			ocial security numbers o .gov/Form990PF for instr				pen to Public Inspecti
_		Revenue Service Go to www.irs alendar year 2017 or tax year beginning		1/21 , 2017,		nation C	12/31, 20 1
_		of foundation <u>MARY</u> CATHERINE AND		<u>, , 1011,</u>	and chang	A Employer identi	
	FAM	ILY FOUNDATION				82-645169	96
	Numb	er and street (or P O box number if mail is not delivere	d to street address)		Room/suite	B Telephone numb	per (see instructions)
_		ALSACE CT	-			(501) 23	18-7513
1	City oi	r town, state or province, country, and ZIP or foreign po	ostal code				. –
	.					C If exemption applic pending, check her	
_		TLE ROCK, AR 72223	Initial return	of a farmar a	ublia abaritu	-	. Г
0	One			-	ublic chanty	D 1 Foreign organiza 2 Foreign organiza	
		Address change	Name chang			85% test, check	here and attach
H	Che	eck type of organization X Section 501			-0		· · · · · · · · • ► L
ſ	5	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr	ivate foundat	_{ion} VV		on status was terminated h)(1)(A) check here .
Ĩ			ounting method X C				s in a 60-month termination
			Other (specify)				o)(1)(B), check here 🔒 🕨
-			, column (d) must be on ca	sh basis)	-····	l	1 (0.5.)
ŀ	Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Nevenue and	(b) Net inve	stment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	expenses per books	incom		income	purposes (cash basis only)
_	1	column (a) (see instructions)) Contributions gifts, grants, etc., received (attach schedule)	290,716.			······	
	2	Check					
	3	Interest on savings and temporary cash investments.	8.		8.		ATCH 1
	4	Dividends and interest from securities	2,963.		2,963.		ATCH 2
	5a	Gross rents					
	b	Net rental income or (loss)	15 071				
IUe	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 53, 641	15,271.				
ven		assets on line 6a		1	5,271.	<u>RECE</u>	
Revenue	7	Capital gain net income (from Part IV, line 2) .		<u> </u>	5,271.		
_	8	Net short-term capital gain.				NOV 2	0 2018
	9 10 a	Income modifications					
	Ь	and allowances					
	1	Gross profit or (loss) (attach schedule)					<u>14, 01</u>
	11	Other income (attach schedule)					
_	12	Total. Add lines 1 through 11	308,958.	1	8,242.		
s	13	Compensation of officers, directors, trustees, etc					
ISe	14	Other employee salaries and wages					
Den	15	Pension plans, employee benefits					
Ä	16a	Legal fees (attach schedule)					
٨		Accounting fees (attach schedule)	1		150.		+
Administrative Expenses	17					···	<u> </u>
istr	18	Taxes (attach schedule) (see instructions)				·····	
<u>nin</u>	19	Depreciation (attach schedule) and depletion.					
١q	20	Occupancy					
₹p	21	Travel, conferences, and meetings					
an	21 22	Printing and publications					
ing	23	Other expenses (attach schedule)				·	
rat	23 24 25	Total operating and administrative expenses	160		150.		
Dee	25	Add lines 13 through 23					· ·
J	25 26	Contributions, gifts, grants paid			150.		<u> </u>
_	20	Subtract line 26 from line 12	1				
		Excess of revenue over expenses and disbursements	308,808.				
	b	Net investment income (if negative, enter -0-)		1	8,092.		
		Adjusted net income (if negative, enter -0-)	·				

