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Form **990-PF** 

OMB No 1545-0052 2016

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.

Open to Public Inspection

| For                              | calend    | dar year 2016 or tax year beginning 07/01/16  |   | 0/17                | ac min      |  | <u> </u>  |
|----------------------------------|-----------|---|---|---------------------|-------------|--|---|
| Na                               | me of fou | undation  |   |                     | A Empl      | oyer identification number   |   |
|                                  |           | & Lillian Fessenden Family  |   |                     |             |  |   |
|                                  |           | dation  |   | <del></del>         |             | -6146092   | <del> </del>  |
|                                  |           | d street (or P O box number if mail is not delivered to street address)  CPAs , 169 E Flagler St Ste 80 | il i                                    | oom/suite           |             | hone number (see instruction 5-577-4333  | s)  |
|                                  |           | , state or province, country, and ZIP or foreign postal code  | , o                                     |                     | 30          | 3-3/1-4333   |   |
|                                  | iam       |   | 296                                     |                     | C If exe    | mption application is pending,   | check here  |
| G                                | Check a   |   | rn of a former public ch                | arıtv               | D 1 Fo      | oreign organizations check he  | ere •   |
|                                  |           | Final return Amended  | •                                       | ,                   |             | oreign organizations meeting t   |   |
|                                  |           | Address change Name cha   |   |                     |             | 5% test, check here and attach   |   |
| Н (                              | hack t    | ype of organization X Section 501(c)(3) exempt private  |   |                     | E If priv   | ate foundation status was terr   | munated under   |
|                                  |           | ,   | e private foundation                    |                     |             | on 507(b)(1)(A), check here  | ▶   |
|                                  |           | ket value of all assets at J Accounting method  |   | rual                | F If the    | foundation is in a 60-month te   | ermination  |
|                                  |           | ear (from Part II, col (c), Other (specify)   | 00011 7.00                              |                     |             | section 507(b)(1)(B), check h  | . 1   |
|                                  | ne 16) l  |   | he on cash hasis )                      |                     |             |  |   |
|                                  | art I     | Analysis of Revenue and Expenses (The total of  | (a) Revenue and                         |                     |             |  | (d) Disbursements                                       |
| D.3 -2 -2                        |           | amounts in columns (b), (c), and (d) may not necessarily equal  | expenses per                            | (b) Net inv         |             | (c) Adjusted net income  | for charitable purposes                                 |
|                                  | 1         | the amounts in column (a) (see instructions) )  | books                                   | 3.00                |             |  | (cash basis only)                                       |
|                                  | 1         | Contributions, gifts, grants, etc , received (attach schedule)  |   | , 9405 -<br>, 125 - | •           | 1  | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                 |
|                                  | 2         | Check ► X if the foundation is <b>not</b> required to attach Sch B                                      | * * * * * * * * * * * * * * * * * * *   | 7                   | ·           | The state of the s | 3-1 to 1911 1 1 1 1 1                                   |
|                                  | 3         | Interest on savings and temporary cash investments  | 80                                      |                     | 80          |  | ا اوراً ارتی از این |
|                                  | 4         | Dividends and interest from securities  | 3,909                                   |                     | 3,909       |  | 200 200 1   |
|                                  | 5a        | Gross rents   |   |                     | <del></del> |  |   |
| ne                               | b         | Net rental income or (loss)   | , , , , , , , , , , , , , , , , , , ,   |                     |             |  | 1 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3                 |
| Ē                                | 6a        | Net gain or (loss) from sale of assets not on line 10   |   | r                   |             | 31,1   |   |
| Revenue                          | b         | Gross sales price for all assets on line 6a   | 724                                     | / <sub>e</sub> =    | · · ·       |  | C + 1   |
| œ                                | 7         | Capital gain net income (from Part IV, line 2)  |   |                     | 0           | ÷ + +  | 11 .  |
|                                  | 8         | Net short-term capital gain   | , f 1                                   | · · · ·             |             | U  | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                 |
|                                  | 9         | Income modifications  |   |                     |             | 1 11   |   |
|                                  | 10a       | Gross sales less returns and allowances   | - 11                                    |                     | *42         | 10, 10   | 28  |
|                                  | b         | Less Cost of goods sold   | , | Z:3/1/3             |             | 100  | 13  |
|                                  | 11        | Gross profit or (loss) (attach schedule)  |   | (E. v. )            | ****        |  | AST AST AST   |
| ~                                | 12        | Other income (attach schedule)  Total. Add lines 1 through 11   | 3,989                                   |                     | 3,989       | 0  | Transport of the second                                 |
| 3                                | 13        | Compensation of officers, directors, trustees, etc  | 0,000                                   |                     | 5,505       | ······   | . 3. 7  |
| ses.                             | 14        | Other employee salaries and wages   |   |                     |             |  |   |
| ens<br>⊨                         | 15        | Pension plans, employee benefits  |   |                     |             |  |   |
| e                                | 16a       | Legal fees (attach schedule)  |   | ACTOR 1             |             |  |   |
| Operating and Administrative Exp | ь         | Accounting fees (attach schedule) Stmt 1  | ECE 12 7954                             |                     | 2,216       |  | 738   |
| <u>∠o</u><br><u>≥</u> _≥         | c         | , , , , ,   | (4) Company (4) (4) (4) (4) (4)         | 100                 |             |  |   |
| ī e                              | 17        | Other professional fees (attach schedule) Interest Tayes (attach schedule) (see instructions)           | OCT 3 0 2017                            | iĢi                 |             |  |   |
| <u> Zis</u>                      | 18        | Taxes (attach schedule) (see instructions)  |   | હિં                 |             |  |   |
| 4.E                              | 19        | Depreciation (attach schedule) and depletion  | JONEN IIT                               | <u>"= </u>          |             |  |   |
| Ç.                               | 20        | Occupancy   |   |                     |             |  |   |
| € <b>Q</b>                       | 21        | Travel, conferences, and meetings   |   |                     |             |  |   |
| aŭ                               | 22        | Printing and publications   |   |                     |             |  |   |
| ğ                                | 23        | Other expenses (att sch) Stmt 2   | 30                                      |                     | 30          |  |   |
| ætir                             | 24        | Total operating and administrative expenses.  |   |                     |             | _  |   |
| ē                                |           | Add lines 13 through 23   | 2,984                                   |                     | 2,246       |  | 738   |
| ဝီ                               | 25        | Contributions, gifts, grants paid   | 10,000                                  | -, '-               | 0.015       | 40.24 80.72 1 3.28   | 10,000  |
|                                  | 26        | Total expenses and disbursements. Add lines 24 and 25   | 12,984                                  |                     | 2,246       | 0  | 10,738  |
|                                  | 27        | Subtract line 26 from line 12   |   | ` ·                 | :           |  | - 10 m  |
|                                  | a         | Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)       | -8,995                                  | <del> </del>        | 1,743       |  | Fr - 3  |
|                                  | b         | Adjusted net income (if negative, enter -0-)  | - m                                     |                     | 1,193       | 0  | £ 1.73  |
|                                  |           | Adjusted not modifie in negative, criter -o-/   | l                                       | L                   |             | <u></u>  | l :   |

