### Form 990-PF

### EXTENDED TO NOVEMBER 15, 2017 **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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016, or tax year beginning , and ending Name of foundation A Employer identification number HAIMES FAMILY FOUNDATION 26-1578471 Number and street (or P O box number if mail is not delivered to street address) Room/suite **B** Telephone number C/O BARRY HAIMES 26 SHADY BROOK LANE 203-637-0738 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending check here OLD GREENWICH, CT 06870 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation X Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method F If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 645,549. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (b) Net investment (a) Revenue and (c) Adjusted net (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes expenses per books income income (cash basis only) 71,640 N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 12. 12. STATEMENT 1,884. 1,884. Dividends and interest from securities STATEMENT 5a Gross rents SCANNED OCT 18 b Net rental income or (loss) 43,135. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 237,650. 43,135. 7 Capital gain net income (from Part IV, line 2) RECEIVED Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold OGDEN, UT c Gross profit or (loss) <2,786. <2,786. 11 Other income STATEMENT 113,885. 42,245. 12 Total Add lines 1 through 11 Ō. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 1,213. 1,213. STMT 4 100. 43. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 798. <del>798</del>. 23 Other expenses STMT 5 0. 24 Total operating and administrative expenses. Add lines 13 through 23 2,111 2,054 60,000. 60,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 62,111. 2,054 Add lines 24 and 25 60,000. 27 Subtract line 26 from line 12: 51,774 8 Excess of revenue over expenses and disbursements 40,191 b Net investment income (if negative enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2016)



N/A



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]	615,518.
2 Enter amount from Part I, line 27a	2	51,774.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	667,292.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b	, line 30 6	667,292.

Part IV   Capital Gains a	nd Losses for Tax on In	ivestmen	t Income						
	be the kind(s) of property sold (e.g. ehouse; or common stock, 200 shs			( <b>b)</b> I	low acquerents - Purcha - Donati	uired ise on	(c) Date a (mo., da		( <b>d)</b> Date sold (mo., day, yr)
1a SALE OF PUBLICE	Y TRADED SECURI	TIES		<del></del>	P		VARIO	OUS	VARIOUS
b SAGE OF OPPORTU					P		VARIO		VARIOUS
	NITY FUND QP LP				P		VARIO	DUS	VARIOUS
_d	<del></del>								
<u>e</u>	(4) Department allowed	(=) ()=		١,			(1) 0	/1	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ın or (loss (f) mınus	(g)
a 41,662.			43,60	9.				<del></del>	<1,947.
b 195,988.			105 66	_					<45,240. 90,322.
t 195,988.	<del></del>		105,66	<u> </u>		··· <del>·</del>			90,322.
e	<u> </u>			-+					
	gain in column (h) and owned by t	the foundation	on 12/31/69	-		(1)	Gains (Co	ol. (h) gain	minus
	(j) Adjusted basis		cess of col. (I)	$\dashv$			(k), but no	ot less tha	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	as of 12/31/69		col (j), if any				Losses (	from col (	h))
a				$\Box$					<1,947.
b									<45,240.
C									90,322.
d									
е									
2 Capital gain net income or (net cap	If gain, also enter (If (loss), enter -0-	in Part I, line	7 7	}	2				43,135.
3 Net short-term capital gain or (loss			•	7					<del></del>
If gain, also enter in Part I, line 8, c		u (0)		11					
If (loss), enter -0- in Part I, line 8				ال	3			N/A	
Part V   Qualification Ur	ider Section 4940(e) for	Reduced	Tax on Net	Inv	estme	ent Inc	ome		
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment in	come	.)				
If section 4940(d)(2) applies, leave thi	s part blank.								
,,,,,,	•								гт., г <del>е</del> т.,
Was the foundation liable for the section				IOGY					Yes X No
If "Yes," the foundation does not qualif  1 Enter the appropriate amount in ea				ntries.				_	
(a)	(b)			(c)			7		(d) ution ratio
Base periód years Calendar year (or tax year beginning	مراس مرابع المراس ا	tributions	Net value of no		ıtable-us	e assets	1 (	Distrit col (b) div	ution ratio ided by col. (c))
2015		9,800.			657	,423			.136594
2014	4	6,094.	<del></del>			,661			.061651
2013	7	7,538.			770	,148	•		.100679
2012		8,214.			604	,518			.079756
2011	6	2,669.				0	•		.000000
							1 1		270600
2 Total of line 1, column (d)							2		.378680
3 Average distribution ratio for the 5-		on line 2 by 5,	or by the number	of yea	ars				075726
the foundation has been in existent	e ii iess man 5 years						3		.075736
4 Enter the net value of noncharitable	e-use assets for 2016 from Part X, I	line 5					4		573,419.
5 Multiply line 4 by line 3							5		43,428.
6 Enter 1% of net investment income	(1% of Part I, line 27b)						6		402.
7 Add lines 5 and 6							7	<del> </del>	43,830.
8 Enter qualifying distributions from	Part XII, line 4						8		60,000.
	ine 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	6 tax rati	e			

