SCANNED MAR 1 1 2019

Form 9904PF

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.

		nent of the Treasury Revenue Service	l .			irity numbers o 1990PF for insti		-			Open to Public Inspection
F	or ca	lendar year 2017	or tax year begi	nning			, 2017	and endi	ng		, 20
			IZABETH AND		H MASS	SOUD FAMIL	.Y		1	Employer ider	ntification number
	FOU	NDATION			_					46-24953	320
ľ	lumb	er and street (or P O	box number if mail is no	t delivered	i to street a	iddress)		Room/suite	E	3 Telephone nu	mber (see instructions)
_			RCE 501 SILVE							(800)	839 - 1754
(City of	r town, state or provinc	ce, country, and ZIP or	foreign po:	stal code				١,		
									۱,	If exemption app pending check h	nere
_		MINGTON, DE				1					
G	Che	eck all that apply	Initial retu	••		Initial return		public chari	ity c		izations, check here
			Final retur		**\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\	Amended re					nizations meeting the ck here and attach
-	Ch.	and Avena of assessment	Address c		(-)(2)	Name chang			\dashv		▶ □
ï	\neg		zation X Sect					$\mathcal{O}_{\mathcal{O}}$	\ E	If private founda	ation status was terminated
Ţ		market value o	nonexempt charitable			her taxable pi nethod X C		crual	À	under section 50	7(b)(1)(A), check here .
•		of year (from Pa			ther (sp		asn Acc	Cruai	F		r is in a 60-month termination
			760,226.	_		d) must be on ca	ach hacie \		-	under section 50	7(b)(1)(B), check here . ►
Ē			venue and Expens			,	1311 04313 /				(d) Disbursements
لته		total of amounts	in columns (b), (c), a	nd (d)	(4) (1	evenue and enses per	(b) Net inv		(c)	Adjusted net	for charitable
		may not necessar column (a) (see in	rily equal the amount	ts in		books	Incor	ne		income	purposes (cash basis only)
	1		its, etc., received (attach sc	hedule)	1 :	L,489,155.			-		
	2	Check I If the	e foundation is not req	uired to							
	3		ind temporary cash inve			1,313.		1,313.			,
	4	ū	erest from securities			95,176.	2	95,176.			
	5 a	Gross rents	\sim								
	b	Net rental income or	(loss)								•
Пe		Net gain or (loss) from	m sale of assets not on	line 10		RECE	VFD				
eni	þ	Gross sales price for a assets on line 6a	all 10	,074.							
Revenue	7	Capital gain net in	come (from Part IV,	line 2) .	A024	DES A A	15				
4	8	Net short-term cap	oital gain		 	DEC 06	2018 5				
	9 10 a	Income modification Gross sales less return	ons		<u>_</u>		9				
		and allowances			(2) July	OGDEN	LUT -	1		 	
		Less Cost of goods so						il			1
			s) (attach schedule)			230,879.	26	57,027.			
	11 12		ach schedule) ATCF through 11			,008,311.		55,307.			
┪	13		cers, directors, trustees,		_	0.		70,0071			+
es	14		alaries and wages .			<u>- :</u>	<u> </u>				
Ş	15		ployee benefits						-		_
힑	16 a		schedule)					-		-	
	b		attach schedule)								
اڄ			fees (attach schedu								
اع	17										
<u>s</u>	18	Taxes (attach sche	dule) (see instruction	ns)[2].		15,832.					
اڇَ	19	Depreciation (attac	ch schedule) and de	pletion.	L		1				
힑	20	Occupancy									
اعِ	21		s, and meetings								
ā	22		cations		ļ	200 004		-0 300			20 525
₽	23 24		ttach schedule) ATC		<u> </u>	300,024.	26	8,328.			29,535.
힏	24		nd administrative ex			215 056	20				20 525
ğ			gh 23			315,856. 293,300.	26	8,328.			29,535. 293,300.
اد	25	· -	s, grants paid			609,156.	26	8,328.			322,835.
\neg	26 27		oursements Add lines 2	4 and 25		009,130.		,0,320.			322,833.
	27	Subtract line 26 fro				,399,155.					
			expenses and disburseme come (if negative, er			, , , , , , , , , , , , , , , , , , , ,	29	36,979.			-
			come (il negative, er me (if negative, entei					, . ,			+
لـــ Fo			Act Notice, see inst		ŀ		<u> </u>				Form 990-PF (2017)