| Part            | 90-PF (2016) Ace & Lillian Fessenden Family   | 65-6146092                              |                | Page Page             |
|-----------------|---|---|----------------|-----------------------|
| Рап             | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year                       |                | of year               |
| 1               | Cash – non-interest-bearing   | (a) Book Value                          | (b) Book Value | (c) Fair Market Value |
| 2               | Savings and temporary cash investments  | 955 651                                 | 151 456        |                       |
| 3               | Accounts receivable ▶   | 855,651                                 | 151,476        | 151,47                |
| ŀ               | Less. allowance for doubtful accounts ▶   |   |                |                       |
| 4               | Pledges receivable ▶  |   |                |                       |
| ļ               | Less: allowance for doubtful accounts ▶   |   |                |                       |
| 5               | Grants receivable   |   |                |                       |
| 6               | Receivables due from officers, directors, trustees, and other   |   |                |                       |
|                 | disqualified persons (attach schedule) (see   |   |                |                       |
| 1               | instructions)   |   |                |                       |
| 7               | Other notes and loans receivable (att. schedule)  | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                |                       |
| 1               | Less: allowance for doubtful accounts ▶ 0   |   |                |                       |
| დ 8             | Inventories for sale or use   |   |                |                       |
| 8 9 10a         | Prepaid expenses and deferred charges   | <del></del>                             |                |                       |
| 10a             | Investments – U.S. and state government obligations (attach schedule)   |   |                | <del></del>           |
| b               | Investments – corporate stock (attach schedule)  See Stmt 3   | 17 006                                  |                |                       |
| С               | Investments – corporate bonds (attach schedule)   | 17,026                                  | 733,940        | 733,940               |
| 11              | Investments – land, buildings, and equipment basis  |   |                |                       |
|                 | Less accumulated depreciation (attach sch.)   |   |                |                       |
| 12              | Investments - mortgage loans  |   |                |                       |
| 13              | Investments – other (attach schedule)   |   |                |                       |
| 14              | Land, buildings, and equipment basis  |   |                | ····                  |
| 1               | Less accumulated depreciation (attach sch.)   |   |                |                       |
| 15              | Other assets (describe ▶  |   |                |                       |
| 16              | Total assets (to be completed by all filers – see the   |   |                |                       |
|                 | instructions Also, see page 1, item I)  | 979 677                                 |                |                       |
| 17              | Accounts payable and accrued expenses   | 872,677                                 | 885,416        | 885,416               |
| 18              | Grants payable  | <del></del>                             |                | -                     |
| 19<br>20<br>21  | Deferred revenue  | <del></del>                             |                |                       |
| 20              | Loans from officers, directors, trustees, and other disqualified persons  |   |                | 1                     |
| 21              | Mortgages and other notes payable (attach schedule)   |   |                | -                     |
| 22              | Other liabilities (describe ▶   |   |                |                       |
| 23              | Total liabilities (add lines 17 through 22)   |   |                | -                     |
|                 | Foundations that follow SFAS 117, check here  | O                                       | 0              |                       |
| 1               | and complete lines 24 through 26 and lines 30 and 31.   |   |                | į                     |
| 24              | Unrestricted  | 872,677                                 | 00= 44.5       |                       |
| 25              | Temporanly restricted   | 012,011                                 | 885,416        |                       |
| 26              | Permanently restricted  |   |                | İ                     |
| ]               | Foundations that do not follow SFAS 117, check here   |   |                | j                     |
|                 | and complete lines 27 through 31.   |   | 1              |                       |
| 27              | Capital stock, trust principal, or current funds  |   |                | ĺ                     |
|                 | Paid-in or capital surplus, or land, bldg , and equipment fund  |   |                | 1                     |
| 29              | Retained earnings, accumulated income, endowment, or other funds  | <del></del>                             |                |                       |
| 30              | Total net assets or fund balances (see instructions)  | 972 677                                 |                | 1                     |
| 31              | Total liabilities and net assets/fund balances (see   | 872,677                                 | 885,416        | 1                     |
|                 | instructions)   | 972 677                                 | 005 44 4       |                       |
| <u>Part III</u> | Analysis of Changes in Net Assets or Fund Balances  | 872,677                                 | 885,416        |                       |
| Total r         | et assets or fund balances at beginning of year – Part II, column (a), line 30 (must ag   | roo with                                |                |                       |
| end-of          | -year figure reported on prior year's return)   | ree with                                |                |                       |
|                 | amount from Part I, line 27a  |   | 1 1            | 872,677               |
|                 | ncreases not included in line 2 (itemize) See Statement 4   |   | 2              | -8,995                |
|                 | es 1, 2, and 3  |   | 3              | 21,734                |
|                 | ises not included in line 2 (itemize) ▶   |   | 4              | 885,416               |
| Total n         | et assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), lin  | o 20                                    | 5              |                       |
|                 | thinds into 5) — r art ii, column (b), iin  | e 30                                    |                | 885,416               |
|                 |   |   | 1              | Form 990-PF (2016)    |