Exempl portagring journations desirable in section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)	Form 990-PF (2016) HAIMES FAMILY FOUNDATION		26-157			Page 4
Dit of ruling or determination letter:	Part VI Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b), 4940(e), or 4	1948 - see	instru	ıctio	ns)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1a Exempt operating foundations described in section 4940(d)(2), check here  and el	nter "N/A" on line 1.				
of Part I, line 27b			] ]			
e All other domestic boundstones enter 2% of the 27b. Exempt Foreign organizations enter 4% of Part I, Ihe 12, col (b).  2 Tax under section \$11 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 402.  4 Subtilité A (income) bit (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax Based on investment income. Subtract line 4 from line 3 it zero or less, enter -0-  5 Tax Based on investment income. Subtract line 4 from line 3 it zero or less, enter -0-  6 Credisc Payments.  2 2016 estimated tax payments and 2015 overpayment credited to 2016  6 Exempt for egip organizations - tax withheld at source  6 Tax paid with application for extension of time to file (Form 8868)  6 Enter any pental for underpayment of estimated tax. Check here in the file of the Set in the 10 to 10 feet series of the 10 feet series of 11 feet meanure of 11 feet m		➤ X and enter 1%	_1		4	02.
2 and under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 dot lines. I and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment mooms. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment mooms. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment mooms. Subtract line 4 from line 3 if zero or less, enter -0- 6 Tax based on investment or sections on of time to file (Form 8858) 6 Tax discussion of programations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8858) 8 Tax discussion of the total of lines. So and the sent of the mount of the section of time 5 and 5, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 5, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 5, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 5, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 5, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 5, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 5, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 5, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 5, enter the amount overpaid 11 overpayment. If line 7 is more than the total of lines 1 in line 2 is more 1 in line 2 in li	of Part I, line 27b			_		
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c Tax paid with application for extension of time to file (Form 8888) d Backup withholding erroneously withhold 8 Enter any penalty for underpayment of estimated tax Check here I if Form 2220 is attached 8 Tax due III the total of lines 5 and 6 is more than hine 7, enter amount ewed 9 Tax due III the total of lines 5 and 6 is more than hine 7, enter amount ewed 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 2017 estimated tax > 0 . Refunded 11 9 9, 598 . 12 Fart VII-A Statements Regarding Activities 13 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? 15 Duil it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defination)? 16 He 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 16 Duil it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defination)? 17 He 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 2 Dutl it spend more than \$100 during the year (either directly or indirectly) for binudation managers. \$ 0. 2 Enter the reminursement (if any) pad by the foundations of the activities and copies of any materials published or distributed by the foundation by the foundation of the activities and copies of any materials published or distributed by the foundation with the activities of the foundation managers. \$ 0. 2 Has the foundation angaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities and the proviously reported to the IRS. In it	· · · · · · · · · · · · · · · · · · ·	6a				
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11 Eiter the amount of hine 10 to be Credited to 2017 estimated tax   Part VIII-A   Statements Regarding Activities	·	<b>&gt;</b>	<del></del>		~	~~
Part VII-A   Statements Regarding Activities	• • • • • • • • • • • • • • • • • • • •	0 1	<del></del>		9,5	98.
1a 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?  1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  1f 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 Did the foundation file Form 1120-POL for this year?  2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		U → Refunded	11		9,5	98.
any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  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 and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation have any plant by the foundation during the year for political expenditure tax imposed on foundation managers. Some of the connection of the activities and provided to the IRS?  If "Yes," attach a detailed description of the activities  By lath the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach the statement required by General Instruction T  And the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach the statement required by General Instruction T  And the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument, or  By language in the governing instrument?  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  The activities and conflict with the state law remains in the governing instrument and particles of the taxable year		<del> </del>		т	Vaa	NIO
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  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-P0L for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation \( \bar{} \) \(  \)		lation or did it participate or intervene	ın	<u> </u>	res	
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  © Did the foundation file Form 1120-POL for this year?  © Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation  \( \bigsim \subseteq \) \( \bigsim \) \( \cdot \) \( \cdot \) \( \cdot \) (2) On foundation managers. \( \bigsim \subseteq \) \( \cdot \) \( \cdo \) \( \cdo \) \( \cdo \) \( \cdot \) \( \cdot \) \( \			\ <b>D</b>	<del></del>	<u> </u>	
distributed by the foundation in connection with the activities  c Did the foundation file Form 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation ▶ \$		•		10	<u> </u> -	<u> </u>
c Did the foundation file Form 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation ▶ \$	•	na copies of any materials publisi	nea or			
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(1) On the foundation ▶ \$	•	. vone		16		
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  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  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  5 If "Yes," has it field a tax return on Form 990-T for this year?  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  8 By language in the governing instrument, or  8 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?  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  8a Enter the states to which the foundation reports or with which it is registered (see instructions)  Bif 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 <i>General Instruction G? If "No," attach explanation</i> 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? #"Yes," attach a schedule listing their names and addresses  10 X		•				1
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				_		
	UID any persons become substantial contributors during the tax year? # "Yes," attach a schedul	le listing their names and addresses			) DE	