JSA For Paperwork Reduction Act Notice, see instructions 7E1410 1 000



	art4l	Ralanco Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End o	f year
	artai	Balance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-beari	ng				
	2		cash investments	955,030.	1,060,7	11.	1,060,711.
	3	Accounts receivable ▶					manager som med on or rest de
		Less allowance for dou	btful accounts ▶				
	4	Pledges receivable					
	•	Less allowance for dou	btful accounts ▶				
	5	Grants receivable					
	6	Receivables due from	officers, directors, trustees, and other				
		disqualified persons (att	tach schedule) (see instructions)				
	7	Other notes and loans r	eceivable (attach schedule)	and the second terms			
		Less allowance for doub	btful accounts ▶				
ă	8	Inventories for sale or us	e				
Assets	9	Prepaid expenses and d	eferred charges				
₹			e govemment obligations (attach schedule)				
	b	Investments - corporate	stock (attach schedule) ATCH. 4	2,702,537.	4,052,9	44.	4,663,850.
	c	Investments - corporate	bonds (attach schedule), , , , , , , ,				
	11	Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)		~ ·			
	12	Investments - mortgage	loans				
	13	Investments - other (atta	ach schedule) ATCH . 5	3,871,370.	3,814,4	37.	4,035,66 <u>5</u> .
	14	Land, buildings, and equipment basis	<u> </u>	•			
		Less accumulated deprecia (attach schedule)	tion >				· · · · · · · · · · · · · · · · · · ·
	15	Other assets (describe >	·)				
	16	•	completed by all filers - see the				
_		instructions Also, see p	age 1, item l)	7,528,937.	8,928,0	92.	9,760,226.
	17	• •	ccrued expenses		:		
	l						,
Ë	19	Deferred revenue			-		
鬟	20		rs, trustees, and other disqualified persons				
Liabilities	21		tes payable (attach schedule)				
_	22	Other liabilities (describe	:▶)				
	23	Total liabilities (add line	s 17 through 22)	0.		0.	
_			v SFAS 117, check here	<u> </u>			
Ś			through 26, and lines 30 and 31.				
Balances	24	•					,
를	24 25						
							,
힏	20		ot follow SFAS 117, check here ► X				ì
己		and complete lines 27 to	· · · · · · · · · · · · · · · · · · ·				
9	27 28 29 30 31	·	cipal, or current funds			ĺ	
şş	28		land, bldg , and equipment fund				
SS	29	•	liated income, endowment, or other funds	7,528,937.	8,928,0	92.	v
Ž	30	• .	balances (see instructions)	7,528,937.	8,928,0	-	+
ž	31		net assets/fund balances (see				'
		instructions)		7,528,937.	8,928,0	92.	
P	art II	Analysis of Chai	nges in Net Assets or Fund Bala	nces			
1	Tota	al net assets or fund b	alances at beginning of year - Part	II, column (a), line 30 (must agree with		
	end-	of-year figure reporte	d on prior year's return) , ,	· · · · · · · · · · · · · · · · · · ·		1	7,528,937.
	Ente	er amount from Part I,	line 27a		[2	1,399,155.
3	Othe	er increases not includ	led in line 2 (itemize) ▶			3	
					[4	8,928,092.
		reases not included in				5	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 30	6	8,928,092.

Part IV Capital Gains and Losses for Tax on Investment Income

• -	scribe the kind(s) of property sold (for rick warehouse, or common stock, 200	· · · · · · · · · · · · · · · · · · ·	acquired P - Purchase D - Donatior	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a SEE PART IV SCHE	DULE		D - Donaudi	,	
b			-		
 C					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo: ((e) plus (f) mini	
a					
b				<u> </u>	
C		-			
<u> </u>					
e			_		
	howing gain in column (h) and owned	by the foundation on 12/31/69	<i>(</i> 1)	Gains (Col (h) ga	un minus
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less the Losses (from col	nan -0-) or
a					
b		-			
c					
d		 			·
e					
Capital gain net income	or (net capital loss) If (I ain or (loss) as defined in sections		2		191,791.
Part I, line 8	Part I, line 8, column (c) See in:	<u></u> . <u>J</u>	3		0.
art V Qualification l	<u> Jnder Section 4940(e) for Re</u>	duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib n't qualify under section 4940(e) 〔	outable amount of any year in the b	ase perio	d?	Yes X N
Enter the appropriate a	mount in each column for each ye	ar, see the instructions before maki	ng any e	ntries	
(a) Base period years alendar year (or tax year beginning in)	(b) . Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
2016	254,175.	6,858,317.			0.037061
2015	421,186.	4,460,939.			0.094416
2014	203,559.	3,435,503.			0.059252
2013	399,740.	1,107,263.			0.361016
2012					
					
Total of line 1, column (d)		2		0.551745
		de the total on line 2 by 5 0, or by			
-	•	ıf less than 5 years	3		0.137936
, , , , , , , , , , , , , , , , , , ,					
Enter the net value of no	oncharitable-use assets for 2017 t	from Part X, line 5	4	9,	245,543.
				·	
Multiply line 4 by line 3			5	1,	275,293.
with the stoy line 3.					•
Enter 10/ of not more to	ont moome /10/ of Dod L top 075		6		2,870.
⊂iilei i% oi net investm	ient income (1% of Part I, line 2/b)			-	_, _, _,
Add lines 5 and 6			7	1.	278,163.
Add lines 5 and 6,	• • • • • • • • • • • • • • • • • • • •		 		_,0,100.
Enter qualifying distribu	tions from Part XII, line 4		8		322,835.
If line 8 is equal to or g	greater than line 7, check the box	x in Part VI, line 1b, and complete	that par	rt using a 1% ta	x rate Se

