

Description of Property...... 78 CONSOLIDATED COMMUNICATIONS HOLDINGS
Business Code . ______ Exclusion Code.... 18
Date Acquired. . 02/11/14 How Acquired . Purchased
Date Sold .... 04/19/16 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price ... 1,890. Cost or other basis (do not reduce by depreciation) . . 1,324.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 566. Accumulated Depreciation . . . .

Description of Property...... 36 CONSOLIDATED COMMUNICATIONS HOLDINGS
Business Code . ______ Exclusion Code.... 18
Date Acquired. . 02/11/14 How Acquired . Purchased
Date Sold .... 04/20/16 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price ... 872. Cost or other basis (do not reduce by depreciation) . . 611.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 261. Accumulated Depreciation . . . .

Description of Property...... 201 CYNOSURE INC
Business Code . ______ Exclusion Code.... 18
Date Acquired. . Various How Acquired . Purchased
Date Sold .... 04/25/16 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price ... 9,958. Cost or other basis (do not reduce by depreciation) . . 5,322.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 4,636. Accumulated Depreciation . . . .

Description of Property...... 92 CONSOLIDATED COMMUNICATIONS HOLDINGS
Business Code . ______ Exclusion Code.... 18
Date Acquired. . Various How Acquired . Purchased
Date Sold .... 05/02/16 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price ... 2,224. Cost or other basis (do not reduce by depreciation) . . 1,545.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 679. Accumulated Depreciation . . . .

Description of Property...... 206 UNDER ARMOUR INC
Business Code . ______ Exclusion Code.... 18
Date Acquired. . 12/15/11 How Acquired . Purchased
Date Sold .... 05/04/16 Name of Buyer.
Check Box, if Buyer is a Business. . . ☐
Sales Price ... 8,271. Cost or other basis (do not reduce by depreciation) . . 1,929.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 6,342. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property. . . . . . 206 UNDER ARMOUR INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 12/15/11 How Acquired . Purchased
Date Sold . . . . 05/04/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 7,727. Cost or other basis (do not reduce by depreciation) . . 1,845.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 5,882. Accumulated Depreciation . . . .

Description of Property. . . . . . 11 NIKE INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 01/27/14 How Acquired . Purchased
Date Sold . . . . 06/07/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 591. Cost or other basis (do not reduce by depreciation) . . 396.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 195. Accumulated Depreciation . . . .

Description of Property. . . . . . 499 ASPEN AEROGELS INC
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 06/13/14 How Acquired . Purchased
Date Sold . . . . 06/22/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,479. Cost or other basis (do not reduce by depreciation) . . 5,489.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -3,010. Accumulated Depreciation . . . .

Description of Property. . . . . . 818 COLUMBIA PIELINE GROUP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 06/25/15 How Acquired . Purchased
Date Sold . . . . 07/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 20,859. Cost or other basis (do not reduce by depreciation) . . 24,602.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -3,743. Accumulated Depreciation . . . .

Description of Property. . . . . . 290 CONSOLIDATED COMMUNCATIONS HOLDINGS
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 07/05/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 7,993. Cost or other basis (do not reduce by depreciation) . . 4,293.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 3,700. Accumulated Depreciation . . . .

Description of Property. . . . . . 878 ELEMENT FINANCIAL CORP
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 07/05/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 9,204. Cost or other basis (do not reduce by depreciation) . . 5,655.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 3,549. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property. . . . . . 45 STAG INDUSTRIAL INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 07/07/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,061. Cost or other basis (do not reduce by depreciation) . . 916.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 145. Accumulated Depreciation . . . .

Description of Property. . . . . . 249 STAG INDUSTRIAL INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 07/08/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 5,879. Cost or other basis (do not reduce by depreciation) . . 4,911.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 968. Accumulated Depreciation . . . .

Description of Property. . . . . . 458 CRYOLIFE INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 08/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 6,464. Cost or other basis (do not reduce by depreciation) . . 4,244.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 2,220. Accumulated Depreciation . . . .

Description of Property. . . . . . 25 CYNOSURE INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 07/01/13 How Acquired . Purchased
Date Sold . . . . 08/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,376. Cost or other basis (do not reduce by depreciation) . . 657.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 719. Accumulated Depreciation . . . .

Description of Property. . . . . . 369 CRYOLIFE INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 08/12/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 5,631. Cost or other basis (do not reduce by depreciation) . . 2,272.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 3,359. Accumulated Depreciation . . . .