Form 990-PF (2017))-PF [•] (2017)	MARY CATHERINE AND TR	EVOR PERSON	82	82-6451696 Page 2		
			Attached schedules and amounts in the	Beginning of year	End	of year		
F	Part I	Balance Sheets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bear	ing		56,461.	56,461.		
	2	1	cash investments					
	2	0						
	5		btful accounts ►					
	4	Pledges receivable			·	7-		
	4	-	btful accounts ▶					
	5							
	6		officers, directors, trustees, and other					
	_		tach schedule) (see instructions)					
	7		receivable (attach schedule)					
			btful accounts ►					
Assets	8	Inventories for sale or us	;e					
SS	9	Prepaid expenses and d	leferred charges					
<	Iva		e government obligations (attach schedule).					
	b	Investments - corporate	e stock (attach schedule) $\stackrel{\text{ATCH}}{\cdots}$ $\stackrel{\text{4}}{\cdot}$ $\stackrel{\text{.}}{\cdot}$		252,347.	357,830.		
			e bonds (attach schedule)					
	11	Investments - land, building and equipment basis	s,					
		Less accumulated deprecia (attach schedule)						
	12		loans					
	13	Investments - other (atta	ach schedule)					
	14	Land, buildings, and equipment basis	▶	1				
		Less accumulated deprecia (attach schedule)						
	15	Other assets (describe						
	16	•	completed by all filers - see the					
			age 1, item I)	0.	308,808.	414,291.		
	17		accrued expenses					
	18			··· ···		1		
Ś								
Liabilities	19				· · · · · · · · · · · · · · · · · · ·	1		
pili	20 21		ors, trustees, and other disqualified persons			1		
Lia	22	•••			····			
_	22	Other habilities (describe	· · · · · · · · · · · · · · · · · · ·					
	23	Total liabilities (add line	es 17 through 22)	ο.	0.			
	23							
ŝ			w SFAS 117, check here ▶ through 26, and lines 30 and 31.					
S								
lar	24							
Ba	25							
ק	26		· · · · · · · · · · · · · · · · · · ·			-		
"	24 25 26 27 28 29 30 31		ot follow SFAS 117, check here ► X					
ř		and complete lines 27	through 31.					
s	27	Capital stock, trust prin	cipal, or current funds			-		
ĕ	28	Paid-in or capital surplus, o	r land, bldg , and equipment fund			-		
ŝ	29	Retained earnings, accum	ulated income, endowment, or other funds		308,808.	-		
ž	30		d balances (see instructions)	0.	308,808.			
ž	31	Total liabilities and	net assets/fund balances (see					
_			<u> </u>	0.	308,808.			
			nges in Net Assets or Fund Balan			·		
1	Tot	al net assets or fund t	balances at beginning of year - Part II	, column (a), line 30 (n	nust agree with			
	enc	l-of-year figure reporte	ed on prior year's return)		1	0		
2	Ent	er amount from Part I	, line 27a			308,808		
3	Oth	er increases not inclu	ded in line 2 (itemize) ►		3			
4						308,808		
5		creases not included in			5			
6			palances at end of year (line 4 minus l	ine 5) - Part II, column (b	o), line 30 6	308,808		
						5 000 PE (0017)		

Form 990-PF (2017)

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u.	1	MARY CATHERINE AND	TREVOR PERSON		82-64516	96
Form 9	90-PF (2017)					Page 3
Part	V Capital Gains	s and Losses for Tax on Inv	vestment Income			
		escribe the kind(s) of property sold (for prick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)
1 a ³	SEE PART IV SCHE	DULE		D - Donation		
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					·	
C						
d						
<u>e</u>			<u> </u>			
(complete only for assets s	showing gain in column (h) and owned			Gains (Col (h) ga	
(i)	FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less the Losses (from col	
a						
b						
C				ļ		
d				ļ		
<u>e</u>			jain, also enter in Part I, line 7			
3 N I	f gain, also enter in F	ain or (loss) as defined in sections) gain or (loss)	istructions If (loss), enter -0- in $\}$	2		15,271.
Part			educed Tax on Net Investment I	ncome		
			ne section 4940(a) tax on net invest		me).	
	ion 4940(d)(2) applies,		T AVAILABLE FOR INITIAL butable amount of any year in the b] Yes 🥅 No
		n't qualify under section 4940(e)				
			ear, see the instructions before make	ing any en	tries	
Calenc	(a) Base period years lar 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					
	2015	····			•	
	2014					
	2013					
	2012					
2 1	otal of line 1, column ((d)		2		
3 A	Average distribution rat	io for the 5-year base period - divid	de the total on line 2 by 5 0, or by a if less than 5 years	3		
4 E	Enter the net value of n	oncharitable-use assets for 2017	from Part X, line 5	4		
5 N	Aultiply line 4 by line 3			5		
6 E	Enter 1% of net investm	nent income (1% of Part I, line 27b))	6		

8	Enter qualifying distributions from Part XII, line 4	8		
	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete		a 1% tax rate	See the
	Part VI instructions			

7 Add lines 5 and 6.....

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RY CATHERINE AND TREVOR PERSON	AND TRE	CATHERINE A	Y	ς.
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82-6451696