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	iction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			<u>_</u>
	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		5,7	740 <u>.</u>
	here and enter 1% of Part I, line 27b	TRA	NSI	NOI
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $J = TAX$	-STA	TEME	ENT
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		5,7	740.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5,7	740.
6	Credits/Payments			1
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 5,300.			ŧ
b	Exempt foreign organizations - tax withheld at source			1
С	Tax paid with application for extension of time to file (Form 8868) 6c 418.			į
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		5,7	718.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			22.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			τ
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a	<u></u>	X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	ı		
	instructions for the definition	1b	L	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		-	
С	Did the foundation file Form 1120-POL for this year?	1c	<u> </u>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			'
	(1) On the foundation > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		İ	'
	on foundation managers \$		-	-
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	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		-	i
	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
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	—
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
	If "Yes," attach the statement required by General Instruction T			1
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	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			į
	DE,	.		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			ا
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	_		
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"		1	
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х

Pai	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► FOUNDATION SOURCE Telephone no ► 800-839-	·175	4	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-13	377		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the			
				1
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		-	
_	termination of general materials and an appropriate for the second of th			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	10		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		X
•	were not corrected before the first day of the tax year beginning in 2017?	10		_ ^
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			}
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2017?			_
				}
	If "Yes," list the years			ŀ
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	-		
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	·			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			ļ
	foundation had excess business holdings in 2017)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		Х

Form 990-PF (2017)

Par	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	During the	e year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No		-	
	(2) Influer	nce the outcome of any specific public ele	ection (see section 4	1955), or to carry or	1 ,			,
	dırecti	y or indirectly, any voter registration drive?			Yes X No			-
		le a grant to an individual for travel, study, or o					٠,	i
		e a grant to an organization other than a						٠,
		n 4945(d)(4)(A)? See instructions						٠,
		e for any purpose other than religious, ch					1	
		ses, or for the prevention of cruelty to children					L	
		swer is "Yes" to 5a(1)-(5), did any of the				1		
U	-	is section 53 4945 or in a current notice regard			•	5b		
	_	ons relying on a current notice regarding disas	_			¬ ""		
	_	• •			- · · · · · · - -			1
С		swer is "Yes" to question 5a(4), does the		•				
		maintained expenditure responsibility for the g	=		iesiNO	,		. ,
		ttach the statement required by Regulations se		41 4			•	,
6a		oundation, during the year, receive any fun						
		nal benefit contract?						X
b		undation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct,	6b		- ^-
_		6b, file Form 8870			□ □			1
7a	-	e during the tax year, was the foundation a pa						
b		id the foundation receive any proceeds or have Information About Officers, Director				7b		
		and Contractors	-	•		oyees,		
1	List all of	ficers, directors, trustees, foundation n		compensation. See				
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens		
				•				^
ATC	Н 6			0.	_ 0.			0.
								
	0		(-4h 4h 4h	a implicated on the	4	16		4
2	"NONE."	ation of five highest-paid employees	(other than thos	se included on line	e i - see instruction	15). 11 110	one,	enter
			(b) Title, and average		(d) Contributions to	(a) Europe		
(a)	Name and a	ddress of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expens other all	owance	S
			action to position		compensation			
	NONE							
	NONE							
					1			
<u>Total</u>	number o	f other employees paid over \$50,000	<u> </u>		<u> ▶ </u>			

Part VIII Information	About Officers, Directors, Trustees, Found	lation Managers Highly Daid Employ	Page 7
and Contract	tors (continued)	Jacon Managers, mgmy Faid Employ	yees,
	ependent contractors for professional service	es. See instructions. If none, enter "NONE	."
	nd address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			_
T-4-1	## ## ## ## ## ## ## ## ## ## ## ## ##		<u> </u>
	eiving over \$50,000 for professional services	<u></u>	
Part IX-A Summary	of Direct Charitable Activities		
	t direct charitable activities during the tax year. Include rele-		Expenses
organizations and other beneficia	aries served, conferences convened, research papers produced	l, etc	Сфизез
1 N/A			
		· · · · · · · · · · · · · · · · · · ·	
2			II.
3			
4		····	
			
Part IX-B Summary	of Program-Related Investments (see instru	uctions)	<u> </u>
	m-related investments made by the foundation during the tax y		Amount
1 NONE			
2			
All other program-related investr	nents See instructions		
3 NONE			
			
Total. Add lines 1 through 3		<u></u>	Form 990-PF (2017

Page 8

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign founda	tions,
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	1 . 1	8,362,033.
	Average of monthly cash balances		1,024,305.
	Fair market value of all other assets (see instructions)		_
	Total (add lines 1a, b, and c)		9,386,338.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d		9,386,338.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see	'	
•	instructions)		140,795.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		9,245,543.
6	Minimum investment return. Enter 5% of line 5		462,277.
	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fo and certain foreign organizations, check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	462,277.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a 5,740		
b]	
c		- 1 :	5,740.
3	Distributable amount before adjustments Subtract line 2c from line 1		456,537.
4	Recoveries of amounts treated as qualifying distributions	1 1	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4		456,537.
6	Deduction from distributable amount (see instructions).		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	I I	456,537.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	_	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	322,835.
b	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	$\overline{}$	
	purposes	I I	
3	Amounts set aside for specific charitable projects that satisfy the		
a		3a	
b			
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		322,835.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		J22,000.
•	Enter 1% of Part I, line 27b See instructions	1 1	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	322,835.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when column (b).		