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

10,738

Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

|            | 990-PF (2016) ACE & Lillian ressenden Family 65-6146092  |           |              |           |        | age 4          |
|------------|--|-----------|--------------|-----------|--------|----------------|
| Pa         | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction  | <u>s)</u> |              |           |        |                |
| 1a         | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1   |           | 1            |           | Š      |                |
|            | 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   | 1_1       |              |           |        | <u>35</u>      |
|            | here ▶ and enter 1% of Part I, line 27b  |           |              | = 1       |        | 9 6            |
| C          | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of  |           |              |           | والحيث | وا أو          |
|            | 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         |              |           |        | 35             |
| 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         |              |           |        | 35             |
| 6          | Credits/Payments.  |           |              |           |        |                |
| a          | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a  |           |              | ì         |        | • •            |
| b          | Exempt foreign organizations – tax withheld at source  | 7         | -            | ,         |        | ]              |
| c          | Tax paid with application for extension of time to file (Form 8868)  6c  | ٦٠.       |              |           |        | - Ì            |
| d          | Backup withholding erroneously withheld  6d  | ٦ .       | ,            | 1         |        | ×              |
|            | Carlot of the state of the stat | 7         |              |           |        |                |
| 7          | Total credits and payments. Add lines 6a through 6d  | 6         | <del> </del> |           |        |                |
| 8          | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   | _         | +            |           |        | 35             |
| 9          | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | 9         | +            |           |        |                |
| 10         | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 10        |              |           |        |                |
| <u> 11</u> | Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶   | 11        |              |           |        |                |
| Pa         | rt VII-A Statements Regarding Activities   |           |              |           |        |                |
| 1a         | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it   |           |              | <u> </u>  | Yes    | No             |
|            | participate or intervene in any political campaign?  |           |              | <u>1a</u> |        | X              |
| b          | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see   |           |              | Ì         |        | ]              |
|            | Instructions for the definition)?  |           |              | 1b        |        | 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?   |           |              | 1c        |        | X              |
| d          | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  |           |              | İ         | 100    |                |
|            | (1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$  |           |              |           |        | -              |
| е          | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed  |           |              | )         |        | f <sub>E</sub> |
|            | on foundation managers > \$  |           |              |           |        |                |
| 2          | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |           |              | 2         |        | X              |
|            | If "Yes," attach a detailed description of the activities  |           |              | [         |        |                |
| 3          | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of  |           |              |           |        |                |
| -          | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   |           |              | 3         |        | X              |
| 4a         | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |           |              | 4a        |        | X              |
| b          | If "Yes," has it filed a tax return on Form 990-T for this year?   |           | N/A          | 4b        |        |                |
| 5          | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |           | •            | 5         |        | x              |
| •          | If "Yes," attach the statement required by General Instruction T.  |           |              |           |        |                |
| 6          | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either   |           |              | ,         |        |                |
| •          | By language in the governing instrument, or  |           |              |           |        |                |
|            | 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      |                |
| -          | 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 I  | VV        |              | 7         | X      |                |
| 7          | Enter the states to which the foundation reports or with which it is registered (see instructions)   | •         |              | <u> </u>  |        | 1              |
| 8a         | FL   |           |              |           |        | 1              |
| L          | <del></del>  |           |              | į .       |        | i              |
| b          | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General   |           |              | 8b        | X      |                |
| _          | (or designate) of each state as required by General Instruction G? If "No," attach explanation   |           |              | 00        | 47     | <del></del>    |
| 9          | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or  |           |              |           |        | الـــــا       |
|            | 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"   |           |              | _ '       |        | v              |
|            | complete Part XIV  |           |              | 9         |        | <u>x</u>       |
| 10         | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their   |           |              | 40        |        | v              |
|            | names and addresses  |           |              | 10        | )O D'  | X              |
|            |  |           |              | Form 🗗    | フレーピト  | (2016)         |

