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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491128008237

OMB No 1545-0052

2016

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-20)16 , aı	nd ending 12-31-	2016	
		Indation DN FOUNDATION			entification numbe	er
				36-3715158		
		d street (or P O box number if mail is not delivered to street address) FELLIN RSM 1 S WACKER DR 800	Room/suite	B Telephone nu	ımber (see ınstructioi	ns)
				(312) 706-413:	ı	
		n, state or province, country, and ZIP or foreign postal code L 60606		C If exemption	application is pendin	g, check here
G Cl	neck al	Il that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check h	ere 🖫 🔲
		Final return Amended return			rganizations meeting k here and attach co	
		Address change			undation status was t	· —
		$ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private			n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust Other taxable				_
of	year <i>(f</i>	xet value of all assets at end from Part II, col (c), • \$ 940,192 J Accounting method ☐ Other (specify) (Part I, column (d) must	☑ Cash ☐ Accru		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	697,686			
	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	8,547	8,547		
	5a b	Gross rents				
ω	6a	Net gain or (loss) from sale of assets not on line 10	210,413			
Ĕ	ь	Gross sales price for all assets on line 6a	·			
Revenue	_	539,605				
~	7	Capital gain net income (from Part IV, line 2)		210,413		
	8	Net short-term capital gain				
	10a	Gross sales less returns and allowances				
	ь	Less Cost of goods sold	_			
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	5,000	0		
	12	Total. Add lines 1 through 11	921,646	218,960		
	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
es G	15	Pension plans, employee benefits				
ens	16a	Legal fees (attach schedule)	520			520
and Administrative Expenses	b	Accounting fees (attach schedule)	3,850			963
ve l	_ c	Other professional fees (attach schedule)	2,880	2,880		0
rati	17	Interest	₩ 448	448		0
ıst	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	448	448		-
Ī	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
puc	22	Printing and publications				
	23	Other expenses (attach schedule)	9	0		15
Operating	24	Total operating and administrative expenses.				
ber		Add lines 13 through 23	7,713	6,215		1,498
0	25	Contributions, gifts, grants paid	359,900			359,900
	26	Total expenses and disbursements. Add lines 24 and 25	367,613	6,215		361,398
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	554,033			
	ь	Net investment income (If negative, enter -0-)		212,745		
	С	Adjusted net income(If negative, enter -0-)				
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289	Y For	rm 990-PF (2016)

*

897

443,061

443.061

443,061

443,061

785

940,192

674,708

674.708

674,708

674,708

2 3

4

5

6

443,061 554,033

997,094

322,386

674,708

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Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg , and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

12

13 14

15 16

17

18

19 20

21

22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

3

Page **3**

	(a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a MORGAN STANLEY #0592	2				
b MORGAN STANLEY #0592	2				
c US TRUST #3288					
d CAPITAL GAINS DIVIDEN	DS		Р		
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		or (loss)
Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f	f) minus (g)
a	448		421		27
b 523	3,133		321,359		201,774
c 12	2,685		7,412		5,273
d 3	3,339				3,339
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
· · · · · · · · · · · · · · · · · · ·	(i)	<u> </u>	(k)		h) gain minus
(i) FMV as of 12/31/69	Adjusted basis	Excess	of col (ı)		less than -0-) or
	as of 12/31/69	over col	(j), if any	Losses (fr	om col (h))
a					27
b					201,774
c					5,273
d					3,339
e					
· -	or (net capital loss) ain or (loss) as defined in sections in the section in the s		Part I, line 7	3	210,413
For optional use by domestic pr f section 4940(d)(2) applies, lea Vas the foundation liable for the	Inder Section 4940(e) for Receivate foundations subject to the secure this part blank e section 4942 tax on the distributate qualify under section 4940(e) Do	ction 4940(a) tax on ne	et investment incom in the base period	e)	es 🗹 No
	ount in each column for each year,				
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rat (col (b) divided by o	
2015	403,530		667,547		0 604497
2014	427,791		680,324		0 628805
2013	321,819		686,986		0 468451
2012	363,238		649,830		0 558974
2011	410,983		650,071		0 632212
2 Total of line 1, column (d)		2		2 892939
3 Average distribution ratio number of years the found	, for the 5-year base period—divide dation has been in existence if less incharitable-use assets for 2016 from	the total on line 2 by 5, than 5 years n Part X, line 5	' ' l =		0 578588 580,771 336,027
	nt income (1% of Part I, line 27b)		6		2,127
			 0		
	one from Part VII line 4				338,154
	ons from Part XII, line 4 , ater than line 7, check the box in Pa		<u>8</u> nplete that part usin	l g a 1% tax rate Se	361,398 ee the Part VI
				Fo	orm 990-PF (2016)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, ent	er "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.		0
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele	want statistical information and as the mineral	hav at
organizations and other beneficiaries served, conferences convened, research papers produced in the conference of the co		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see I	<u> </u>	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
*		<u>-</u>
2		
All other program-related investments See instructions		0
3% Total. Add lines 1 through 3		
		Form 990-PF (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