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

Form **990-PF** (2017)

Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				456,537.
	Undistributed income, if any, as of the end of 2017				1
	Enter amount for 2016 only.				
	Total for pnor years 20 <u>15</u> ,20 <u>14</u> ,20 <u>13</u>		-		
	Excess distributions carryover, if any, to 2017				1
	From 2012				,
	20 614				í
	206 140				*
					'
	From 2016	525,542.			
	Total of lines 3a through e	323,342.			
4	Qualifying distributions for 2017 from Part XII, line 4 > \$ 322,835.				
•	Applied to 2016, but not more than line 2a			-	1
	· · · · · · · · · · · · · · · · · · ·				
1	Applied to undistributed income of prior years (Election required - see instructions)				,
_	·				
C	Treated as distributions out of corpus (Election required - see instructions)				1
d	Applied to 2017 distributable amount			l	322,835.
	Remaining amount distributed out of corpus		"		***************************************
	Excess distributions carryover applied to 2017	133,702.			133,702.
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				
٠	indicated below:	_			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	391,840.			
ь	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				ı
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable			j ,	
	amount - see instructions				
е	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see				
	instructions				<u>'</u>
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2018				
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)			<u> </u>	
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
•			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
y	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	391,840.			1
10	Analysis of line 9	·			
	Excess from 2013 153,078.				,
	Excess from 2014				
	Excess from 2015 206,148.				1
	Excess from 2016				!
	Excess from 2017				1
					Form 990-PF (2017)

Da	rt XIV Private Op	erating Foundations	(see instructions	and Part VIII A gues	tion (I)	NOT APPLICABLE
	,		_			NOT WELLICABLE
1 a	If the foundation has	_		· · · · · · · · · · · · · · · · · · ·	•	
	foundation, and the ruling					
b	Check box to indicate v		is a private operating		in section494	2(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
	I or the minimum investment					/
	return from Part X for each year listed					
b	85% of line 2a					
	Qualifying distributions from Part					
٠	XII, line 4 for each year listed .					-
d	Amounts included in line 2c not					
	used directly for active conduct					
	of exempt activities				/	-
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-			/		
	enter 2/3 of minimum invest-					
	ment return shown in Part X					
	line 6 for each year listed				-	
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,				Ì	
	payments on secunties loans (section 512(a)(5)),					
	or royalties)	, f.				
	(2) Support from general public and 5 or more			•		
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt					
	organization					
Pa		ntary Information (C	Complete this par	t only if the found:	ation had \$5 000	or more in assets at
, a		uring the year - see		comy in the round	ation nau 40,000	or more in assets at
1	Information Regarding					
	•	-		re than 2% of the to	tal contributions rec	ceived by the foundation
ū	before the close of any					
	_	_	.,	, . , . , . , . , . , . , . , . ,	(-/(-	, ,
	ATTACHME	NT /	400/			W 1 4 6 11
D						ally large portion of the
	ownership of a partner	ship or other entity) or	which the foundatio	n has a 10% or greate	erinterest	
	N/A					
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ► X If the	he foundation only i	makes contributions	to preselected cha	ritable organizations	s and does not accept
	unsolicited requests for	or funds. If the founda	ation makes gifts, gi	ants, etc., to individu	als or organizations	under other conditions,
	complete items 2a, b, o				Ū	
a	The name, address, ar	nd telephone number	or email address of	the person to whom an	oplications should be a	addressed
				po		
h	The form in which appl	ications should be sub	mitted and informat	on and materials they	should include	
~	tomi in willon appi		mated and informat	on and materials they	onould include	
	Any submission do alli	****				
С	Any submission deadlii	iles				
			•			
		-				
d		mitations on awards,	such as by geog	raphical areas, charit	table fields, kinds (of institutions, or other
	factors					

Part XV Supplementary Information (continued)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
ATCH 8				
	-			
	<u></u>			
Total	 			293,300.
b Approved for future payment				
		1		
Total			▶ 3b	

ter gross amounts unless otherwise indicated	Unrelat	ted business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
					(OCC MONDONO)
b	— — — — — — — — — — — — — — — — — — —				
c				- ·	
d			1		
e					
f					•
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments -			14	1,313.	
Dividends and interest from securities			14	95,176.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property				_	
Other investment income			<u> </u>		
Gain or (loss) from sales of assets other than inventory	/ 		18	191,788.	
Net income or (loss) from special events · · ·					
Gross profit or (loss) from sales of inventory	ļ				
Other revenue a					·
b ATCH 9		-37,564.		268,443.	
C					
c					
d	-				
d e			ļ		
d	culations)				519,156
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in the No Explain below how each activities to the column of the c	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ine No Explain below how each activity	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ine No Explain below how each activity	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities to the column of the	culations) es to the Ac	complishment of E	xempt Puri	poses e) of Part XVI-A contrib	uted importantly to t