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Form 990-PF (2016)

|          | 990-PF (2016) Ace & Lillian Fe                        |   |                                       | 146092                 |   |         | P                    | age <b>6</b>   |
|----------|---|---|---------------------------------------|------------------------|---|---------|----------------------|----------------|
| Pa       | rt VII-B Statements Regarding Ac                      |   | 720 May Be Re                         | <u>quired (continu</u> | ued)  |         |                      | ,              |
| 5a       | During the year did the foundation pay or incur ar    |   |                                       |                        | (CC)  | 1       | ]                    | <b>,</b> , ,   |
|          | (1) Carry on propaganda, or otherwise attempt to      | o influence legislation (section 494    | l5(e))?                               | \ <u></u> \ \          | es X No   | 1       | 1                    |                |
|          | (2) Influence the outcome of any specific public e    | election (see section 4955); or to o    | carry on,                             |                        |   | 1       | • ,                  | **             |
|          | directly or indirectly, any voter registration dri    | ve?                                     |                                       | Y                      | 'es 🗓 No  | 1       |                      |                |
| •        | (3) Provide a grant to an individual for travel, stu- | dy, or other similar purposes?          |                                       |                        | 'es 🗓 No  | [       | '                    |                |
|          | (4) Provide a grant to an organization other than     |   | scribed in                            |                        |   | į       |                      |                |
|          | section 4945(d)(4)(A)? (see instructions)             |   |                                       | Y                      | 'es 🗓 No  | İ       |                      | '              |
|          | (5) Provide for any purpose other than religious,     | charitable, scientific, literary, or e- | ducational                            |                        |   | }       |                      | i              |
|          | purposes, or for the prevention of cruelty to c       |   |                                       |                        | 'es 🗓 No  | ì       | . [                  | ĺ              |
| <b>h</b> | If any answer is "Yes" to 5a(1)–(5), did any of the   |   | the exceptions des                    | L                      |   | }       | - 1                  | :              |
| b        | Regulations section 53 4945 or in a current notice    |   |                                       | cribed iii             | N/A   | 5b      |                      |                |
|          | Organizations relying on a current notice regarding   |   |                                       |                        |   | - 30    |                      |                |
|          |   |   |                                       |                        |   |         | - 1                  |                |
| С        | If the answer is "Yes" to question 5a(4), does the    |   | ine iax                               | N/A 🗌                  |   |         |                      | '              |
|          | because it maintained expenditure responsibility      |   |                                       | M/A []                 | ′es ∐ No  |         | j                    | ,              |
|          | If "Yes," attach the statement required by Regula     |   |                                       |                        |   | 1       | 1                    | }              |
| 6a       | Did the foundation, during the year, receive any for  | unds, directly or indirectly, to pay    | premiums                              |                        |   | }       | }                    |                |
|          | on a personal benefit contract?                       |   |                                       | ·—                     | 'es 🔀 No  |         |                      | -=-'           |
| b        | Did the foundation, during the year, pay premium      | s, directly or indirectly, on a perso   | nal benefit contract                  | ?                      |   | 6b      |                      | X              |
|          | If "Yes" to 6b, file Form 8870                        |   |                                       |                        |   |         |                      |                |
| 7a       | At any time during the tax year, was the foundation   | on a party to a prohibited tax shelt    | er transaction?                       | <b>\</b>               | 'es X No  |         |                      |                |
| b        | If "Yes," did the foundation receive any proceeds     | or have any net income attributat       | le to the transaction                 | n?                     | N/A   | 7b      |                      |                |
| Pa       | rt VIII Information About Officers,                   | , Directors, Trustees, Fou              | ndation Manag                         | jers, Highly Pa        | aid Employees   | 3,      |                      |                |
| _        | and Contractors                                       |   |                                       |                        |   |         |                      |                |
| 1 1      | ist all officers, directors, trustees, foundation     | managers and their compens              | ation (see instruc                    | tions).                |   |         |                      |                |
|          |   |   | (b) Title, and average                | (c) Compensation       | (d) Contributions to  |         |                      |                |
|          | (a) Name and address                                  |   | hours per week                        | (If not paid,          | employee benefit<br>plans and deferred                      |         | ense ac<br>r allowar |                |
|          |   |   | devoted to position                   | enter -0-)             | compensation  | Ouie:   | allywal              | iles           |
| Fa       | ith Bishock   | Miami                                   | Trustee                               |                        | · · · · · · · · · · · · · · · · · · ·                       |         |                      |                |
|          | O KO, 169 E Flagler St Ste 800                        | FL 33131                                | 0.10                                  | 0                      | o   |         |                      | 0              |
|          | rianna Reed   | Miamı                                   | Trustee                               |                        |   |         |                      | <u>~</u>       |
|          |   | FL 33131                                | 0.10                                  | 0                      | 0   |         |                      | 0              |
|          | O KO, 169 E Flagler St Ste 800                        |   |                                       | <del> </del>           |   |         |                      |                |
|          | e Fessenden   | Miami                                   | Trustee                               |                        |   |         |                      |                |
| _c/      | O KO, 169 E Flagler St Ste 800                        | FL 33131                                | 0.10                                  |                        | 0   |         |                      | 0              |
|          |   |   | 1                                     |                        |   |         |                      |                |
|          |   |   |                                       | L                      |   | Ь       |                      |                |
| 2        | Compensation of five highest-paid employed            | es (other than those included o         | on line 1 – see ins                   | tructions). If non     | e, enter  |         |                      |                |
|          | "NONE."   |   |                                       |                        |   |         |                      |                |
|          |   |   | (b) Title, and average                | [                      | <ul><li>(d) Contributions to<br/>employee benefit</li></ul> | (a) Evr | елѕе ас              | count          |
|          | (a) Name and address of each employee paid more       | e than \$50,000                         | hours per week<br>devoted to position | (c) Compensation       | plans and deferred  |         | r allowan            |                |
|          |   |   | devoted to position                   |                        | compensation  | L       |                      |                |
| NC       | NE  |   |                                       | j                      |   |         |                      |                |
|          |   |   |                                       |                        |   |         |                      |                |
|          |   |   |                                       |                        |   |         |                      |                |
|          |   |   |                                       |                        |   |         |                      |                |
|          |   |   |                                       |                        |   |         |                      |                |
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|          |   |   | 1                                     |                        |   |         |                      |                |
| T - 4    | Laurahaa of other ampleures and ours 050 000          |   | <del></del>                           | <del></del>            |   |         |                      | <del>-</del> 0 |
| ota      | I number of other employees paid over \$50,000        | <del></del>                             |                                       | <del></del>            | <u></u>   |         | O DE                 |                |