Form 9	MARY CATHERINE AND TREVOR PERSON 82-645	1696	P	age 4				
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)				
I	1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1 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							
I	here 🕨 🔲 and enter 1% of Part I, line 27b							
С	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)							
2 .	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2							
	Add lines 1 and 2		9	362.				
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.				
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		(T)	362.				
6 (Credits/Payments							
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a							
	Exempt foreign organizations - tax withheld at source 6b							
c ·	Tax paid with application for extension of time to file (Form 8868) 6c 400.							
dl	Backup withholding erroneously withheld							
7	Total credits and payments Add lines 6a through 6d		4	00.				
8	Enter any penalty for underpayment of estimated tax Check here If Form 2220 is attached							
9 .	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>						
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			38.				
	Enter the amount of line 10 to be Credited to 2018 estimated tax 38. Refunded 11							
	VII-A Statements Regarding Activities							
1a I	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes					
	participate or intervene in any political campaign?	1a		<u>X</u>				
bl	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	16		х				
	Instructions for the definition							
1	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	1c		х				
	c Did the foundation file Form 1120-POL for this year?							
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year								
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$							
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers 🕨 \$	2		х				
	Has the foundation engaged in any activities that have not previously been reported to the IRS?							
	If "Yes," attach a detailed description of the activities							
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3		х				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes							
	4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?							
	b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?							
	If "Yes," attach the statement required by General Instruction T	5						
	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	Х					
	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	Х					
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			1				
	AR,							
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0		х				
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation ATCH 5	<u>8b</u>		<u> </u>				
	is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4042(j)(5)$ for relaxing the ten user because in 20172. See the restrictions for Part XIV. If $ 2000 $							
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If 'Yes,"			х				
	complete Part XIV							
10	complete Part XIV	9						

Form 990-PF (2017)

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Form 990-PF (2017) MARY CATHERINE AND TREVOR PERSON 82-6451696 Statements Regarding Activities (continued) Part VII-A Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the Х meaning of section 512(b)(13)? If "Yes," attach schedule See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disgualified Х person had advisory privileges? If "Yes," attach statement See instructions 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Х N/A Website address 🕨 14 The books are in care of ► WITHUMSMITH+BROWN, PC 301-272-6000 _____ Telephone no 🕨 Located at ▶4600 EAST-WEST HWY, STE 900 BETHESDA, MD ZIP+4 ► 20814 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here . . . 15 Yes No 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority х over a bank, securities, or other financial account in a foreign country?........... 16 See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) XINO (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a XINO Yes Х (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?..... Yes No XINO Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?..... (5) Transfer any income or assets to a disgualified person (or make any of either available for XINO (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after XNO termination of government service, if terminating within 90 days). Yes b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 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 126 Х 1c 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(1)(3) or 4942(1)(5)) a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and XNo 6e, Part XIII) for tax year(s) beginning before 2017?..... Yes 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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to 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 ► 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise XNO Yes 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 foundation had excess business holdings in 2017)..... 3b Х 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a SO: 1 *** b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its 4b Х charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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Form !	990-PF'(2017) MARY CATHERINE	E AND TREVOR	PERSON	82-	-6451696		- age 6
Pa	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Rec	uired (continued)			
5a	During the year, did the foundation pay or incur any amo		2			Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X N	ło		
	(2) Influence the outcome of any specific public ele	ection (see section 4	4955), or to carry o				
	directly or indirectly, any voter registration drive?				lo		
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		. Yes X N	lo		
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described i	°			
	section 4945(d)(4)(A)? See instructions			· · ·	lo		
	(5) Provide for any purpose other than religious, ch	naritable, scientific,	literary, or education	al			
	purposes, or for the prevention of cruelty to children			•	lo		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	exceptions described	ın		
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions.		<u>5b</u>		
	Organizations relying on a current notice regarding disast	ster assistance, check	here		► []		
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax			
	because it maintained expenditure responsibility for the	grant?		. Yes N	lo		
	If "Yes," attach the statement required by Regulations se	ection 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiu				
	on a personal benefit contract?			Yes X N	lo		
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act ⁹	. <u>6b</u>	_	Х
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited ta	x shelter transaction?	. Yes X N	lo		
b	If "Yes," did the foundation receive any proceeds or have						
Par	t VIII Information About Officers, Director and Contractors	rs, Trustees, Fou	Indation Manager	s, Highly Paid Err	nployees,		
1	List all officers, directors, trustees, foundation n	nanagers and thei	r compensation. See	e instructions.	•••		
	(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) Exper other a	ise acco Ilowanco	
700			0				0
ATC	H /		0.	0	·		0.
				· · · · ·			
	······						
2	Compensation of five highest-paid employees	(other than the	included on lin	o 1 - soo instruc	tions) If r	one	ontor
2	"NONE."		se included off in	e i - see instituc	tions <i>j</i> . It i	ione,	enter
(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) Exper	ise acco llowance	
	NONE						
				····-			
							······
Total	number of other employees paid over \$50,000	<u></u>					
					Form 99	0-PF	(2017)