7) ELIZABETH AND JOSEPH MASSOUD FAMILY 46-2495320 Page Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1		he organization direct								Yes	No
	ın se	ection 501(c) (other	than section	501(c)(3) organiza	tions) or in sec	tion 527, re	ating to	political	ľ	1	
	orgar	nizations?									1
а	Trans	fers from the reportin	g foundation to	a noncharitable exe	mpt organization o	of		-			
	(1) C	ash						1	a(1)		X
	(2) O	ther assets						1	a(2)		X
þ		r transactions									
	(1) S	ales of assets to a no	ncharitable exer	npt organization				<u> 1</u>	b(1)		X
	(2) P	urchases of assets fro	om a noncharita	ble exempt organizati	on			<u> 1</u>	b(2)		Х
	(3) R	ental of facilities, equi	pment, or other	assets				<u> </u> 1	b(3)		Х
	(4) R	eimbursement arrange	ements					1	b(4)		Х
		oans or loan guarantee									X
		erformance of service							b(6)		<u> X</u>
		ng of facilities, equipm	_						1c		X
d		answer to any of th									
		of the goods, other any transaction or									
<i>(</i> -))						escription of transf					
(a) L	ле по	(b) Amount involved N/A	(c) Name of n	onchantable exempt organ	N/A	escription of transi	ers, transac	ions, and snann	gana	ngemer	115
	-	N/A			N/A						
				-					_		
		 -		_ 							
_											
_										_	
_											
											-
	descr	e foundation directly of tibed in section 501(c) is," complete the follow	(other than sec	·		•	_	I] Ye	s X] No
		(a) Name of organization		(b) Type of org	anization		c) Descripti	on of relationshi	p		
								•			
					_						
		er penalties of penjury, I declar ect, and complete Declaration of					o the best o	f my knowledge	and b	elief, it	is true
Sigr	- 1	TILIMA		11-14-		resident		May the IRS	discuss	this	retum
Her		<u> </u>	_/	11-19-	PP	esidena		with the prepa			
ICI	Sı	gnature of officer or trustee	1	Date	Title			See instructions	Χ	Yes	No
		0		Taurina .				[]]			
Paic	ı	Print/Type preparer's na		Preparer's signature	OVET T	Date	Che	<u> </u>			^
	parer	JEFFREY D HASI		JEFFREY D HA	ASKELL	11/08/2				<u>4577</u>	U
		THING Hame	UNDATION SO				Firm's EIN	▶510398	34		
use	Only		E HOLLOW L	•	1 -	1042	.	900 930	_ 1 7	151	
		_lLA	KE SUCCESS,	, NY	1.	1042	Phone no	800-839	<u>- 1 /</u>	J4	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Employer identification number

ELIZABETH AND JOSE FOUNDATION	PH MASSOUD FAMILY	46-2495320
Organization type (check	one)	1 10 2130020
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	is a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
	tion filing Form 990, 990-EZ, or 990-PF that received, during the ey or property) from any one contributor. Complete Parts I and II	
Special Rules	in contributions	
regulations unde 13, 16a, or 16b, \$5,000, or (2) 2	tion described in section 501(c)(3) filing Form 990 or 990-EZ that is sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule and that received from any one contributor, during the year, totally of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990 or described in section 501(c)(7), (8), or (10) filing Form 990 or	e A (Form 990 or 990-EZ), Part II, line al contributions of the greater of (1) 90-EZ, line 1 Complete Parts I and II
contributor, duri	ng the year, total contributions of more than \$1,000 <i>exclusively</i> fo ational purposes, or for the prevention of cruelty to children or an	or religious, charitable, scientific,
contributor, durii contributions tot during the year f General Rule ap	tion described in section 501(c)(7), (8), or (10) filing Form 990 or ing the year, contributions exclusively for religious, charitable, etc alled more than \$1,000. If this box is checked, enter here the total for an exclusively religious, charitable, etc., purpose. Don't compliplies to this organization because it received nonexclusively religions more during the year.	e, purposes, but no such al contributions that were received lete any of the parts unless the ous, charitable, etc., contributions
-	hat isn't covered by the General Rule and/or the Special Rules d must answer "No" on Part IV, line 2, of its Form 990, or check th	

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization ELIZABETH AND JOSEPH MASSOUD FAMILY FOUNDATION

Employer identification number 46-2495320

Part I	Contributors (see instructions) Use duplicate copi	es of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	MASSOUD, IHAB JOSEPH 3 MARC LANE WESTPORT, CT 06880	\$1,489,155.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization ELIZABETH AND JOSEPH MASSOUD FAMILY FOUNDATION