P	In this A Statements Regarding Activities (continued)			
		1	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?	1		
	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	- A	770	
14	The books are in care of ► BARRY HAIMES  Telephone no. ► 203-63			
4-	Located at ≥ 26 SHADY BROOK LANE, OLD GREENWICH, CT ZIP+4 ▶06	00/0		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	NT.	/A	لـــا
10	and enter the amount of tax-exempt interest received or accrued during the year  At any time during colondar year 2016, did the foundation have an interest in or a procedure or other authority and half		/ A Yes	No
10	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	10	res	X
	securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	16	<del></del>	
	foreign country	1	ŀ	
Ps	irt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	ــــــــــــــــــــــــــــــــــــــ		
1.,,	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Т	Yes	No
1 .	During the year did the foundation (either directly or indirectly).		163	140
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	]	i	
	a disqualified person?	}	, ,	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  X Yes No	ŀ	j	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No	Ì	]	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		, ,	
	for the benefit or use of a disgualified person)?	İ		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	
	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.)	ŀ		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1	1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	16		Х
	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?	10	!	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)).			
а	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 X No			
	If "Yes," list the years ▶ , , , ,		1	
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 ) N/A	2b	1	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	}	١ ١	
	during the year?			
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	1 1		
	May 26, 1969; (2) the tapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		1	
	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)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
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?	46		<u> </u>
	Fo	rm <b>99</b> 0	)-PF (	(2016)

Form 990-PF (2016) HAIMES FAMILY FOUNDATION			26-15784	71 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to.				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indi	ectly,	}	
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? (see instructions)		Y	es X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?	, , ,	Y	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	<b>3-</b>	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			<del></del>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		uned		
expenditure responsibility for the grant?		√N/A	es No	1 1
If "Yes," attach the statement required by Regulations section 53 494		.,		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	· ·		1	
a personal benefit contract?	pay promising on	□ v	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	perconal hanefit contract?	۱۰ لـــا		6b X
If "Yes" to 6b, file Form 8870	ersonal benefit contract.		-	1 22
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		es X No	1 1
		L 10		7b
Part VIII Information About Officers, Directors, Trust		nagare Highly		70
Paid Employees, and Contractors	ees, roundation wi	anagers, migni	y	
List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(if not paid,	employee deneili plans and deferred	(e) Expense account, other allowances
BARRY HAIMES	TRUSTEE	enter -0-)	compensation	allowalices
26 SHADY BROOK LANE	TRODIBE	1		
OLD GREENWICH, CT 06870	1.00	0.	0.	0.
JANE HAIMES	TRUSTEE	<del> </del>	· ·	
26 SHADY BROOK LANE	TKODIEE			
OLD GREENWICH, CT 06870	1.00	0.	0.	0.
ODD GREENWICH, CI 00070	1.00	+··	ļ	·
	•			
		<b>\</b>		
			:	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		L
2 Compensation of the highest-para employees (other than those me	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, other
NONE	devoted to position	<del> </del>	compensation	allowances
NONE		İ		
	ļ <u>.</u>	<del>}</del>	<del></del>	<del></del>
			ı İ	
	<del></del>	<del> </del>	<del></del>	<del></del>
		<del> </del>		<del></del>
		<del>   </del>	<del></del>	
250,000	<u>L </u>	1		
Total number of other employees paid over \$50,000				0
			Form	<b>990-PF</b> (2016)

Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	ation Managers, Highly	
Five highest-paid independent contractors for professional services. If none, enter	<del>- ,</del>	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensati
NONE	_	
_ <del>,</del>	<del> </del>	
		<del></del>
_ <del></del>		
		—————
	_	
dra one /	<u> </u>	
otal number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<del></del>	<u> </u>
	<del></del>	<del></del>
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statis' umber of organizations and other beneficiaries served, conferences convened, research papers proc	tical information such as the	Expenses
N/A	Juceu, etc.	<del></del>
N/A		
		<del></del>
<del></del>		
	<del></del>	
	<del></del>	
art IX-B   Summary of Program-Related Investments	<del></del>	<del></del>
escribe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
N/A		•
	<del></del>	
l other program-related investments. See instructions		<del></del>
. • • • • • • • • • • • • • • • • • • •		
	<b>—</b>	(

Form 990-PF (2016) HAIMES FAMILY FOUNDATION 26-1578471 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 526,652. 1a b Average of monthly cash balances 55,499. 16 c Fair market value of all other assets 1c 582,151. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 573,419. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 28,671. Minimum investment return Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here 
and do not complete this part.) 28,671. Minimum investment return from Part X, line 6 402 2a Tax on investment income for 2016 from Part VI, line 5 b Income tax for 2016 (This does not include the tax from Part VI.) 2b 402. c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 28,269. 5 Add lines 3 and 4 5 Ò. Deduction from distributable amount (see instructions) 6 28,269. Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 60,000. a 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 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form **990-PF** (2016)

60,000.

59,598.

4

6

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d</b> ) 2016
1 Distributable amount for 2016 from Part XI, line 7				28,269.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:	ĺ			
3 Excess distributions carryover, if any, to 2016		0.		
aFrom 2011 63,500.				
bFrom 2012 18,472.	)			
c From 2013 43,211.	}			1
dFrom 2014 11,203.				
e From 2015 56,929.				
f Total of lines 3a through e	193,315.			
4 Qualifying distributions for 2016 from	133,3131	<del></del>		
Part XII, line 4. ►\$ 60,000.				
a Applied to 2015, but not more than line 2a	ì		0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount	1			28,269.
a Remaining amount distributed out of corpus	31,731.			
5 Excess distributions carryover applied to 2016	0.			0.
(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;				
2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5	225,046.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.	i	
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		0.		
d Subtract line 6c from line 6b Taxable			<del></del>	
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2017		<del></del>		0.
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)	0.		<del></del>	
8 Excess distributions carryover from 2011	62 500	•		
not applied on line 5 or line 7	63,500.		<del></del>	
9 Excess distributions carryover to 2017.	161,546.			
Subtract lines 7 and 8 from line 6a	101, 340.	<del></del>		<del></del>
O Analysis of line 9: a Excess from 2012 18,472.		i		
b Excess from 2013 43, 211.				
c Excess from 2014 11, 203.				
dExcess from 2015 56,929.				
e Excess from 2016 31,731.				
<del></del>	<del></del>	<del> </del>	<del></del>	5 . 000 PT (00 (0)

	FAMILY FOUN			26-15	78471 Page 10
Part XIV   Private Operating F	<b>-oundations</b> (see in	structions and Part V	ll-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2016, enter the date of	the ruling	•		
b Check box to indicate whether the foun	dation is a private operation	ng foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for			<u> </u>		
each year listed	ĺ		}	Î .	l
b 85% of line 2a		<del></del>	<del>                                     </del>	<del></del>	
c Qualifying distributions from Part XII,		†	<del> </del>	<del> </del>	<del></del>
line 4 for each year listed			1	}	
d Amounts included in line 2c not	<b></b>	<del> </del>	<del> </del>	<del> </del>	
used directly for active conduct of	i	}	1	1	
exempt activities	1	-	1	{	
e Qualifying distributions made directly		<del> </del>	<del> </del>	<del> </del>	
, ,				[	
for active conduct of exempt activities				1	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	<u> </u>	<del> </del>	<del> </del>		
alternative test relied upon:			1		
a "Assets" alternative test - enter	i		}	Ì	
(1) Value of all assets	ļ	ļ	<del> </del>	<del></del>	<del></del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	j				
b "Endowment" alternative test - enter			<del> </del>	<u> </u>	<del></del>
2/3 of minimum investment return			1	Į į	
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,			1		
dividends, rents, payments on			ł	ł l	
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	<del></del>	<del></del>	· <del> </del>	<del> </del>	
and 5 or more exempt					
organizations as provided in				1	
section 4942(j)(3)(B)(III) (3) Largest amount of support from	<del> </del>	<del></del>	<del> </del>	<del>                                     </del>	
an exempt organization					
(4) Gross investment income			<del>                                     </del>	<del>   </del>	
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			tributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2) )			
NONE					
<b>b</b> List any managers of the foundation wh			(or an equally large portion	on of the ownership of a pa	rtnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗶 if the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations i	under other conditions, co	omplete items 2a, b, c, and	d.
a The name, address, and telephone num	iber or e-mail address of t	he person to whom appl	ications should be addres	ssed <sup>.</sup>	
<b>b</b> The form in which applications should t	ne submitted and informat	tion and materials they s	hould include		
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields	, kinds of institutions, or o	other factors	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Purpose of grant or contribution Foundation Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN CIVIL LIBERTIES UNION, INC. N/A ÞС GENERAL OPERATING 125 BROAD STREET, 18TH FLOOR SUPPORT NEW YORK, NY 10033 2,500. ANIMAL WELFARE SOCIETY N/A ₽C GENERAL OPERATING SUPPORT PO BOX 43 WEST KENNEBUNK, ME 04094 1,000. GENERAL OPERATING ANIMAL WELFARE SOCIETY N/A ÞС PO BOX 43 SUPPORT WEST KENNEBUNK, ME 04094 2,500. ARC OF THE UNITED STATES N/A РC GENERAL OPERATING 1825 K STREET NW STE. 1200 SUPPORT WASHINGTON, DC 20006 1,000. GENERAL OPERATING CHARITY WATER N/A ÞC SUPPORT 200 VARICK STREET, STE. 201 1,500. NEW YORK, NY 10014 60,000. SEE CONTINUATION SHEET(S) → 3a **b** Approved for future payment NONE Total **▶** 3b

