SCANNED MAR 0 4 2019

Form **990-F** Department of the Treasu

EXTENDED TO NOVEMBER 15, 2018 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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

For	calendar year 2017 or tax year beginning DEC	13, 2017	, and ending	DEC 31, 2017	
Na	me of foundation			A Employer identification	number
.H	IJD_FOUNDATION			82-3683194	<u> </u>
	mber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
9	TULIP TREE LANE			(203) 662-	0839
Cit	y or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
	DARIEN, CT 06820			,	5 ,
G	Check all that apply:	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return			
	Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, proputation
H (Check type of organization: X Section 501(c)(3) ex	empt private foundation	110	E If private foundation sta	
	Section 4947(a)(1) nonexempt charitable trust		ation 09	under section 507(b)(1)	
I Fa		ng method: X Cash	Accrual	F If the foundation is in a	
(f	· 1 —	her (specify)		under section 507(b)(1)	
	\$ 2,279,019. (Part I, colum		s.)		
Pá	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	2,201,895.			1
	2 Check if the foundation is not required to attach Sch B Interest on savings and temporary				-
	cash investments Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				i
	6a Net gain or (loss) from sale of assets not on line 10			REA	1000
Ĭ	b assets on line 6a			10	VFN
Revenue	7 Capital gain net income (from Part IV, line 2)		0.	18/	- Toman
æ	8 Net short-term capital gain		•	NOV	1 + 2010 10/
	9 Income modifications				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10a Gross sales less returns and allowances			LOGISE	E GE
	b Less Cost of goods sold				ALUT
	c Gross profit or (loss)				
	11 Other income				•
	12 Total. Add lines 1 through 11	2,201,895.	0.	0.	
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages				
<i>(</i> 0	15 Pension plans, employee benefits				
enses	16a Legal fees				
pen	b Accounting fees				
Expe	c Other professional fees				
Operating and Administrative	17 Interest				
tra	18 Taxes				
inis	19 Depreciation and depletion				
Ë	20 Occupancy				
Ϋ́Þ	21 Travel, conferences, and meetings				
ä	22 Printing and publications				
ing	23 Other expenses				
rati	24 Total operating and administrative	_	_	_	
Эре	expenses. Add lines 13 through 23	0.	0.	0.	0.
	25 Contributions, girts, grants paid	0.	, , _p		٧ 0.
	26 Total expenses and disbursements.	_	•	_	
_	Add lines 24 and 25	0.	0.	0.	0.
	27 Subtract line 26 from line 12.	2 201 005	•	, ,	1. 1
	a Excess of revenue over expenses and disbursements	2,201,895.	,	*	
	b Net investment income (if negative, enter -0-)	<u></u>	0.		
	C Adjusted net income (if negative, enter -0-)	,		0.	, ,

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017) , HJD FOUNDATION 82-3683194 Page 2 Beginning of year End of year Attached schedules and amounts in the description Part II 'Balance Sheets column should be for end-of-year amounts only (c) Fair Market Value (a) Book Value (b) Book Value 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less; allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less, allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations STMT 1 2,201,895. 2,279,019. **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 2,201,895. 2,279,019. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue $20\,$ Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. Vet Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 27 Capital stock, trust principal, or current funds 0. 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 2,201,895. 29 Retained earnings, accumulated income, endowment, or other funds 2,201,895. 30 Total net assets or fund balances 2,201,895 0. 31 Total liabilities and net assets/fund balances

Part III Analysis of Changes in Net Assets or Fund Balances

_				
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	11		0.
2	Enter amount from Part I, line 27a	2	7	2,201,895.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		2,201,895.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		2,201,895.

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See the Part VI instructions.

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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.