Employer identification number 46-2495320

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	2U INC TWOU, 4090 SH.	_	
		\$\$.	01/18/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HARDING LOEVNER INSTITUTIONAL EMERGING HLMEX, 15190.805 SH.		
		\$\$	01/18/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	VANGUARD TOTAL STOCK MARKET ETF VTI, 3000 SH.	_	,
		\$\$	01/18/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
, 1	NUSTAR ENERGY L.P NS, 2700 SH.		
		\$142,115.	01/18/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MARKET VECTORS ETF TRJR GOLD MINES ETF GDXJ, 4425 SH.	_	
		\$164,367.	01/18/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VANGUARD TOTAL WORLD STK INDEX VT, 1500 SH.		
		\$\$93,480.	01/18/2017

Name of organization ELIZABETH AND JOSEPH MASSOUD FAMILY FOUNDATION

Employer identification number 46-2495320

Part II	Noncash Property	(see instructions)	Use duplicate co	pies of Part II if additiona	I space is needed
---------	------------------	--------------------	------------------	------------------------------	-------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VANGUARD SMALL-CAP VALUE ETF VBR, 1250 SH.	\$151,631.	01/18/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VANGUARD EXT MKT IDX VXF, 1890 SH.	\$183,490.	01/18/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	(Form 990, 990-EZ, or 990-PF) (2017) rganization ELIZABETH AND JOSEPH MAS	PROUD EDMITY	Page 4 Employer identification number					
Name or o	FOUNDATION	SOUD FAMILY	46-2495320					
Part III	Exclusively religious, charitable, etc., c	ontributions to organizations						
rai <u>t III</u>	(10) that total more than \$1,000 for the	e year from any one contrib s completing Part III, enter the rear (Enter this information or	utor. Complete columns (a) through (e) and e total of exclusively religious, charitable, etc					
(a) No.			(d) Description of how gift is hold					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee					
			· · · · · · · · · · · · · · · · · · ·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	-							
		=						
		(e) Transfer of gift						
			.					
	Transferee's name, address, and a	<u> </u>	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
								
	(e) Transfer of gift							
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee					
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and a	<u>Z</u> IP + 4	Relationship of transferor to transferee					

ATTACHMENT

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES	PER BOOKS 265,014. -16,489.	1,416.	230,013.
	DESCRIPTION K-1 INC/LOSS COMPASS DIVERSIFIED HOLDING K-1 INC/LOSS NUSTAR ENERGY L.P K-1 INC/LOSS TEEKAY LNG PARTNERS LP	FEDERAL TAX REFUND SEC 965 INCOME	CIALS

NET INVESTMENT	INCOME 265,014.	31.	447.	1,535.	267,027.
	PER BOOKS 265,014.	-16,489.	-20,597. 1,416.		230,879.

ATTACHMENT 2

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
990-PF ESTIMATED TAX FOR 2017 990-PF EXTENSION FOR 2016 990-T 1ST EXTENSION FOR 2016	5,300. 732. 9,800.
TOTALS	15,832.

FAMILY
MASSOUD
JOSEPH
AND
ELIZABETH

2017 FORM 990-PF

m

ATTACHMENT

46-2495320

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND	EXPENSES RIPTION PER BOOKS	IVE FEES	K-1 EXP COMPASS DIVERSIFIED HO 270,12	K-1 EXP NUSTAR ENERGY L.P	EXP TEEKAY LNG PARTNERS LP	3 OR LOCAL FILING FEES	WEBSITE HOSTING / SUPPORT 39
	DESCRIPTION	ADMINISTR	K-1 EXP C	K-1 EXP N	K-1 EXP T	STATE OR	WEBSITE H

INVESTMENT	INCOME		268,001.	324.	ж Ж			
EXPENSES	PER BOOKS	29,120.	270,122.	364.	٠ ٣	25.	390.	

25.	29, 535.

268,328.

300,024.

TOTALS

CHARITABLE PURPOSES 29,120.