| Form 990-PF (2016) Ace & Lillian Fessenden Family  | 65-6146092                  | Page 7                    |
|--|-----------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation  | on Managers, Highly Paid Em | ployees,                  |
| and Contractors (continued)  3 Five highest-paid independent contractors for professional services (see Instructions)  | ions) If none outer "NONE"  |                           |
| (a) Name and address of each person paid more than \$50,000  |                             | (2) Comment               |
| NONE   | (b) Type of service         | (c) Compensation          |
| 10112  |                             |                           |
|  |                             |                           |
|  |                             |                           |
|  |                             |                           |
|  |                             | · · ·                     |
|  |                             |                           |
|  |                             |                           |
|  |                             |                           |
| Total number of others receiving over \$50,000 for professional services   | <del></del>                 | <b>•</b>                  |
| The particular of the particul | <del></del>                 |                           |
| 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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.  | es the number of            | Expenses                  |
| 1 N/A  |                             | <u> </u>                  |
|  |                             |                           |
|  |                             |                           |
| 2  |                             |                           |
|  |                             |                           |
| _ <del></del>  |                             |                           |
| 3  |                             |                           |
|  |                             |                           |
| 4  |                             |                           |
|  |                             |                           |
|  |                             |                           |
| Part IX-B Summary of Program-Related Investments (see instruction  | ns)                         |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2   |                             | Amount                    |
| 1 N/A  |                             |                           |
|  |                             |                           |
| 2  |                             | <del></del>               |
|  |                             |                           |
|  |                             |                           |
| All other program-related investments. See instructions  |                             |                           |
| 3  |                             |                           |
|  |                             |                           |
| Total. Add lines 1 through 3   | <b>•</b>                    |                           |
|  |                             | Form <b>990-PF</b> (2016) |

| orm | 1990-PF (2016) Ace & Lillian Fessenden Family 65-6146092   |              | Page 8      |
|-----|--|--------------|-------------|
|     | 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:  |              |             |
| а   | Average monthly fair market value of securities  | 1a           | 205,098     |
| b   | Average of monthly cash balances   | 1b           | 670,294     |
| С   | Fair market value of all other assets (see instructions)   | 1c           | 0           |
| d   | Total (add lines 1a, b, and c)   | 1d           | 875,392     |
| е   | Reduction claimed for blockage or other factors reported on lines 1a and   | 3.00         |             |
|     | 1c (attach detailed explanation)   |              |             |
| 2   | Acquisition indebtedness applicable to line 1 assets   | 2            | 0           |
| 3   | Subtract line 2 from line 1d   | 3            | 875,392     |
| 4   | Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see                                 |              |             |
|     | instructions)  | 4            | 13,131      |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                       | 5            | 862,261     |
| 6   | Minimum investment return. Enter 5% of line 5  | 6            | 43,113      |
| _   | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fo                                | undations    |             |
|     | and certain foreign organizations check here ▶ and do not complete this part )   | 01100110110  |             |
| 1   | Minimum investment return from Part X, line 6  | 1            | 43,113      |
| 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)   |              |             |
| C   | Add lines 2a and 2b  | 2c           | 35          |
| 3   | Distributable amount before adjustments. Subtract line 2c from line 1  | 3            | 43,078      |
| 4   | Recoveries of amounts treated as qualifying distributions  | 4            | 43,078      |
|     |  | 5            | 43,078      |
| 5   | Add lines 3 and 4  | <del></del>  | 43,076      |
| 6   | Deduction from distributable amount (see instructions)   | 6            | <del></del> |
| 7   | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,                                | 1 _ 1        | 42 070      |
|     | line 1   | 7            | 43,078      |
| Pa  | art XII Qualifying Distributions (see instructions)  |              |             |
| 1   | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                  | 13 %         |             |
| а   | Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26  | 1a           | 10,738      |
| b   | Program-related investments – total from Part IX-B   | 1b           |             |
| 2   | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.                            |              |             |
| -   | purposes   | 2            |             |
| 3   | Amounts set aside for specific charitable projects that satisfy the.   |              |             |
| a   | Suitability test (prior IRS approval required)   | 3a           |             |
| b   | Cash distribution test (attach the required schedule)  | 3b           |             |
| 4   | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                  | 4            | 10,738      |
| 5   | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.                       | <del> </del> |             |
| •   | Enter 1% of Part I, line 27b (see instructions)  | 5            | n           |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6            | 10,738      |
| J   | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation |              |             |
|     | Note: The amount of the County Late V, County Loy, in Subsequent years when calculating whether the foundation             | 11           |             |

Form 990-PF (2016)

10

Analysis of line 9.
Excess from 2012
Excess from 2013
Excess from 2014
Excess from 2015
Excess from 2016

any time during the year - see instructions.)

Information Regarding Foundation Managers:

other conditions, complete items 2a, b, c, and d.

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the

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

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

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

before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

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

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

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed "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

| 541  | 6 Pg | 3 |
|------|------|---|
| Page | 10   |   |

4942(1)(5)

(d) 2013

(e) Total

Part XV

N/A

N/A

N/A

factors. N/A

Any submission deadlines:

Page **11** 

| 3 Grants and Contributions Paid During the  | Year or Approved for F   | uture Payment               |                                  |             |
|---|--|-----------------------------|----------------------------------|-------------|
| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of        | Purpose of grant or contribution | Amount      |
| Name and address (home or business)   | or substantial contributor   | recipient                   |                                  |             |
| a Paid during the year Fairfield Tropical Botanic 10901 Old Cutler Road Coral Gables FL 33156 | Garden<br>NONE   | 501 (C) (3)<br>Research & 1 | ducation                         | 10,00       |
|   |  |                             |                                  |             |
|   |  |                             |                                  |             |
|   |  |                             |                                  |             |
|   |  |                             |                                  |             |
|   |  |                             |                                  |             |
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| ·   |  |                             | ,                                | <del></del> |
| Total   |  | <del></del>                 | ▶ 3a                             | 10,000      |
| b Approved for future payment N/A   |  |                             |                                  |             |
|   |  |                             |                                  |             |
|   |  |                             |                                  | ^           |
|   |  |                             | }                                |             |
| Total   |  |                             | <b>▶</b> 3b                      |             |

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65-6146092

Form 990-PF (2016) Ace & Lillian Fessenden Family

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|-------------------|-----------------------------|------------------|------------------|----------------------|---------------|
| Part XVIII        | Information Regarding       | Transfers To and | Transactions and | d Relationships With | Noncharitable |
|                   | <b>Exempt Organizations</b> |                  |                  |                      |               |
|                   |                             | ···—             |                  |                      |               |

|      | organization                            | om the reporting founda  |                          |                            |                            | ng to political              |                                       |                |                   |   |
|------|---|--|--------------------------|----------------------------|----------------------------|------------------------------|---------------------------------------|----------------|-------------------|---|
|      | Transfers fr<br>(1) Cash<br>(2) Other a | om the reporting founda  | tion to a nonchari       | able exempt organiz        | ation of:                  |                              |                                       |                |                   |   |
|      | (1) Cash<br>(2) Other a                 | , ,  | tion to a noncham        | able exempt organiz        | alion or.                  |                              |                                       | 1. S. J. S. J. |                   |   |
| b    | (2) Other a                             |  |                          |                            |                            |                              |                                       | 1a(1)          |                   | X                                       |
| b    |   | ISSETS   |                          |                            |                            |                              |                                       | 1a(2)          |                   | $\frac{x}{x}$                           |
| -    |   |  |                          |                            |                            |                              |                                       |                |                   |   |
|      |   | of assets to a noncharital   | ole exempt organı        | zation                     |                            |                              |                                       | 1b(1)          | enes XX           | X                                       |
|      | • •                                     | ses of assets from a nor   | . •                      |                            |                            |                              |                                       | 1b(2)          |                   | X                                       |
|      |   | of facilities, equipment, o  | •                        | J                          |                            |                              |                                       | 1b(3)          |                   | X                                       |
|      | (4) Reimbu                              | rsement arrangements   |                          |                            |                            |                              |                                       | 1b(4)          |                   | $\overline{\mathbf{x}}$                 |
|      | (5) Loans                               | or loan guarantees   |                          |                            |                            |                              |                                       | 1b(5)          |                   | X                                       |
|      | (6) Perform                             | nance of services or mer   | mbership or fundra       | aising solicitations       |                            |                              |                                       | 1b(6)          |                   | X                                       |
| С    | Sharing of f                            | facılıties, equipment, maı   | ling lists, other as     | sets, or paid employe      | ees                        |                              |                                       | 1c             |                   | X                                       |
| d    | If the answe                            | er to any of the above is  | "Yes," complete tl       | ne following schedule      | Column (b) should alv      | ways show the fair m         | narket                                |                |                   |   |
|      | value of the                            | goods, other assets, or  | services given by        | the reporting founda       | ition If the foundation re | eceived less than fai        | r market                              |                |                   |   |