Form 990-PF (2017) , HJD FOUNDATION Part VI Excise Tax Based on Investment Income (Section 4)	940(a) 4940(b) 4940(a) a		368319		Page 4
		4940			
1a Exempt operating foundations described in section 4940(d)(2), check here		•	74.	8 13 - N 47%	- 1111
	necessary-see instructions)				ليب
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ □ and enter 1% P	1 1			0.
of Part I, line 27b		l			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	r; others, enter -0-)	2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y; others, enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	ļ		<u>0.</u>
6 Credits/Payments:			-		
a 2017 estimated tax payments and 2016 overpayment credited to 2017		<u>.</u>			1
b Exempt foreign organizations - tax withheld at source	1 1	١.			1
c Tax paid with application for extension of time to file (Form 8868)	1 1	F.			İ
d Backup withholding erroneously withheld	6d C	<u>. </u>			l
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8	T		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		-	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	d •	10			-
11 Enter the amount of line 10 to be, Credited to 2018 estimated tax	Refunded	<u> 11</u>			
Part VII-A Statements Regarding Activities			<u> </u>		
1a During the tay year, did the foundation attempt to influence any national, state, or local le	egislation or did it participate or interve	ne in		Yes	No
any political campaign?	Statement or and it barnespect or mission		1:		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pur	noses? See the instructions for the de	finition	11		X
If the answer is "Yes" to Ta. or Tb, attach a detailed description of the activities and copi			<u> </u>		200
distributed by the foundation in connection with the activities.	as or any minierials published of			r 4/41 H	401 19
c Did the foundation file Form 1120-POL for this year?				_	<u> X </u>
•	Abo		10	' —	 ^
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during		١.	1		
(1) On the foundation. > \$ 0 • (2) On foundation manage	· · · · · · · · · · · · · · · · · · ·	<u></u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expe	inditure tax imposed on fouridation			· 1 · 14	*
managers. ▶ \$					
2 Has the foundation engaged in any activities that have not previously been reported to the	e 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	ng instrument, articles of incorporation	ı, or		-	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	Д	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?		4	1	Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A 41	,	
6 Was there a liquidation, termination, dissolution, or substantial contraction during the ye	ar?		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	d either:]	:- -	
 By language in the governing instrument, or 				, [
By state legislation that effectively amends the governing instrument so that no manda	tory directions that conflict with the st	ate law		_	
remain in the governing instrument?			6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Part II, col. (c), and Part XV		7	X	
	, , , ,				
8a Enter the states to which the foundation reports or with which it is registered. See instruc	ctions.		١.		
CT				1	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	n Attorney General (or decignate)].
of each state as required by General Instruction G? If "No," attach explanation	55		<u>2 </u>		
9 Is the foundation claiming status as a private operating foundation within the meaning of	section 4042(1)(3) or 4042(1)(5) for a	alender	Tanke to	+	
		uiviiudi	9	<u> </u>	T V
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," o		STMT			
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a sch	edule listing their names and addresses	OTHI			(2017)
			Form 9	90-PF	(2017)

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Part VII-A Statements Regarding Activities (continued)			
		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1 .		
If "Yes," attach statement. See instructions	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
Website address ► N/A		00	
14 The books are in care of ► ROBERT W. D'ALELIO Telephone no. ► (203	662	-08	39
Located at ▶ 9 TULIP TREE LANE, DARIEN, CT ZIP+4 ▶	16820		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		∠ ►	•Ш
and enter the amount of tax-exempt interest received or accrued during the year		/A	
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
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			1
foreign country 🕨			<u> </u>
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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?			
(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?	1 1		
(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"			j
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)			j
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
Organizations relying on a current notice regarding disaster assistance, check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2017?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5));			
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			İ
before 2017?		i	
If "Yes," list the years ▶ , , , ,			
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			1
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			$\overline{}$
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			ŀ
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	1 1	į	
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	"		 -
had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		$\overline{\mathbf{x}}$
	Form 990	-PF	

2	Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		•
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	NONE				
_					
_					
_		.,			<u> </u>
		1		1 1	i

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Total number of other employees paid over \$50,000

Part VIII. Information About Officers, Directors, Trusted Paid Employees, and Contractors (continued)		3003131 tago.
3 Five highest-paid independent contractors for professional services.	If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		> (
PartilX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Includ number of organizations and other beneficiaries served, conferences convened, resea	e relevant statistical information such as the irch papers produced, etc.	Expenses
1 N/A		
2		
3		
4		
B 1951		
Part! X-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	the tay year on lines 1 and 2	Amount
1 N/A	the tax year on lines 1 and 2.	Alliount
		- -
2		-
All the second of the second o		-
All other program-related investments. See instructions.		_
		-