За 3b

4

5

361.398

2.127

359.271

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

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

b

2

3

4

2016

Page 9

31.912

31.912

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0

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Part XIII	Undistributed Income (see instructions)						

b Total for prior years

From 2011. . . .

b From 2012. **c** From 2013.

d From 2014.

e From 2015.

XII, line 4 > \$

indicated below:

Distributable amount for 2016 from Part XI, line 7
 Undistributed income, if any, as of the end of 2016
 Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

b Excess from 2013. .

d Excess from 2015. .

e Excess from 2016. . .

c Excess from 2014. . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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 e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 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

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a
 b Applied to undistributed income of prior years (Election required—see instructions).
 c Treated as distributions out of corpus (Election required—see instructions).

379,465 331,102

287,768 394,823

370,193

331,102 287,768

394.823

370.193

329.486

(a)

Corpus

1,763,351

329,486

2.092.837

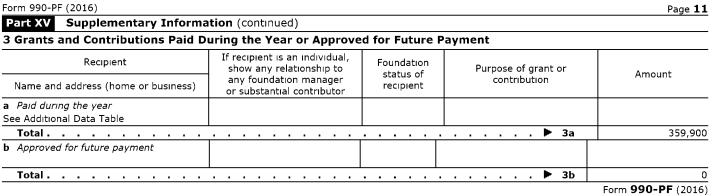
379,465

1,713,372

(b)

Years prior to 2015

(c)



inter gross amounts unless otherwise indicated		Unrelated bus	siness income	Excluded by section	(e) Related or exempt	
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
-						
	and contracts from government agencies rship dues and assessments.					
3 Intere	st on savings and temporary cash					
	ments			14	8,547	
	tal income or (loss) from real estate				0,5 17	
	financed property					
	ebt-financed property noterity into the property of					
	nvestment income					5,000
	r (loss) from sales of assets other than					3,000
	ory			18	210,413	
	ome or (loss) from special events profit or (loss) from sales of inventory			+		
	evenue a					
с				l l		
c						
c d e			0		218,960	5,000
c d e 2 Subtota 3 Total.	Add columns (b), (d), and (e)		0	13	218,960	
c d e 2 Subtota 3 Total. A	al Add columns (b), (d), and (e).	ns)		13	· · · · · · · · · · · · · · · · · · ·	
c d e 2 Subtota 3 Total. A See worksh Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishr Income is reported	ment of Exempled in column (e) of	ot Purposes Part XVI-A contribut	ted importantly to	
c d e 2 Subtota 3 Total ee worksi Part XVIine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which	ns) e Accomplishr Income is reported	ment of Exempled in column (e) of	ot Purposes Part XVI-A contribut	ted importantly to	
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Part X	VII	Information Re Exempt Organi		ransi	fers To a	and Transacti	ons	and Relation	nships With Non	charitable		
		anization directly or in ode (other than sectio	directly enga							on 501	Yes	No
		om the reporting foun		_								
(1)	Cash.									. 1a(1)		No
(2)	Other	assets								. 1a(2)		No
b Other	trans	actions										
		of assets to a nonchar	•	_						. 1b(1)		No
(2)	Purcha	ses of assets from a n	oncharitable	exem	pt organiz	zation				1b(2)		No
(3) Rental of facilities, equipment, or other assets									1b(3)		No	
		ursement arrangemen								. 1b(4)		No
		or loan guarantees.								. 1b(5)		No
		nance of services or m			-					. 1b(6)		No
	-	acilities, equipment, n er to any of the above			=							No
of the	good y trans	s, other assets, or ser- action or sharing arra (b) Amount involved	vices given b ngement, sh	y the ow in	reporting column (c	foundation If the	e fou ne go	undation receive oods, other asse	d less than fair mark	ket value red	ngemen	ts
	-											
	-											
	1											
	_											
	_											
	-											
		lation directly or indire i section 501(c) of the	•			•				. 🗆 Yes	☑ N	0
b If "Ye	s," coi	nplete the following so (a) Name of organization			l a	b) Type of organizat	tion	l	(c) Description	of relationship		
		, _, or organization			ļ ,	, . , p 5 or organizati			(2) B sacription			
Sign	of my	penalties of perjury, knowledge and belief preparer has any kno	, it is true, co									
Here	*:	****				2017-05-04		*****	M	ay the IRS discu- ith the preparer	s this re	eturn
	Sı	gnature of officer or ti	rustee			Date		Title		see instr)? 🗹 🕻		
		Print/Type preparer's	name	Prepa	arer's Sıgr	nature		Date	Check if self-	PTIN P00440)453	
Paid	.	EDWARD J FELLIN							employed ▶ Ш			
Prepa Use O		Firm's name ► RSM	US LLP						F	firm's EIN ▶42	-07143	325
-	7	Firm's address ▶ 1 :	S WACKER D	RIVE	STE 800							
		CH	IICAGO, IL 6	50606					P	Phone no (312) 634-3	3400