|      | value in any                            | y transaction or sharing a   |                          |                            |                            | r assets, or services        | received                              |                |                   |   |
|      | (a) Line no                             | (b) Amount involved  | (c) Name of no           | oncharitable exempt organi | zation (d)                 | Description of transfers, to | ransactions, and sharing a            | rrangeme       | nts               |   |
| 1/2  | <del>}</del>                            | ļ  | <del></del>              |                            |                            |                              |                                       |                |                   |   |
|      |   | ļ  |                          |                            |                            |                              |                                       |                |                   |   |
|      |   |  |                          |                            |                            |                              |                                       |                |                   |   |
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|      |   |  |                          |                            |                            |                              |                                       |                |                   |   |
| 2a   | Is the found                            | fation directly or indirectly  | y affiliated with, oi    | related to, one or m       | ore tax-exempt organiz     | ations                       |                                       |                |                   |   |
|      |   | n section 501(c) of the C  | •                        |                            | • •                        |                              |                                       | Yes            | X                 | No                                      |
| b    | If "Yes," cor                           | mplete the following sche  | edule                    |                            |                            |                              |                                       |                |                   |   |
|      |   | (a) Name of organization   |                          | (b) Type of organization   | on                         | (c) Descrip                  | otion of relationship                 |                |                   |   |
|      | A\V                                     |  |                          |                            |                            | <del></del>                  |                                       |                |                   |   |
|      |   |  |                          |                            |                            |                              |                                       |                |                   |   |
|      |   |  |                          |                            |                            |                              |                                       |                |                   |   |
|      |   |  |                          |                            |                            |                              | <del></del>                           |                |                   |   |
|      | T timetanana                            | and the second s | All have a very and thus | tatum ingludus pasama      | anung ashadulas and statem | anta and to the best of m    | vilenced and bales of                 |                |                   |   |
|      |   | enalties of perjury, I declare that<br>and complete Declaration of pi  |                          |                            |                            |                              |                                       |                |                   |   |
|      |   |  |                          |                            |                            |                              | May the IRS disc<br>with the preparer |                |                   |   |
| ìgn  |   | 0  | ,                        |                            |                            |                              | (see instructions)                    | (==1           |                   | No                                      |
| lere | •                                       | For B  | ρ                        |                            | 1/2/6/1-                   | 7 Trus                       | +                                     |                |                   | الـــــــــــــــــــــــــــــــــــــ |
|      | Sign                                    | nature of officer or trustee   |                          |                            | Date                       | Title                        | cee                                   |                |                   |   |
|      | <del></del>                             |  |                          | - Desara                   |                            |                              | Date                                  | —т             |                   |   |
|      | ı ⊬rınt/T                               | ype preparer's name  |                          | Prepa                      | rer's signature            |                              | Date                                  |                | Check<br>self-emp | If                                      |
|      | 1                                       |  |                          | [ _                        |                            |                              |                                       |                | -emp              | лоува                                   |
| aid  |   | ndo Sanchez. C   | :PA                      | Rola                       | indo Sanchez - 1           | CPA                          | N9/26                                 | 5/17           |                   |   |
|      | Rola                                    | ndo Sanchez, C   |                          |                            | indo Sanchez,              | CPA                          | 09/20<br>PTIN PO                      |                | 434               |   |
| rep  | arer Rola                               | name ► Kwal  | & Oliva,                 | PA, CPAs                   |                            | CPA                          | PTIN PO                               | 1184           |                   | 9                                       |
| rep  | arer Rola                               | name ► Kwal  | & Oliva,<br>Flagler      |                            |                            | CPA                          | PTIN PO(                              |                | 949               |   |