Total. Add lines 1 through 3

Tomissori (2011) . INDEST COMPATION		3003131 Tago 0
Part X Minimum Investment Return (All domestic foundations must complete this part	rt Foreign foundations,	see instructions)
1 Fair market value of assets not used (or hold for use) directly in carrying out charitable, etc., purposes:	-	
a Average monthly fair market value of securities	1a	2,240,457.
b Average of monthly cash balances	1b	
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	2,240,457.
e Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	2,240,457.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	33,607.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,206,850.
6 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PER	IOD 6	5,744.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foundations and certain	
foreign organizations, check here and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	5,744.
2a Tax on investment income for 2017 from Part VI, line 5		
b Income tax for 2017. (This does not include the tax from Part VI.)		•
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	5,744.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	5,744.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,744.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the.		
a Suitability test (prior IRS approval required)	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	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on not investment		
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether t	the foundation qualifies for	the section
4940(e) reduction of tax in those years.		

2 Undershould income, Ifany, as of the end of 2017 a Enter amount for 2016 only b Total for protry years: 3 Excess distributions carryover, if any, to 2017: a From 2012 b From 2013 c From 2014 d From 2015 c From 2016 c Fr	·				
1 Distributable amount for 2017 from Part XI, Inter 7 2 Discrete and common, if any, as of the end of 2017 a Enter amount for 2016 only 3 Excess distributions carryover, if any, to 2017; afrom 2012 5 From 2013 6 From 2013 6 From 2015 6 From 2015 6 From 2016 7 Fotal of lines 3 through e Cutalitying distributions for 2017 from Part XII, Intel of lines 3 through e Cutalitying distributions for 2017 from Part XII, Intel of lines 3 through e Cutalitying distributions for 2017 from Part XII, Intel of lines 3 through e Cutalitying distributions for 2017 from Part XII, Intel of lines 2 through e Applied to undistributed discrete of professions of the common for a					
S 7,744. 2 Unestablished econom, if any, as of the end of 2017 a Einer amount for 2016 only b Total for prior years. 0. 3 Excess distributions carryover, if any, to 2017: a From 2013 c From 2014 d From 2015 er From 2016 from 2017 from	1 Distributable amount for 2017 from Part XI.		1 00.0 p.10. 10 20 10		
2 Undestinated interest, Ifany, as of the end of 2017 a Enter amount for 2016 only b Total for protry years: 3 Excess distributions carryover, if any, to 2017; afrom 2012 b From 2013 c From 2014 d From 2015 c From 2016 c	·				5.744.
a Enter amount for 2016 only b Total for prior years: D. SEXESS definitions carryover, if any, to 2017: a From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e Unabhying definitions for 2017 from Part XII, line 4: P S O. a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Created as destributions out of corpus (Election required - see instructions) Created as destributions out of corpus (Election required - see instructions) D. Services destributions out of corpus Clerication required - see instructions D. Services destributions out of corpus Clerication required - see instructions D. Services destributions out of corpus Clerication required - see instructions D. Services destributions out of corpus To see that the service and the substrate line 5 Corpus Ace lines 3i, 4c, and 4 substrate line 5 Corpus Ace lines 3i, 4c, and 4 substrate line 5 Certain the amount of prior years' undistributed income for which a notice of deficiency has been scaud, or on which the section 494(2e) tax has been previously assessed O. Services defines 3i, 4c, and 4 substrate line 5 Certain the amount of prior years' undistributed income for 2016. Subtrate line Bundestributed income for 2016. Subtrate line Undistributed income for 2016. Subtrate line Carpus Ace lines 3i, 4c, and 4c, 4c, 4c, 4c, 4c, 4c, 4c, 4c, 4c, 4c,	 				