Form 990PF Part XV Line 1a - 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).

than \$5,000).

TRACY L MERRILL

JOSEPH W MERRILL

s and Contributions Paid	During the `	Year or Approved for Future	Payment
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
any foundation manager or substantial contributor	recipient		
NONE	PC	SOCIAL WELFARE	210,000
NONE	PC	CHARITABLE	1,000
NONE	PC	MEDICAL	5,000
NONE	PC	MEDICAL	2,000
NONE	PC	CHARITABLE	150
NONE	PC	RELIGIOUS	6,500
NONE	PF	CHARITABLE	1,000
NONE	PC	CHARITABLE	500
NONE	PC	CHARITABLE	500
NONE	PC	EDUCATION	2,000
NONE	PC	CHARITABLE	5,000
NONE	PC	ARTS/HUMANITIES	500
NONE	PC	EDUCATION	2,000
NONE	PC	EDUCATION	1,500
NONE	PC	EDUCATIONAL	1,000
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PC NONE PC	show any relationship to any foundation manager or substantial contributor NONE PC SOCIAL WELFARE NONE PC CHARITABLE NONE PC MEDICAL NONE PC MEDICAL NONE PC CHARITABLE NONE PC RELIGIOUS NONE PF CHARITABLE NONE PF CHARITABLE NONE PC CHARITABLE NONE PC CHARITABLE CHARITABLE NONE PC EDUCATION PC EDUCATION NONE PC EDUCATION PC EDUCATION PC EDUCATION PC EDUCATION