| 5416 Ace & Lillian Fessenden Family<br>65-6146092<br>FYE: 6/30/2017  | Federal Statements  | ements  |  | Page 1   |               |
|--|---|---|--|--|---------------|
| Statemer   | Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees | Line 16b - Account                              | ing Fees   |  | <del></del> - |
| Description Accounting firm Total  | <b>Total</b> \$ 2,954 \$ \$ \$ \$ \$ \$ \$ \$ \$              | Net<br>Investment<br>2,216<br>2,216             | Adjusted Net   | Charitable Purpose \$ 738  |               |
| Stateme  | Statement 2 - Form 990-PF, Part I,                            | Part I, Line 23 - Other Expenses                | benses   |  |               |
| Description  | Total   | Net<br>Investment                               | Adjusted<br>Net  | Charitable<br>Purpose<br>\$  |               |
| Bank Charges<br>Total  | 30 30   | 30  | \$   | w O  |               |
| Statement 3 - Fo   | - Form 990-PF, Part II, Line 10                               | Part II, Line 10b - Corporate Stock Investments | ck Investments   |  |               |
| Description  | Beginning<br>of Year  | End of<br>Year                                  | Basis of<br>Valuation                                    | Fair Market<br>Value   |               |
| 200 sh Norfolk Southern Corp<br>1000 sh American Airlines Group<br>3000 sh AT&T Inc<br>1000 sh Carnival Corp<br>2000 sh Enbridge Inc<br>2000 sh Ford Motor Company<br>1000 sh Ishares<br>1000 sh Powershares Intl Divd | \$ 17,026   |   | Market<br>Market<br>Market<br>Market<br>Market<br>Market | \$ 24,340<br>50,320<br>113,190<br>65,570<br>79,620<br>22,380<br>45,550<br>15,370 |               |
| Ver<br>Tot   | \$ 17,026   | 138,960<br>178,640<br>\$ 733,940                | market<br>Market   | 138,960<br>178,640<br>\$ 733,940   |               |
|  |   |   |  | 1-3  |               |

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5416 Ace & Lillian Fessenden Family
65-6146092 Federal Statements

FYE: 6/30/2017

Page 2

## Statement 4 - Form 990-PF, Part III, Line 3 - Other Increases

| Description                              | <br>Amount   |
|--|--------------|
| FASB 124 Adj to record fair market value | \$<br>21,734 |
| Total                                    | \$<br>21,734 |