b Total for prior years: 3 Excess distributions carryover, if any, to 2017: a From 2013 b From 2013 c From 2014 d From 2015 e From 2016 1 Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4: P-S				0.	
Sexess distributions carryover, if any, to 2017: a From 2018 b From 2019 c From 2016 f Tetal of lines 3a through is f Tetal	· · · · · · · · · · · · · · · · · · ·				
3 Excess distributions carryover, if any, to 2017: a From 2013 c From 2014 d From 2015 e From 2016 1 Total or times 3s through e O. Qualifying distributions for 2017 from Part XII, line 4; P-S Applied to undistributed income of prior years (Election required - see instructions) O - Testald as distributions out of corpus (Election required - see instructions) O - Testald as distributions out of corpus (Election required - see instructions) O - O - Testald as distributions out of corpus (Election required - see instructions) O - O - O - O - O - O - O - O - O - O	- Common prior years		0.		
a From 2012 b From 2013 b From 2015 b From 2015 b From 2016 d From 2016 d From 2016 d From 2016 d From 2016 d Caushlaying distributions for 2017 from Part XII, line 4: PS 0. a Applied to 2016, but not more than line 2a b Applied to 2016, but not more than line 2a b Applied to 2016 but not more than line 2a b Applied to 2016 but not more than line 2a b Applied to 2017 distributibate income of prior years (Election required - see instructions) C - created as distributions out of corpus (Election required - see instructions) C - created as distributions out of corpus (Election required - see instructions) C - created as distribution out of corpus (Election required - see instructions) C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus C - created as distribution out of corpus to safety requirements imposed by section 1709(b) (f) or 4942(b)(f) (f) or 4942(b) (f) (f) or 4942(b)(f) (f	3 Excess distributions carryover, if any, to 2017:		•		
b From 2013 e From 2016 from 2015 e From 2016 from 2015 from 2016	1 '				
e From 2015 from 2016 1 Total of lines 3a through e 0 . 4 Ouelshying distributions for 2017 from Part XII, line 4; ▶ \$ 0 . 4 Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2017 distributed income of prior years (Election required - see instructions) 4 Applied to 2017 distributed amount 6 Remaining amount distributed out of corpus 5 Excess distributions out of corpus 5 Excess distributions exeryiow applied to 2017 6 Incompare the see an extractions 9 . 10					
d From 2015 e From 2016 1 Total of Ines 3a through e 1 Out Marking distributions for 2017 from 2 Applied to 2018, but not more than line 2a 3 Applied to 2018, but not more than line 2a 3 Applied to 2018, but not more than line 2a 3 Applied to 2018, but not more than line 2a 3 Applied to 2018, but not more than line 2a 3 Applied to undistributed income of prior years (Election required - see instructions) 4 Applied to 2017 distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 6 Remaining amount distributable amount 7 O .					
e From 2016 Total of lines 3a through e					
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3 Grants and Contributions Paid During the Year of Approved for Future Payment Request Request Rame and address (home or business) 8. Paid during the year NONE Total Total Total Total Total Total Purpose of grant or Cantribution Purpose of grant or Cantribution Purpose of grant or Cantribution Amount Amount Amount Purpose of grant or Cantribution Purpose of grant or Cantribution Amount NONE Purpose of grant or Cantribution Purpose of grant or Cantribution Purpose of grant or Cantribution Amount Amount Total Total Purpose of grant or Cantribution Purpose of grant or Cantribution Amount Amount Total Purpose of grant or Cantribution Purpose of grant or Cantribution Amount Amount Total Purpose of grant or Cantribution Amount Amount Amount Total Purpose of grant or Cantribution Amount Amount Total Purpose of grant or Cantribution Amount Amount Amount Total Purpose of grant or Cantribution Amount Amount Total Purpose of grant or Cantribution Amount Amount Amount Amount Amount Total Purpose of grant or Cantribution Amount Amount Amount Amount Amount Amount Amount Total Purpose of grant or Cantribution Amount	Part XV, Supplementary Information				
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Total ▶ 3b 0. Form 990-PF (2017)					
Total Total Form 990-PF (2017)					
Total Total Form 990-PF (2017)					
Form 990-PF (2017)	Total			26	
	rviai			<u> </u>	orm 990-PF (2017)