ATTACHMENT 4

46-2495320

ELIZABETH AND JOSEPH MASSOUD FAMILY

FORM 990PE, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	9,604. 126,225. 92,484. 44,948. 221,183. 85,630. 59,470. 165,975. 111,390. 211,170. 87,585. 70,391. 201,187. 177,450. 32,620. 334,239. 334,239. 337,919. 263,846. 258,720. 151,025. 109,516.
ENDING BOOK VALUE	10,976. 99,954. 7,047. 67,734. 39,193. 69,630. 58,693. 69,630. 19,385. 151,631. 70,386. 171,784. 171,784. 171,784. 171,786. 171,705. 131,686. 310,020. 306,100. 188,013. 215,285. 164,367.
DESCRIPTION	CARS COM INC SPDR S&P 500 ETF TRUST GANNETT CO INC VANGUARD HEALTH CARE ETF ISHARES MSCI-JAPAN BOEING CO VANGUARD HIGH DIV YIELD MERCK & CO INC KINROSS GOLD CORP PINNACLE FOODS INC TEGNA VANGUARD SMALL-CAP VALUE ETF VANGUARD TOTAL WORLD STK INDEX VANGUARD TOTAL WORLD STK INDEX VANGUARD EXT MKT IDX PRIMECAP ODYSSEY AGGRESSIVE GR ISHARES MSCI MALAYSIA FREE IND ISHARES MSCI-SOUTH KOREA VANGUARD TOTAL STOCK MARKET ET ISHARES TR DJ SEL DIVIDEND INX SPDR S&P DIVIDEND ETF ISHARES TR DJ SEL DIVIDEND INX SPDR S&P DIVIDEND ETF 2U INC MARKET VECTORS AGRIBUSINESS ET MARKET VECTORS ETF TRJR GOLD M ISHARES MSCI AUSTRALIA INDEX F ASIA PACIFIC FUND INC

l		
l	_	
ľ	c	,
Ì	_	
l	-	
	E	
l	Z	
l		١
	\vec{c}	,
	_	
l	_	
l		
l	◹	۲
l		
l	_	
l	Ē	
	7	
ı	ſΞ	
i	5	
l	7	
	;	,
	_	4
	ᅒ	4
	E	
	Ē	
	_	•
	P	4

FORM 990PF, PART II - CORPORATE STOCK

BOOK VALUE ENDING DESCRIPTION

TEEKAY TANKERS CL A HARDING LOEVNER INSTITUTIONAL

TOTALS

ENDING
BOOK VALUE

28,545.
268,466.
15,400.
346,182.

4,663,850.

4,052,944.

ATTACHMENT 4

FP TNVFSTMFNTS	
- OTHER	
-	
-	1
PARG	
TAZ	T 1117

ENDING <u>FMV</u>	80,865. 141,050. 3,813,750. 4,035,665.
ENDING BOOK VALUE	114,971. 186,214. 3,513,252. 3,814,437.
DESCRIPTION	NUSTAR ENERGY L.P TEEKAY LNG PARTNERS LP COMPASS DIVERSIFIED HOLDINGS

2017 FORM 990-PF ELIZABETH AND JOSEPH MASSOUD FAMILY 46-2495320
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of P	roperty	INS AND LO	Desc	ription		or D	Date	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over	D	acquired Gain or (loss)	
expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis	$\dag \uparrow$	(IOSS)	
		PUBLICLY-TRA	ADED SECURI	FIES				
10,074.		8.					10,066.	
		PASSTHROUGH	K1 CAPITAL	GAIN/(LOSS)	ı			
							181,725.	
OTAL GAIN(L	oss)						191,791.	
•								
							ľ	
							İ	
							1	
	į							
		-						
							1	
								_

2017 FORM 990-PF	DIRECTORS, AND TRUSTEES
ELIZABETH AND JOSEPH MASSOUD FAMILY	FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND T

46-2495320

ATTACHMENT 6

EXPENSE ACCT AND OTHER ALLOWANCES	·	·	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	. 0	.0	0
COMPENSATION	. 0	·	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIR, VP 1.00	PRES, DIR, SEC, TREAS 1.00	GRAND TOTALS
NAME AND ADDRESS	ELIZABETH ALLMAN MASSOUD FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	IHAB JOSEPH MASSOUD FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	

ATTACHMENT 7

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

ELIZABETH ALLMAN MASSOUD IHAB JOSEPH MASSOUD

46-2495320

FORM 990PE, PART XV - GRANTS AND CONTRIBILITIONS PAID DIBING THE YEAR

ATTACHMENT 8

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PIRPOSE OF CRAMP OF COMPETERMENTON	FILLE
	ייסטימוזייסט סייסטיס פר איסידנייטטי	FUNESE OF UNITED OF CONTRIBUTION	AMOUNT
A BETTER CHANCE OF WESTPORT INC PO BOX 2153	N/A PC	CHARITABLE EVENT	300
WESTPORT, CT 06880			
BIG BROTHERS BIG SISTERS OF SOUTHWESTERN CT	N/A	GENERAL & UNRESTRICTED	15,000
2470 FAIRFIELD AVE	PC		
BRIDGEPORT, CT 06605			
BIG BROTHERS BIG SISTERS OF SOUTHWESTERN CT	N/A	CHARITABLE EVENT	7,500.
2470 FAIRFIELD AVE	PC		
BRIDGEPORT, CT 06605			
BIG BROTHERS BIG SISTERS OF SOUTHWESTERN CT	N/A	CHARITABLE EVENT	10,000
2470 FAIRFIELD AVE	PC		
BRIDGEPORT, CT 06605			
BIG BROTHERS BIG SISTERS OF SOUTHWESTERN CT	N/A	CHARITABLE EVENT	10,000
2470 FAIRFIELD AVE	22		
BRIDGEPORT, CT 06605			
BRIDGEPORT RESCUE MISSION INC	N/A	CHARITABLE EVENT	2,000
PO BOX 9057	PC		
BRIDGEPORT, CT 06601			