• •	MARY CATHERINE AND TREVOR PERSON	82-6	451696
orm 990-PF (2017)	rmation About Officers, Directors, Trustees, Foundation Managers, Hi	ably Daid Emplo	Pa
and	rmation About Officers, Directors, Trustees, Foundation Managers, Hi Contractors (continued)		-
3 Five higher	t-paid independent contractors for professional services. See instructions. If	none, enter "NON	Ξ."
	(a) Name and address of each person paid more than \$50,000 (b) T	ype of service	(c) Compensation
NONE			
	· · · · · · · · · · · · · · · · · · ·		
otal number of o	thers receiving over \$50,000 for professional services	<u></u>	
Part IX-A S	Immary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year Include relevant statistical information s ther beneficianes served, conferences convened, research papers produced, etc	such as the number of	Expenses
1 N/A			
•	· · · · ·	<u>.</u>	
2		· · · · ·	
3			
4			
Part IX-B S	Immary of Program-Related Investments (see instructions)		<u> </u>
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE			
2			
	······································		
All other program.	elated investments See instructions		
3 NONE			
3 1101115			
		· ·· ·· ······	
otal. Add lines 1	through 3		

	MARY	CATHERINE	AND	TREVOR	PERSON
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	• MARY CATHERINE AND TREVOR PERSON	82-6451696)
Form	990-PF (2017)		Page 8
Pa	t X Minimum Investment Return (All domestic foundations must complete this part. Foreise instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	184,607.
b	Average of monthly cash balances	1b	18,350.
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	202,957.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	202,957.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	Instructions)	4	3,044.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	199,913.
6	Minimum investment return. Enter 5% of line 5	6	4,491.
Pa	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ► and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	4,491.
2 a	262		
b	Income tax for 2017 (This does not include the tax from Part VI).		
c	Add lines 2a and 2b	2c	362.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,129.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4.	5	4,129.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•		7	4,129.
		· · · · · · · · · · · · · · · · · · ·	
Pa	t 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	
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	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	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
-	Enter 1% of Part I, line 27b See instructions	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 ca		ne foundation
	qualifies for the section 4940(e) reduction of tax in those years		
			000 BE (0047)

Form 990-PF (2017)

MARY CATHERINE AND TREVOR PERSON

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Page **9**

Form 990-PF (2017)				Page 9
Part XIII Undistributed Income (see instru	uctions)			
• • • • • • • • • • • • • • • • • • •	(a)	(b)	(c)	(d)
1 Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
line 7				4,129.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for prior years 20 <u>15</u> 20 <u>14</u> 20 <u>13</u>				
3 Excess distributions carryover, if any, to 2017				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from Part XII,				
line 4 ► \$				
a Applied to 2016, but not more than line 2a				
				- • • • • •
b Applied to undistributed income of prior years (Election required - see instructions),				
, . <i>,</i>	-			
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2017 distributable amount				
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2017	·-			
(If an amount appears in column (d), the same	<u> </u>			· · · · · · · · · · · · · · · · · · ·
amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b				
income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed		h		
d Subtract line 6c from line 6b Taxable				
e Undistributed income for 2016 Subtract line	<u> . </u>			
4a from line 2a Taxable amount - see				
f Undistributed income for 2017 Subtract lines				
4d and 5 from line 1 This amount must be				4,129.
distributed in 2018				4,125.
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)				
8 Excess distributions carryover from 2012 not				
applied on line 5 or line 7 (see instructions)				·
9 Excess distributions carryover to 2018.	0.			
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017		}		

Form 990-PF (2017)

Form	990-PF (2017)	MARY CATH	ERINE AND TREVO	DR PERSON	82	-6451696 Page 10
Pa	rt XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, question	on 9)	NOT APPLICABLE
1 a	If the foundation has re-	eceived a ruling or d	etermination letter that	t it is a private opera	ating	
	foundation, and the ruling	is effective for 2017, eff	nter the date of the ruling			
b	Check box to indicate w	hether the foundation	is a private operating	foundation described in	section 4942	(j)(3) or 4942(j)(5)
		Tax year		Prior 3 years		(e) Total
2 a	Enter the lesser of the ad- 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					
с	Qualifying distributions from Part					
-	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					
а	alternative test relied upon "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,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties)		/			
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)		/			
	 (3) Largest amount of sup- port from an exempt 	/				
	organization	/_		· · · · · · · · · · · · · · · · · · ·		
	(4) Gross investment income .			1	l	1