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue.	code	Amount	sion	Amount	function income
a		<u></u>			
b					
С					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events		· - · · · · · · ·		ì	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b					
C					
d	_				·
e					
12 Subtotal Add columns (b), (d), and (e)).	0.[0
13 Total. Add line 12, columns (b), (d), and (e)				13	0
(See worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activitie	s to the Accom	plishment of	Exempt P	urposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the				Importantly to the accomp	olishment of

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
\longrightarrow	······································
723621 01-03-	-18 Form 990-PF (201

	·	2017) HJD H	FOUNDATION	<u> </u>				82	<u>2-3683194</u>	. Pa	age 13
Part	XVII	Information R Exempt Organ		sfers to a	and Tr	ansactions a	and Relation	nships With N	loncharitable	•	
1 Di	d the or	ganization directly or ind	lirectly engage in any	of the follows	ng with a	ny other organizat	ion described in s	ection 501(c)		Yes	No
(0	ther tha	n section 501(c)(3) orga	inizations) or in section	on 527, relatın	ng to polit	ical organizations	7				
a Tr	ansfers	from the reporting found	dation to a noncharita	able exempt or	rganızatıc	n of:			_	l	
(1) Cash								1a(1)		X
(2) Other	assets							1a(2)	<u> </u>	X
b Ot	her tran	sactions:									
(1) Sales	of assets to a noncharita	able exempt organıza	ition					1b(1)	ļ	X
(2) Purcl	nases of assets from a no	oncharitable exempt (organization					1b(2)	ļ	Х
(3) Renta	al of facilities, equipment,	, or other assets						1b(3)	+	X
•	•	bursement arrangements	S						1b(4)	+	X
		s or loan guarantees							1b(5)	+	Х
	•	rmance of services or mi	•	-					1b(6)	├	X
	-	f facilities, equipment, ma	•	•					<u> 1c</u>	<u> </u>	X
		wer to any of the above is		-						sets,	
		s given by the reporting t				nan tair market vai	ue in any transac	tion or snaring arrai	ngement, snow in		
(a)Line		 the value of the goods, Amount involved 	-	rices received. f noncharitable		organization	(4) 0				
(a)Line	10	(b) Amount involved	(c) Name o		ie exempi	Urganization	(u) Descrip	tion of transfers, trans-	actions, and snaring a	rrangeme	ints
			 	N/A							
		-	ļ								
							+				
	+										
	+										
	+-		,								
-	+										
	+		1								
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	1										
			1								
		<u> </u>			***************************************			······································	-		
						•					
2a Is	the four	ndation directly or indirec	ctly affiliated with, or i	related to, one	or more	tax-exempt organ	izations described	İ			
ın	section	501(c) (other than section	on 501(c)(3)) or in se	ection 527?					Yes	X] No
b If "	Yes," co	emplete the following sch									
		(a) Name of org	ganization		(b) Ty	e of organization		(c) Description of	f relationship		
		N/A			<u> </u>			· · · · · · · · · · · · · · · · · · ·	 		
						 					
					ļ						
					ļ		ļ				
	T.,				<u> </u>		<u> </u>				
C:		penathes of perjury, I déclare lief, it is true, correct, and co								discuss l	his er
Sign Here			/////-			11/2/16	mpiro.	nno	s <u>hown</u> below	r? Se <u>e in:</u>	str 7
11010	🔼	ature of officer or trustee	Wollin-			11/13/14	TRUS'	ree	X Yes	; <u> </u>	J No
	Julyn	Print/Type preparer's na		Preparer's s		ate .	Title Date	Check i	f PTIN		
		. This type proparer a lic	unit	1 Topaici 3 S	ngnature •	Nector	Date	self- employed	.		
Paid		JOHN NESTO)R		join	, rues t	11/13/1		P00366	861	
Prep	arer	Firm's name ► AND		LLC	<i></i>		1//	Firm's FINI	33-11973		
Use		. win s name > 2124D	IAA	.,				THIN S CINV	22 11773		

 $\frac{\text{Phone no.} \quad \text{(617)} \quad 292 - 8400}{\text{Form } \textbf{990-PF} \text{(2017)}}$