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		section 512 513, or 514	(e)
1 Program service revenue	(a) Business code	( <b>b)</b> Amount	(C) Exclu- sion code	( <b>d</b> ) Amount	Related or exempt function income
a		<del></del>			
b		·			
<u> </u>	_				
d	— }—— <del>-</del>		<del></del>		
e		<del></del>	<del></del>	-	
T .	— <del>                                     </del>				
g Fees and contracts from government agencies					
2 Membership dues and assessments	<del></del>				
3 Interest on savings and temporary cash			14	12.	
Investments  A Dividende and interest from accuration		<del></del>	14	1,884.	<del></del>
4 Dividends and interest from securities			<del>  + <del> </del>   -</del>	1,004.	<del></del>
5 Net rental income or (loss) from real estate.			<del></del>		<del></del>
a Debt-financed property		·····	<del></del>		
b Not debt-financed property			_		<del></del>
6 Net rental income or (loss) from personal					
property	<b></b>	·····	01	<2,786.	
7 Other investment income			+ + + + + + + + + + + + + + + + + + + +	<2,700.	<u> </u>
8 Gain or (loss) from sales of assets other	1		18	43,135.	
than inventory	<del></del>		10	43,133.	
9 Net income or (loss) from special events				<del></del>	
10 Gross profit or (loss) from sales of inventory 11 Other revenue:			<del></del>		
a b	<del>-    </del>		<del> </del>		
	<del></del>				
			· <del>   </del>		
e	<del> </del>	······································	+-+-		
12 Subtotal Add columns (b), (d), and (e)	<del>                                 </del>		<del>) .                                   </del>	42,245.	0.
13 <b>Total</b> Add line 12, columns (b), (d), and (e)	<del></del>		<u></u>	13	10 015
(See worksheet in line 13 instructions to verify calculation	ns )				
			A D	9.00	<del></del>
Part XVI-B Relationship of Activiti	es to the Acco	mplishment of	Exempt Pu	irposes	
Line No Explain below how each activity for which	income is reported in	column (e) of Part XV	I-A contributed	importantly to the accom	plishment of
the foundation's exempt purposes (other	than by providing fur	ds for such purposes)			
		_			
	· · · · · · · · · · · · · · · · · · ·				

Form **990-PF** (2016)