Description of Property. . . . . . 28.9588 ALPHABET INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 09/02/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 22,381. Cost or other basis (do not reduce by depreciation) . . 8,847.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 13,534. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property. . . . . . 588 ENLINK MIDSTREAM LLC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 09/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 10,057. Cost or other basis (do not reduce by depreciation) . . 7,590.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 2,467. Accumulated Depreciation . . . .

Description of Property. . . . . . 378 FLOTEK INDUSTRIES INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 09/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 6,020. Cost or other basis (do not reduce by depreciation) . . 9,867.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -3,847. Accumulated Depreciation . . . .

Description of Property. . . . . . 483 FOX FACTORY HOLDING CORP
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 09/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 10,131. Cost or other basis (do not reduce by depreciation) . . 8,826.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,305. Accumulated Depreciation . . . .

Description of Property. . . . . . 13 ILLINOIS TOOL WORKS
Business Code . Exclusion Code. . . . 18
Date Acquired. . 02/11/14 How Acquired . Purchased
Date Sold . . . . 09/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,575. Cost or other basis (do not reduce by depreciation) . . 1,026.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 549. Accumulated Depreciation . . . .

Description of Property. . . . . . 347 ENLINK MIDSTREAM LLC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 09/07/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 5,990. Cost or other basis (do not reduce by depreciation) . . 4,230.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,760. Accumulated Depreciation . . . .

Description of Property. . . . . . 667 FLOTEK INDUSTRIES INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 09/07/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 10,667. Cost or other basis (do not reduce by depreciation) . . 8,672.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,995. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property...... 212 FLOTEK INDUSTRIES INC
Business Code . Exclusion Code.... 18
Date Acquired. . 10/28/11 How Acquired . Purchased
Date Sold .... 09/08/16 Name of Buyer.
Check Box, if Buyer is a Business....☐
Sales Price ... 3,500. Cost or other basis (do not reduce by depreciation) .. 1,635.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 1,865. Accumulated Depreciation ....

Description of Property...... 550 INVESTORS BANCORP INC
Business Code . Exclusion Code.... 18
Date Acquired. . Various How Acquired . Purchased
Date Sold .... 09/14/16 Name of Buyer.
Check Box, if Buyer is a Business....☐
Sales Price ... 6,535. Cost or other basis (do not reduce by depreciation) .. 5,756.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 779. Accumulated Depreciation ....

Description of Property...... 280 STAG INDUSTRIAL INC
Business Code . Exclusion Code.... 18
Date Acquired. . 06/12/13 How Acquired . Purchased
Date Sold .... 10/17/16 Name of Buyer.
Check Box, if Buyer is a Business....☐
Sales Price ... 6,497. Cost or other basis (do not reduce by depreciation) .. 5,350.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 1,147. Accumulated Depreciation ....

Description of Property...... 151 STAG INDUSTRIAL INC
Business Code . Exclusion Code.... 18
Date Acquired. . 06/12/13 How Acquired . Purchased
Date Sold .... 10/18/16 Name of Buyer.
Check Box, if Buyer is a Business....☐
Sales Price ... 3,539. Cost or other basis (do not reduce by depreciation) .. 2,886.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... 653. Accumulated Depreciation ....

Description of Property...... 395 SYNCHRONY FINANCIAL
Business Code . Exclusion Code.... 18
Date Acquired. . 08/25/15 How Acquired . Purchased
Date Sold .... 10/18/16 Name of Buyer.
Check Box, if Buyer is a Business....☐
Sales Price ... 10,504. Cost or other basis (do not reduce by depreciation) .. 13,052.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... -2,548. Accumulated Depreciation ....

Description of Property...... 370 SYNCHRONY FINANCIAL
Business Code . Exclusion Code.... 18
Date Acquired. . 08/25/15 How Acquired . Purchased
Date Sold .... 10/19/16 Name of Buyer.
Check Box, if Buyer is a Business....☐
Sales Price ... 9,962. Cost or other basis (do not reduce by depreciation) .. 12,226.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) .... -2,264. Accumulated Depreciation ....

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

Asset Information:

Description of Property . . . . . . 873 PERFORMANCE SPORTS GROUP INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 11/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,416. Cost or other basis (do not reduce by depreciation) . . 10,470.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -9,054. Accumulated Depreciation . . . .