Total . 3a 359,900

Form 990PF Part XV Line 3 - Grant	ts 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				
ISLESFORD VOLUNTEER FIRE DEPARTMENT 16 MAPLE AVE PO BOX 56 ISLESFORD, ME 04646	NONE	PC	CHARITABLE	2,000
LITTLE CRANBERRY YACHT CLUB - COMMUNITY SAILING & EDUCATION FOUNDATION 840 MICHELTORENA STREET LOS ANGELES, CA 90026	NONE	PC	CHARITABLE	3,000
MCLEAN HOSPITAL 115 MILL STREET MAIL STOP 126 BELMONT, MA 02478	NONE	PC	MEDICAL	10,000
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL ROAD MILLBROOK, NY 12545	NONE	PC	EDUCATION	50,000
MILTON ACADEMY 170 CENTRE STREET MILTON, MA 02186	NONE	PC	EDUCATION	5,000
NATURE CONSERVANCY 8 SOUTH MICHIGAN AVE 900 CHICAGO, IL 60603	NONE	PC	CHARITABLE	12,500
NEW CANAAN COUNTRY SCHOOL 635 FROGTOWN ROAD NEW CANAAN, CT 06840	NONE	PC	EDUCATION	5,000
NEW CANAAN LIBRARY 151 MAIN STREET NEW CANAAN, CT 06840	NONE	PC	EDUCATION	750
NEW CANAAN MOUNTED TROOP INC 22 CARTER STREET NEW CANAAN, CT 06840	NONE	PC	EDUCATION	1,000
NEW CANAAN NATURE CENTER 144 OENOKE RIDGE NEW CANAAN, CT 06840	NONE	PC	EDUCATION	1,000
NEW CANAAN YMCA 564 SOUTH AVENUE NEW CANAAN, CT 06840	NONE	PC	SOCIAL WELFARE	12,000
NORTH SHORE COUNTRY DAY SCHOOL 310 GREEN BAY ROAD WINNETKA, IL 60093	NONE	PC	EDUCATION	500
STEPPING STONES MUSEUM 303 WEST AVENUE NORWALK, CT 06850	NONE	PC	ANNUAL FUND	1,000
UBUNTU EDUCATION FUND 32 BROADWAY SUITE 414 NEW YORK, NY 10004	NONE	PC	EDUCATION	500
UNIVERSITY OF CHICAGO BUSINESS SCHOOL 1101 EAST 58TH STREET CHICAGO, IL 60637	NONE	PC	EDUCATION	500
Total				359,900

3а

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

VOICES OF SEPTEMBER 11 161 CHERRY STREET NEW CANAAN, CT 06840	NONE	PC	CHARITABLE	1,000
WAVENY LIFE CARE NETWORK	NONE	PC	MEDICAL	1,000

WAVENY LIFE CARE NETWORK 3 FARM ROAD NEW CANAAN, CT 06840	NONE	PC	MEDICAL	1,000
WILLIAMS COLLEGE 75 PARK STREET	NONE	PC	EDUCATION	14,500

NEW CANAAN, CT 06840				
WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267	NONE	PC	EDUCATION	14,500
Total				359,900

VILLIAMS COLLEGE 75 PARK STREET VILLIAMSTOWN, MA 01267	NONE	PC	EDUCATION	
Total				3

3a

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		D	LN: 93491128008237		
TY 2016 Accounting Fees Schedule							
Name: HALF MOON FOUNDATION							
	EIN:	36-3715158					
				 	1		
Category	Amo	unt Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

2,887

3,850

TAX PREP FEE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	.N: 93491128008	237	
TY 2016 All Other Program Related Investments Schedule						
Name:	HALF MOON FO	UNDATION				
EIN:	36-3715158					
	Category			Amount		
NONE					0	

DLN: 93491128008237

Name: HALF MOON FOUNDATION

EIN: 36-3715158

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name of Bond	End of Year Book Value	End of Year Fair Market Value
METROPOLITAN WEST	0	0
TEMPLETON GLOBAL TOTAL RETURN FD	18,439	17,855
SCOUT UNCONSTRAINED BD FUND	40,060	40,475

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491128008237
TV 2016 Investments Company		

TY 2016 Investments Corporate Stock Schedule

Name: HALE MOON FOUNDATION

EIN: 36-3715158	ATION	
Name of Stock	End of Year Book Value	End of Year Fair Market Value
ASTON RIVER ROAD DIVIDEND ALL CAP VALUE FUND	15,105	24,821
ABERDEEN EMERGING MARKETS	43,070	45,810
SPDR S&P 500 ETF	130,554	247,895
T ROWE PRICE NEW HORIZONS	88,973	144,693
JOHCM INTERNATIONAL SELECT FUND	75,090	107,778
LORD ABBETT SHT DURATION INC F	67,500	67,343
VANGUARD SMALL CAP ETF	32,506	31,724
UBS E-TRACS ALERIAN	30,037	31,421
BROWN ADV WMC STRAT EURO EQ I	43,053	43,015
AMERICAN EUROPACIFIC GROWTH F2	67,722	114,763

efile GRAPHIC print - DO NOT PROCI	ESS As Filed Data	-	DLI	N: 93491128008237
TY 2016 Legal Fees Sched	ule			
	me: HALF MOON EIN: 36-3715158			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	520	0		520