HAIMES FAMILY FOUNDATION

Pa	rt XVII	Information Re Exempt Organ		nsfers To a	and Transaction	ns and	d Relationships With Nonch	aritable	В	
1	Did the or	<del></del>		v of the followin	in with any other organ	nization (	described in section 501(c) of	T	Yes	No
•		(other than section 501(c)		•	•		· ·	ļ		
a		from the reporting found:			-	3		ŀ		
	(1) Cash	_			•			1a(1)	}	Х
	(2) Other							1a(2)		X
b	Other tran	sactions:								
	(1) Sales	of assets to a noncharita	ble exempt organiz	ation				1b(1)		X
	(2) Purcl	nases of assets from a no	ncharitable exempt	organization				1b(2)		X
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X
	(5) Loan	s or loan guarantees						1b(5)		X
	(6) Perfo	rmance of services or me	mbership or fundra	aising solicitatio	ins			1b(6)		X
C	Sharing o	f facilities, equipment, ma	aling lists, other ass	sets, or paid em	ployees			10		X
d	If the answ	wer to any of the above is	"Yes," complete the	e following sche	dule. Column (b) shou	uld alway	ys show the fair market value of the goods.	, other ass	ets,	
						et value ii	n any transaction or sharing arrangement,	show in		
		i) the value of the goods,					·			
(a)∟	ine no	(b) Amount involved	(c) Name		e exempt organization		(d) Description of transfers transactions an	d sharing an	rangeme	nts
			ļ	N/A			·			
				<del> </del>						
			ļ			<del> </del>	<del></del>			
			<b></b>				<del></del>			
					<del></del>					
			<del> </del>				<del></del>			
			<del></del>							
			<del> </del>	<del></del>		<del></del>				
_										
			<del> </del>							
			<del></del>			~				
	-+-		<del>                                     </del>			<del></del> †				
		·								
		<del></del>	<del> </del>							
2a		ndation directly or indirection 501(c) of the Code (other		•	•	rganızatı	ions described	Yes	X	 ] No
ь		omplete the following sch	•	C)(3)) UI III 3601	1011 327		·	103		] 140
	11 103, 0	(a) Name of org			(b) Type of organiza	ition	(c) Description of relation	ship		
		N/A	<u></u>	<del></del>	<del>  `                                   </del>					
		<u>:`</u>								
				<u> </u>						
	landh						itements and to the best of my knowledge on of which preparer has any knowledge	lay the IRS of	discuss I	his
Sig	gn j 🛌		5/7n	1	ı	l	<b>1</b> · ·	hown below	(see ins	
me	<b> </b>		100			J	Talle	X Yes	<u> </u>	J No
	Sig	nature of officer or trustee		I Dropavario a	Date	I D.	Title Late Check I if PTIN			
		Print/Type preparer's na	11116	Preparer's s	ignature	10	self- employed			
Pa	id	T.J. RIGGS	ı	1			, , ,	0848	721	
	eparer	Firm's name ► PKF	' O'CONINO	P DAVIE	S LLP		Firm's EIN ▶ 27 – 1			
	eparer se Only	rum sname PFKF	O COMMO	" DUATE	ינונו , טו		FIIII SEIN P21-1	. 1203	<del>-</del> J	
		Firm's address ▶ 66	5 FIFTH	AVENUE						
		) NE	יאן ערטע יאי	NTV 1000	2		Dhanna /212	296	260	Λ

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

HAIMES FAMILY FOUNDATION 26-1578471 Organization type (check one) Filers of: Section: ) (enter number) organization Form 990 or 990-FZ 501(c)( 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, chantable, 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

Employer identification number

<u>HAIME</u>	S FAMILY FOUNDATION	2	6-1578471
Part I	.Contributors (See instructions) Use duplicate copies of Part I i	f additional space is needed	
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JANE T. HAIMES  26 SHADY BROOK LANE  OLD GREENWICH, CT 06870	 s71,640.	Person Payroll Noncash X (Complete Part It for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		   \$	Person Payroll Noncash (Complete Part If 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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
623452 10-1	9-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Employer identification number