Description of Property . . . . . . 27 GREEN BANCORP INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/14 How Acquired . Purchased
Date Sold . . . . 11/17/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 341. Cost or other basis (do not reduce by depreciation) . . 457.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -116. Accumulated Depreciation . . . .

Description of Property . . . . . . 45 GREEN BANCORP INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/14 How Acquired . Purchased
Date Sold . . . . 11/18/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 563. Cost or other basis (do not reduce by depreciation) . . 762.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -199. Accumulated Depreciation . . . .

Description of Property . . . . . . 90 GREEN BANCORP INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 11/21/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,136. Cost or other basis (do not reduce by depreciation) . . 1,073.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 63. Accumulated Depreciation . . . .

Description of Property . . . . . . 312 TRISTATE CAP HLDGS INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 11/21/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 5,992. Cost or other basis (do not reduce by depreciation) . . 3,924.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 2,068. Accumulated Depreciation . . . .

Description of Property . . . . . . 121 GREEN BANCORP INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 11/22/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,552. Cost or other basis (do not reduce by depreciation) . . 1,541.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 11. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property . . . . . . 217 GREEN BANCORP INC
Business Code . Exclusion Code 18
Date Acquired . . Various How Acquired . Purchased
Date Sold . . . . 11/23/16 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 2,779. Cost or other basis (do not reduce by depreciation) . . 3,451.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -672. Accumulated Depreciation . . . .

Description of Property . . . . . . 1468 FORD MOTOR COMPANY
Business Code . Exclusion Code 18
Date Acquired . . 11/07/13 How Acquired . Purchased
Date Sold . . . . 11/28/16 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 17,407. Cost or other basis (do not reduce by depreciation) . . 24,597.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -7,190. Accumulated Depreciation . . . .

Description of Property . . . . . . 242 HCA HOLDINGS INC
Business Code . Exclusion Code 18
Date Acquired . . 09/18/15 How Acquired . Purchased
Date Sold . . . . 11/28/16 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 17,122. Cost or other basis (do not reduce by depreciation) . . 20,652.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -3,530. Accumulated Depreciation . . . .

Description of Property . . . . . . .0294 PLAINS GP HLDGS LP
Business Code . Exclusion Code 18
Date Acquired . . 01/28/14 How Acquired . Purchased
Date Sold . . . . 11/28/16 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 1. Cost or other basis (do not reduce by depreciation) . . 2.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1. Accumulated Depreciation . . . .

Description of Property . . . . . . 505 COLUMBIA PIPELINE PARTNERS LP
Business Code . Exclusion Code 18
Date Acquired . . Various How Acquired . Purchased
Date Sold . . . . 11/02/16 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 8,595. Cost or other basis (do not reduce by depreciation) . . 7,691.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 904. Accumulated Depreciation . . . .

Description of Property . . . . . . 125 PRECISION CASTPARTS CORP
Business Code . Exclusion Code 18
Date Acquired . . Various How Acquired . Purchased
Date Sold . . . . 02/01/16 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . 29,375. Cost or other basis (do not reduce by depreciation) . . 8,915.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 20,460. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property . . . . . . 156 BOEING CO
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/88 How Acquired . Purchased
Date Sold . . . . 04/01/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 19,757. Cost or other basis (do not reduce by depreciation) . . 8,183.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 11,574. Accumulated Depreciation . . . .

Description of Property . . . . . . 79 AMERICAN TOWER CORP
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/88 How Acquired . Purchased
Date Sold . . . . 04/13/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 8,371. Cost or other basis (do not reduce by depreciation) . . 3,492.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 4,879. Accumulated Depreciation . . . .

Description of Property . . . . . . 32 ROPER INDS INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/88 How Acquired . Purchased
Date Sold . . . . 04/13/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 5,686. Cost or other basis (do not reduce by depreciation) . . 1,921.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 3,765. Accumulated Depreciation . . . .

Description of Property . . . . . . 434 BLACK DIAMOND GROUP LTD
Business Code . Exclusion Code. . . . 18
Date Acquired. . 05/22/08 How Acquired . Purchased
Date Sold . . . . 05/05/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,684. Cost or other basis (do not reduce by depreciation) . . 3,196.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -1,512. Accumulated Depreciation . . . .

Description of Property . . . . . . 72 CONSOLIDATED COMMUNICATIONS HOLDINGS
Business Code . Exclusion Code. . . . 18
Date Acquired. . 11/11/05 How Acquired . Purchased
Date Sold . . . . 07/05/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,984. Cost or other basis (do not reduce by depreciation) . . 715.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,269. Accumulated Depreciation . . . .