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As Filed Data -

Name: HALF MOON FOUNDATION

DIVIDEND RECEIVABLE

EIN: 36-3715158

Other Assets Schedule

Description

Beginning of Year -End of Year - Book End of Year - Fair **Book Value** Value

897



785

DLN: 93491128008237

Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491128008237				
TY 2016 Other Decreases Schedule							
Name:	HALF MOON F	OUNDATION					
EIN:	36-3715158						
De	escription		Amount				
UNREALIZED ADJUSTMENT FOR APPREC	IATED STOCK		322,386				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491128008237		
TY 2016 Other Expenses Schedule						
Name:	HALF MOON FO	UNDATION				
EIN:	36-3715158					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ILLINOIS CHARITY BUREAU	15	0		15		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: HALF MOON FOUNDATION

EIN: 36-3715158

Description

Other Income Schedule

RESCINDED GRANT

Net Investment

Income

DLN: 93491128008237

5,000

Adjusted Net Income

5,000

Revenue And **Expenses Per Books**

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491128008237	
TY 2016 Other Professional Fees Schedule					
				1	
Nar	me: HALF MOON	FOUNDATION			
E					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
CREDIT SUISSE INVESTMENT FEE	940	940		0	

250 1,690

250

1,690

US TRUST CUSTODY FEES

MORGAN STANLEY CUSTODY FEES

efile GRAPHIC print - DO NOT PRO	CESS As Filed Data	As Filed Data - DLN: 93491128008237				
TY 2016 Taxes Schedule						
N	lame: HALF MOON	FOUNDATION				
	EIN: 36-3715158					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FOREIGN TAXES	448	448		0		

efile GRAPHIC print - I	DO NOT PROCESS As Filed Data -		DLN: 93491128008237				
Schedule B	Schedule of Contributors		OMB No 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990.							
Name of the organizat HALF MOON FOUNDATIO		Employer ic	lentification number				
		36-3715158					
Organization type (che	eck 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 foundary	tion					
	☐ 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						
141	cation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution from any one contributor. Complete Parts I and II. See instructions for	•	•				
Special Rules							
under sections : received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ 3% 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pony one contributor, during the year, total contributions of the greater of (1) \$5,000 ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	art II, line 13,	16a, or 16b, and that				
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							
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such con ecked, enter here the total contributions that were received during the year for an it complete any of the parts unless the General Rule applies to this organization be able, etc., contributions totaling \$5,000 or more during the year	ntributions tota exclusively re pecause it rec	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>				
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file to time the same of	H of its					
For Paperwork Reduction for Form 990, 990-EZ, or 9		ıle B (Form 990	, 990-EZ, or 990-PF) (2016)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization Employer identification number HALF MOON FOUNDATION 36-3715158 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person JOE AND TRACY MERRILL **Payroll** 726 WEED STREET \$351,329 Noncash NEW CANAAN, CT06840 (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person JOE AND TRACY MERRILL Payroll 726 WEED STREET \$ 114,712 Noncash NEW CANAAN, CT06840 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person JOE AND TRACY MERRILL **Payroll** 726 WEED STREET \$ 116,213 Noncash NEW CANAAN, CT06840 (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution Person JOE AND TRACY MERRILL Payroll 726 WEED STREET \$ 115,432 Noncash NEW CANAAN, CT06840 (Complete Part II for noncash contributions) (c) (a) (b) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 3			
Name of organization HALF MOON FOUNDATION		Employer identification number	
		36-3715158	
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,549 SHS OF SPDR S&P 500 ETF TRUST	\$ 351 329	2016-12-15
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	2,552 SHS OF AMERICAN EUROPACIFIC GROWTH F2	\$ 114 712	2016-12-29
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	518 SHS OF SPDR S&P 500 ETF TRUST	\$ 116 213	2016-12-29
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	2,653 SHS OF T ROWE PRICE NEW HORIZONS FUND	\$ 115 432	2016-12-29
(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
		\$	
		Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)