### HAIMES FAMILY FOUNDATION

26-1578471

art II	Noncash Property (See instructions) Use duplicate copies of P	art 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
1	2,000 SHARES OF LGI HOMES INC.		
		\$\{\$	09/09/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(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
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	3-16	\$	90, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number HAIMES FAMILY FOUNDATION 26-1578471 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III enter the total of exclusively religious, charitable, etc. contributions of \$1 000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor CITY HARVEST, INC. N/A ÞС GENERAL OPERATING 6 EAST 32ND STREET, 5TH FLOOR SUPPORT NEW YORK, NY 10016 1,000. COOPERATIVE FOR ASSISTANCE AND RELIEF N/A ÞС GENERAL OPERATING EVERYWHERE (CARE USA), INC. SUPPORT 151 ELLIS ST. NE ATLANTA, GA 30303 1,000. COUNCIL FOR ECONOMIC EDUCATION N/A ЬĊ GENERAL OPERATING 122 E 42ND STREET SUPPORT NEW YORK, NY 10168 5,000. FUTURES WITHOUT VIOLENCE N/A ÞC GENERAL OPERATING 100 MONTGOMERY ST., THE PRESIDIO SUPPORT SAN FRANCISCO, CA 94129 2,500. IMMIGRANT LEGAL ADVOCACY PROJECT N/A GENERAL OPERATING ₽C 309 CUMBERLAND AVE. STE. 201 SUPPORT PORTLAND, ME 04112 1,000. INTERNATIONAL RESCUE COMMITTEE INC. РC N/A GENERAL OPERATING 122 EAST 42ND STREET SUPPORT NEW YORK, NY 10168 4,000. MAILMAN SCHOOL OF PUBLIC HEALTH -N/A ÞС GENERAL OPERATING SUPPORT COLUMBIA UNIVERSITY ' 722 WEST 168TH STREET NEW YORK, NY 10032 5,000. MAINE CHILDRENS ALLIANCE N/A РC GENERAL OPERATING 303 STATE STREET SUPPORT AUGUSTA, ME 04330 2,000. MAYO CLINIC N/A ÞС GENERAL OPERATING SUPPORT 200 FIRST STREET SW ROCHESTER, MN 55902 1,500. MEMORIAL SLOAN KETTERING CANCER N/A PC GENERAL OPERATING SUPPORT CENTER 1275 YORK AVE 1,500. NEW YORK, NY 10065 Total from continuation sheets 51,500.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient NAMI MAINE N/A ₽C GENERAL OPERATING 1 BANGOR STREET SUPPORT AUGUSTA, ME 04330 500. PARTNERS IN HEALTH N/A ЬC GENERAL OPERATING 150 STATE STREET SUPPORT BREWER, ME 04412 2,000. PLANNED PARENTHOOD FEDERATION OF N/A ÞС GENERAL OPERATING AMERICA INC. SUPPORT 123 WILLIAM STREET NEW YORK, NY 10038 2,500. SAVE THE CHILDREN N/A ₽C GENERAL OPERATING SUPPORT 54 WILTON ROAD WESTPORT, CT 06880 2,500. SOUTHERN EDUCATION FOUNDATION N/A ÞС GENERAL OPERATING 135 AUBURN AVENUE NE, 2ND FLOOR SUPPORT ATLANTA, GA 30303 1,500. SPECIAL OLYMPICS N/A РC GENERAL OPERATING 535 EAST 70TH STREET SUPPORT NEW YORK, NY 10021 500. THE DOOR - A CENTER OF OF N/A PC GENERAL OPERATING ALTERNATIVES INC. SUPPORT 121 AVENUE OF THE AMERICAS NEW YORK, NY 10013 2,500. N/A THE TRUSTEES OF THE UNIVERSITY OF PC GENERAL OPERATING SUPPORT PENNSYLVANIA 3451 WALNUT STREET SUITE 305 PHILADELPHIA, PA 19104 12,000. TRUSTEES OF HAMILTON COLLEGE N/A ÞС GENERAL OPERATING 198 COLLEGE HILL ROAD SUPPORT CLINTON, NY 13323 1,000. UNIVERSITY OF CHICAGO - BOOTH SCHOOL N/A ÞС GENERAL OPERATING SUPPORT OF BUSINESS 6054 S. DREXEL AVENUE, NO. 300 CHICAGO, IL 60637 2,000. Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPOR	ARY C	ASH IN	VESTMENTS	STATEMENT	1
SOURCE			(A) VENUE BOOK			(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME	i
MERRILL LYNCH MONEY INTEREST	MARKET		·	12.		12.		
TOTAL TO PART I, LI	NE 3			12.		12.		
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	( <i>F</i> REVI PER I	ENUE	(B) NET INVEST MENT INCOM	(C) I- ADJUSTE ME NET INCO	D ME
MERRILL LYNCH SAGE OPPORTUNITY FUND QP LP	1,184.		0.	1	1,184. 700.	·		
TO PART I, LINE 4	1,884.		0.	1	L,884.	1,884	1.	
FORM 990-PF		OTHER	INCO	ME			STATEMENT	3
DESCRIPTION			RE	(A) VENUE BOOKS		(B) ET INVEST- ENT INCOME		
OTHER PARTNERSHIP I OTHER INVESTMENT IN		•				<61. <2,725.		<del></del> .
TOTAL TO FORM 990-P	F, PART I, I	INE 11		<2,7	786.>	<2,786.	,>	

FORM 990-PF	TAX	ES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
FOREIGN TAXES EXCISE TAXES	43. 57.		43.			0.
TO FORM 990-PF, PG 1, LN 18 =	100.		43.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM		
BANK FEES EXPENSES THROUGH K-1	54. 744.		54. 744.			0.
TO FORM 990-PF, PG 1, LN 23	798.		798.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	K VALUE	FAIR MARKE	Т
ATTACHMENT A - PAGE 2 OF 3		•		560,815.	545,94	45.
TOTAL TO FORM 990-PF, PART II	, LINE 10B			560,815.	545,94	45.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKET	T
<del></del>		<del></del>				
ATTACHMENT A - PAGE 3 OF 3	1	COST		28,008.	21,13	35.