46-2495320

ATTACHMENT 8 (CONT.D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	40,000	3,000	2,000.	25,000	40,000	30,000
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL AND UNRESTRICTED	RADIO-THON MATCHING PLEDGES CAMPAIGN	GENERAL & UNRESTRICTED	CARDIAC NEURODEVELOPMENT PROGRAM	FOUNDATION PLEDGE FOR CAPITAL FUND AND CNP FUND	GENERAL & UNRESTRICTED
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	N/A	N/A	N/A	N/A	N/A	N/A
	PC	PC	PC	PC	PC	PC
RECIPIENT NAME AND ADDRESS	BRIDGEPORT RESCUE MISSION INC	BRIDGEPORT RESCUE MISSION INC	CAROLINE HOUSE INC	CHILDRENS HOSPITAL CORPORATION	CHILDRENS HOSFITAL CORPORATION	CHRISTIAN HERALD ASSN INC
	PO BOX 9057	PO BOX 9057	574 STILLMAN ST	401 PARK DR STE 602	401 PARK DR STE 602	PO BOX 2000 THE MURRAY HILL STA
	BRIDGEPORT, CT 06601	BRIDGEPORT, CT 06601	BRIDGEPORT, CT 06608	BOSTON, MA 02215	BOSTON, MA 02215	NEW YORK, NY 10016

ATTACHMENT 8 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DIRING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
EPISCOPAL SOCIAL SERVICE OF THE DIOCESE OF CONNECT 235 NICOLL ST FL 2 NEW HAVEN, CT 06511	N/A PC	GENERAL & UNRESTRICTED	2, 000
FAMILIES NETWORK OF WESTERN CONNECTICUT INC 5 LIBRARY PL DANBURY, CT 06810	N/A PC	GENERAL & UNRESTRICTED	30,000
FAMILIES NETWORK OF WESTERN CONNECTICUT INC 5 LIBRARY PL DANBURY, CT 06810	N/A PC	CHARITABLE EVENT	5,000
FAMILY REENTRY INC 75 WASHINGTON AVE BRIDGEPORT, CT 06604	N/A PC	TRANSITION MENTORING PROGRAM	20,000
FOOD RESCUE US INC 27 ANN ST NORWALK, CT 06854	N/A PC	CHARITABLE EVENT	8,500
FOOD RESCUE US INC 27 ANN ST NORWALK, CT 06854	N/A PC	CHARITABLE EVENT	2, 000

46-2495320

ATTACHMENT 8 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HABITAT FOR HUMANITY OF COASTAL FAIRFIELD COUNTY I 1542 BARNUM AVE BRIDGEPORT, CT 06610	N/A PC	CHARITABLE EVENT	5,000
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST 12TH FL NEW YORK, NY 10168	N/A PC	REFUGEE SUPPORT PROGRAM	1,000
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONA 60 WALNUT ST WELLESLEY, MA 02481	N/A PC	CHARITABLE EVENT	5, 000
PALESTINE CHILDRENS RELIEF FUND PO BOX 1926 KENT, OH 44240	N/A PC	GENERAL & UNRESTRICTED	1,000
SAVE THE CHILDREN FEDERATION INC 501 KINGS HWY E STE 400 FAIREIELD, CT 06825	N/A PC	REFUGEE CHILDREN PROGRAM	1,000
STAPLES HIGH SCHOOL TUITION GRANTS COMMITTEE INC PO BOX 5159 WESTPORT, CT 06881	N/A PC	ELIZABETH AND JOSEPH MASSOUD FAMILY FOUNDATION AWARD	2,000

ATTACHMENT 8 (CONT'D)

	AMOUNT	10,000	10,000
	PURPOSE OF GRANT OR CONTRIBUTION	PUERTO RICO RELIEF INITIATIVE	WESTPORT LIBRARY TRANSFORMATION PROJECT SELF CHECK-OUT SPONSORSHIP CAMPAIGN
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	N/A PC	N/A PC
	RECIPIENT NAME AND ADDRESS	UNITED STATES FUND FOR UNICEF 125 MAIDEN LN 10TH FL NEW YORK, NY 10038	WESTPORT LIBRARY ASSOC 20 JESUP RD WESTPORT, CT 06880

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 8

46-2495320	. 6 IN	RELATED OR EXEMPT FUNCTION INCOME		الندا
	ATTACHMENT 9	AMOUNT	265,492. 1,416. 1,535.	268,443.
		CODE	14 01 14	
		AMOUNT	-37,564.	-37,564.
2017 FORM 990-PF		BUSINESS	525990	
	FORM 990-PE, PART XVI-A - ANALYSIS OF OTHER REVENUE			
ELIZABETH AND JOSEPH MASSOUD FAMILY	FORM 990-PE, PART	DESCRIPTION	K-1 INC/LOSS FEDERAL TAX REFUND SECTION 965 INCOME	TOTALS