Description of Property . . . . . . 100 CONSOLIDATED COMMUNICATIONS HOLDINGS
Business Code . Exclusion Code. . . . 18
Date Acquired. . 11/11/05 How Acquired . Purchased
Date Sold . . . . 07/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 2,775. Cost or other basis (do not reduce by depreciation) . . 994.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 1,781. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property . . . . . . 124 CONSOLIDATED COMMUNICATIONS HOLDINGS
Business Code . Exclusion Code. . . . 18
Date Acquired. . 11/11/05 How Acquired . Purchased
Date Sold . . . . 07/07/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 3,457. Cost or other basis (do not reduce by depreciation) . . 1,232.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 2,225. Accumulated Depreciation . . . .

Description of Property . . . . . . 204 CONSOLIDATED COMMUNICATIONS HOLDINGS
Business Code . Exclusion Code. . . . 18
Date Acquired. . 11/11/05 How Acquired . Purchased
Date Sold . . . . 07/08/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 5,743. Cost or other basis (do not reduce by depreciation) . . 2,027.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 3,716. Accumulated Depreciation . . . .

Description of Property . . . . . . 15.0412 ALPHABET INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 09/02/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 11,625. Cost or other basis (do not reduce by depreciation) . . 2,929.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 8,696. Accumulated Depreciation . . . .

Description of Property . . . . . . 89 AMERICAN TOWER CORP
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/88 How Acquired . Purchased
Date Sold . . . . 09/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 10,381. Cost or other basis (do not reduce by depreciation) . . 3,934.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 6,447. Accumulated Depreciation . . . .

Description of Property . . . . . . 36 ROPER INDS INC
Business Code . Exclusion Code. . . . 18
Date Acquired. . 08/08/88 How Acquired . Purchased
Date Sold . . . . 09/06/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 6,521. Cost or other basis (do not reduce by depreciation) . . 2,161.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . 4,360. Accumulated Depreciation . . . .

Description of Property . . . . . . 940 COLUMBIA PIPELINE PARTNERS LP
Business Code . Exclusion Code. . . . 18
Date Acquired. . Various How Acquired . Purchased
Date Sold . . . . 11/02/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 15,998. Cost or other basis (do not reduce by depreciation) . . 24,288.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -8,290. Accumulated Depreciation . . . .

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

Asset Information:

Description of Property. . . . . . 799 BLACK DIAMOND GROUP LTD
Business Code . ______ Exclusion Code. . . . 18
Date Acquired. . 05/22/08 How Acquired . Purchased
Date Sold . . . . 11/16/16 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . 1,940. Cost or other basis (do not reduce by depreciation) . . 5,885.
Sales Expense . . Valuation Method . . .
Total Gain (Loss) . . . . -3,945. Accumulated Depreciation . . . .

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

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
ROYALTIES	33.	33.	
OTHER BUSINESS INCOME FROM LIMITED PARTNERSHIPS	52,024.	-31,635.	
Total	52,057.	-31,602.	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox / Amount
a Paid during the year				
THE SHRINER'S HOSPITAL FOR CHILDREN PO BOX 31356 TAMPA FL 33631		501C3	HEALTH - REHABILITATIVE	Person or [ ] Business [X] 5,000.
YOUNG AMERICANS FOR FREEDOM 2300 M STREET NW, SUITE 800 WASHINGTON DC 20037		501C4	YOUTH ACTIVISM	Person or [ ] Business [X] 1,000.
ESSEX COUNTY GREEN BELT ASSOCIATION, INC. 82 EASTERN AVENUE ESSEX MA 01929		501C3	LAND CONSERVATION LAND STEWARDSHIP	Person or [ ] Business [X] 3,000.
UPPER VALLEY LAND TRUST, INC. 19 BUCK ROAD HANOVER NH 03755		501C3	LAND CONSERVATION NH AND VT	Person or [ ] Business [X] 1,000.
FRIENDS OF BIG ISLAND POND PO BOX 222 HAMPSTEAD NH 03841		501C3	WATER QUALITY HABITAT PRESERVATION	Person or [ ] Business [X] 10,000.
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON MA 02114		501C3	HEALTH - GENERAL	Person or [ ] Business [X] 3,000.
CYSTIC FIBROSIS FOUNDATION MA/RI 6931 ARLINGTON ROAD BETHESDA MD 20814		501C3	THERAPIES DISEASE RESEARCH	Person or [ ] Business [X] 3,000.
CHILD AND FAMILY SERVICES OF NH 464 CHESTNUT STREET MANCHESTER NH 03105		501C3	CHILD ABUSE TREATMENT AND PREVENTION	Person or [ ] Business [X] 3,000.
DOWNEAST LAKES LAND TRUST 4 WATER STREET GRAND LAKE STREAM ME 04668		501C3	FOREST AND WATER CONSERVATION	Person or [ ] Business [X] 1,000.
FORESTRY SOCIETY OF MAINE 115 FRANKLIN STREET BANGOR ME 04401		501C3	FORESTRY CONSERVATION IN MAINE	Person or [ ] Business [X] 1,000.
NATIONAL RIFLE ASSOCIATION OF AMERICA, INC. 11250 WAPLES MILL ROAD FAIRFAX VA 22030		501C4	ADVOCACY	Person or [ ] Business [X] 3,000.