Firm's address ▶ 125 HIGH STREET, 16TH FLOOR BOSTON, MA 02110

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

HJD FOUNDATION 82-3683194 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Gaution: An organization that isn't covered by the General Bule and/or the Special Bules doesn't file Schedule B (Form 990, 990-FZ), or 990-PE). but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number Name of organization

HJD F	OUNDATION	82	2-3683194
Part I	Contributors (see instructions) Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SARA J. AND ROBERT W. D'ALELIO 9 TULIP TREE LANE DARIEN, CT 06820		Person Payroll Noncash X (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
723452 11-0		Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number HJD FOUNDATION 82-3683194

rt II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is neede	ed	
a) o. om rt l	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	e)	(d) Date received
1	1200 SHARES OF APTARGROUP INC			
		\$ 104,0	52.	12/20/17
a) o. om rt l	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	300 SHARES OF APTARGROUP INC			
		\$ 26,0	13.	12/20/17
i) o. om rt l	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	4095 SHARES OF COMPASS MINERALS INTL INC	-		
		\$ 285,0	12.	12/20/17
o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	2500 SHARES OF CHURCH & DWIGHT CO INC			
-		\$123,3	38.	12/20/17
) o. m rt l	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	2400 SHARES OF DONALDSON CO INC			
_		\$117,7	80.	12/20/17
) o. m t l	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	1600 SHARES OF EXPONENT INC			
-		\$ 57,5	76	12/20/17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number 82-3683194 HJD FOUNDATION

rt II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
	Troncash Froperty (see instructions) Ose duplicate copies of Part II if	auditional space is needed.	
a) o. om rt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	400 SHARES OF EXPONENT INC		
<u></u>		\$14,39	12/20/17
n) o. m rt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1000 SHARES OF HENRY JACK & ASSOCIATES INC		
-		\$118,15	0. 12/20/17
) o. m t I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1000 SHARES OF IDEXX LABORATORIES CORP		
-		\$157,57	5. 12/20/17
) o. m t l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	100 SHARES OF MANTECH INTERNATIONAL COR CL A		
		\$5,11	<u> 12/20/17</u>
) o. m	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	2700 SHARES OF MANTECH INTERNATIONAL COR CL A		
		\$ 138,10	12/20/17
n t l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	4766 SHARES OF NATIONAL-OILWELL VARCO		
<u>-</u>		\$ 162,02	0. 12/20/17 Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number HJD FOUNDATION 82-3683194

rt [II]	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) · Date received
1	900 SHARES OF POOL CORPORATION	\$117,908.	12/20/17
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	800 SHARES OF ROGERS CORP	\$ 131,664.	12/20/17
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_1	2500 SHARES OF ROLLINS INC	\$117,575 .	12/20/17
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1700 SHARES OF HENRY SCHEIN INC	\$121,440.	12/20/17
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1600 SHARES OF SENSIENT TECHNOLOGIES CORP	\$119,368.	12/20/17
a) o. om rt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	4000 SHARES OF TRIMBLE NAVIGATION LTD	s 164,720.	12/20/17

Employer identification number

HJD FOUNDATION

82-3683194

?art{II}	Noncash Property (see instructions) Use duplicate copies of F	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
	1500 SHARES OF WABTEC CORP		
		 \$120,090.	12/20/17
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	

Name of orgai	nization	•		Employer identification number			
HJD FOU	UNDATION		\	82-3683194			
Partilli	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the folk s, charitable, etc , contributions of \$1,000 (owing line entry. For organization	18			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
- -							
		(e) Transfer of gi	L ft				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-							
(a) No. from Part I	(b) Purpose of gift (c) Use of g		(d) Desc	ription of how gift is held			
-	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
 -							
	(e) Transfer of gift						
- -	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee			
-							

723454 11-01-17

HJD FOUNDATION 82-3683194

FORM 990-PF	STOCK	STATEMENT 1
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
STOCKS	2,201,895.	2,279,019.
TOTAL TO FORM 990-PF, PART	2,201,895.	2,279,019.
FORM 990-PF LIST	CONTRIBUTORS	STATEMENT 2
	VE 10	SIRIEMENI Z
NAME OF -CONTRIBUTOR	3	
SARA J. AND ROBERT W. D'ALE	TREE LANE CT 06820	