(5,126 10) (645 62) (5,771 72)

28.554.00 42.831.00 71,385.00

33,680.10 142,7700 43,476.62 142,7700 77,156.72

CP 06/10/15 11/08/16 Symbol Acquired

CANADIAN PACIFIC RAILWAY

**EQUITIES** Description

Subtotal

Unrealized Estimated Current Gain/(Loss) Annual Income Yield%

Estimated Market Value

Total Estimated Cost Basis Market Price

Unit

Quantity Cost Basis

EIN: 26-1578471

Merrill Lynch

December 01, 2015 - December 30, 2016

BARRY G HAIMES TTEE

ACCOUNT INVESTMENT OBJECTIVE

## YOUR CMA FOR TRUST ASSETS

December 01, 2016 December 30, 2016

EQUITIES (continued) Description	Symbol Acquired	Quantity	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)Ar	Unrealized EstimatedCurrent Gain/(Loss)Annual Income Yield%	urrent field%
COBALT INTL ENERGY INC Subtotal	CIE 10/29/13 12/16/13	3.000 4,000 7,000	24 4621 15 8572	73,386 43 63,428 87 136,815.30	12200	3 660 00 4,880.00 8,540.00	(69,726 43) (58,548.87) (128,275.30)	· · · · · · · · · · · · · · · · · · ·	
HDFC BANK LTD ADR Subtotal	HDB 01/06/12 08/30/13	400 800 1,200	27.1630 29 3185	10.865.21 23,454.82 34.320 03	60.6800	24,272 00 48,544.00 7 <b>2,816.00</b>	13,406 79 25,089 18 38,495 97	162 323 <b>485</b>	88. 88.
LGI HOMES INC SHS	LGIH 11/20/14 12/05/14 01/19/16 03/08/16	2,000 2,000 2,000 1,200	163487 148183 218151 22.7076	32,697 59 29,636 74 71,640 00 27,249,20	28.7300 28.7300 28.7300 28.7300	57,460 00 57,460.00 57,460.00 34,476 00	24,762 41 27,823.26 13,829.64 7,226 80		
Subtotal U S CONCRETE INC	USCR 11/08/16	7,200	49 3342	161,223 53 49,334.28	65.5000	206,856.00 65,500.00	73,642.11 16,165 72		
XPO LOGISTICS INC Subtotal	XPO 08/13/15 09/09/15	800 2,000 2,800	39 4758 35 1919	31,580 66 70,383.96 101,964.62	43.1600	34,528 00 86,320 00 120,848.00	2 947.34 15,936 04 18,883.38		
TOTAL				560,814.48		545,945.00	13 140 16	1,247	23

### RESEARCH RATINGS

	1	erage
S&P	Buy	No Coverage
orningstar	Hold	pld
×	· <b>I</b>	Ī
t)		
BofAML Researc	Buy (817)	Buy (C17)
Symbol	CP GO	HDB
	RAILWAY	ADR
Security	CANADIAN PACIFIC RAILWAY	HDFC BANK LTD ADR

# PLEASE REFER TO THE BACK OF YOUR STATEMENT FOR A GUIDE TO BOFAML AND THIRD PARTY RESEARCH RATINGS.

							Cumulative	Estimated
MUTUAL FUNDS/CLOSED END FUNDS/UIT	JNDS/UIT	Total	Total Estimated	Estimated	Unrealized	Total Client	Investment	Annual Current
Description	Quantity	Cost Basis 1	Market Price	Market Value	Gain/(Loss)	Investment	Return (\$)	Income Yield%
COLUMBIA ETF TR II SHS 1.50	1.500	28,008.49	14.0899	21,134.85 (6,873 64) 28	(6.873.64)	28,008	(6,873)	28,008 (6,873) 193 .90
COLUMBIA INDIA								

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EIN: 26-1578471

Merrill Lynch

BARRY G HAIMES TTEE

YOUR CMA FOR TRUST ASSETS

TOUR CIMA FOR TOUR ASSETS					Decem	December 01 2016 - December 30, 2016	ecember 30,	2016
MUTUAL FUNDS/CLOSED END FUNDS/UIT (continued) Description	Total Cost Basis N	Total Estimated Cost Basis Market Price	Estimated Market Value	Unrealized Gam/(Loss)	Total Client	Cumulative Investment Return (\$)	Estimated Annual Current	rrent ield%
SYMBOL SUN Introl Purchase 02,14,11! Fruity 100%				,				
Subtotal (Equities)	08 008 40		21,134 85	16 07 2 6 0)		10.00		8
JAIO!	64 000,02		27,134,00			(6,8/3)	193 91	7