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

Recipient: Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox / Amount
a *Paid during the year*				
THE AMERICAN BLUEFIN TUNA ASSOCIATION PO BOX 854 NORWELL MA 02061		501C3	SUSTAINABLE FISHERIES	Person or Business X 3,000.
WOUNDED WARRIORS PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE FL 32256		501C3	PROGRAM SUPPORT	Person or Business X 3,000.
SOUTHEAST LAND TRUST OF NH 6 CENTER STREET EXETER NH 03833		501C3	LAND CONSERVATION	Person or Business X 5,000.
LAWRENCE BOYS & GIRLS CLUBS, INC. 136 WATER STREET LAWRENCE MA 01841		501C3	PROGRAM SUPPORT	Person or Business X 3,000.
THE TRUSTEES OF RESERVATIONS 572 ESSEX STREET BEVERLY MA 01915		501C3	LAND CONSERVATION	Person or Business X 3,000.
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA GA 30303		501C3	CANCER RESEARCH	Person or Business X 2,000.
CENTER FOR WOODLANDS EDUCATION, INC. 1776 CENTER ROAD CORINTH VT 05039		501C3	EDUCATION PROGRAM	Person or Business X 1,000.
NH HISTORICAL SOCIETY 30 PARK STREET CONCORD NH 03301		501C3	PRESERVATION	Person or Business X 500.
ALZHEIMER'S DISEASE RESEARCH FOUNDATION 34 WASHINGTON STREET, SUITE 200 WELLESLEY HILLS MA 02481		501C3	ALZHEIMER'S RESEARCH	Person or Business X 2,000.
THE NATIONAL CHILDREN'S CANCER SOCIETY 500 NORTH BROADWAY, SUITE 1850 SAINT LOUIS MO 63102		501C3	CANCER RESEARCH	Person or Business X 2,000.
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT, SUITE 206 CHARLOTTESVILLE VA 22903		501C3	PROGRAM SUPPORT	Person or Business X 1,500.
THE AMERICAN CHESTNUT FOUNDATION 50 NORTH MERRIMON AVENUE, SUITE 115 ASHEVILLE NC 28804		501C3	TREE SUSTAINABLITY	Person or Business X 1,000.
PINEY WOODS SCHOOL HIGHWAY 49 SOUTH PINEY WOODS MS 39148		501C3	PROGRAM SUPPORT	Person or Business X 2,000.
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY NY 12208		501C3	PROGRAM SUPPORT	Person or Business X 10,000.

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

Recipient: Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox / Amount
a *Paid during the year*				
Total				73,000.

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

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE STREET	TAX RETURN PREPARATION FEE	2,500.	2,500.		
STATE STREET	CUSTODY ADVISOR FEES	1,768.	1,768.		
Total		4,268.	4,268.		

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

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE STREET	INVESTMENT MANAGEMENT FEES	20,678.	20,678.		
Total		20,678.	20,678.		

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

Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
PROSHARES SHORT 20+ YR TREASURY ETF			12,816.	12,184.
Total			12,816.	12,184.

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

Line 10b - Investments - Corporate Stock:	End of Year Book Value	End of Year Fair Market Value
EQUITIES	1,813,214.	2,134,156.
Total	1,813,214.	2,134,156.

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

Line 13 - Investments - Other:	End of Year Book Value	End of Year Fair Market Value
FOREIGN ASSETS	57,495.	81,131.
Total	57,495.	81,131.