Part XV

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

ATTACHMENT 8

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

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

Check here |X| if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

MARY CATHERINE AND TREVOR PERSON

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Grants and Contributions Paid Dur	(continued) ing the Year or Appr	oved for Fu	ture Payment	
Recipient	 If recipient is an individual, show any relationship to any foundation manager or substantial contributor 	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
Paid during the year				
			[
			<u> 3a</u>	
Approved for future payment				
Total	*******		▶ 3b	

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MARY CATHERINE AND TREVOR PERSON

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Part XVI	A Analysis of Income-Prod amounts unless'otherwise indicated	1	ated business income	Excluded by	section 512, 513, or 514	(e)
Ū	,	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
i Program	service revenue					<pre>(See instructions)</pre>
			· · · · · · · · · · · · · · · · · · ·		·····	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
			· · · · · · · · · · · · · · · · · · ·			
e f					·····	
	and contracts from government agencies					· · · · ·
-	ship dues and assessments					
	in savings and temporary cash investments .			14	8.	
	Is and interest from securities			14	2,963.	
	al income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	I income or (loss) from personal property					
	oss) from sales of assets other than inventory			18	15,271.	
Net inco	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
Other re	venue a					
5						
b						
						·
с						
c d					10.040	
c d e Subtotal	Add columns (b), (d), and (e)				18,242.	10.04/
c d e Subtotal Total. Ad	Add columns (b), (d), and (e)					10.04
c d e Subtotal Total. Ac	Add columns (b), (d), and (e)	ulations)			13	10.04/
c e Subtotal Total. Ac ee workst art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc B Relationship of Activitie	ulations ) s to the A	ccomplishment of I	Exempt Purp	13 poses	18,24
c d Subtotal Total. Ac ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24
c e Subtotal Total. Ad ee workst art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc B Relationship of Activitie	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,242 uted importantly to
c e Subtotal Total. Ad ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,242 uted importantly to
c d Subtotal Total. Ac ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24
c d Subtotal Total. Ac ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24
c e Subtotal Total. Ad ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,242 uted importantly to
c e Subtotal Total. Ad ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,242 uted importantly to
c e Subtotal Total. Ad ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,242 uted importantly to
c e Subtotal Total. Ad ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,242 uted importantly to
c e Subtotal Total. Ad ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,242 uted importantly to
c e Subtotal Total. Ad ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24
c d Subtotal Total. Ac ee workst art XVI-	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24
c d Subtotal Total. Ac ee workst art XVI-	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24 uted importantly to
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c d Subtotal Total. Ac ee workst art XVI-	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24 uted importantly to
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c e Subtotal Total. Ad ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24
c e Subtotal Total. Ad ee workst art XVI- ine No	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24 uted importantly to
c d Subtotal Total. Ac ee workst art XVI-	Add columns (b), (d), and (e)	ulations) <b>s to the A</b> y for which	ccomplishment of I	E <b>xempt Purp</b> In column (e	13 poses e) of Part XVI-A contrib	18,24 uted importantly to

JSA 7E1492 1 000 2138NL T36Y 11/13/2018 10:32:25 AM V 17-7.2F Form 990-PF (2017)

Form	990-PF	(2017)
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#### MARY CATHERINE AND TREVOR PERSON

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		nizations			
1 Did th		tly or indirectly engage in any of the following	with any other organization described	Yes	5 N
		than section 501(c)(3) organizations) or	in section 527, relating to political		
0	zations?				
	•	ng foundation to a noncharitable exempt organ			
	ner assets			1a(2)	
		ncharitable exempt organization		16(1)	>
		om a noncharitable exempt organization		1b(2)	>
• •		ipment, or other assets		1b(3)	X
		ements		1b(4)	X
		es			
		es or membership or fundraising solicitations			
		nent, mailing lists, other assets, or paid employ		1c	
		ne above is "Yes," complete the following sc assets, or services given by the reporting fou			
		r sharing arrangement, show in column (d) th			
(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and shan		
	N/A		N/A		
·					
2a Is the	foundation directly	or indirectly affiliated with, or related to, one	e or more tax-exempt organizations		
descri	bed in section 501(c)	) (other than section 501(c)(3)) or in section 52		Yes	X
descri	bed in section 501(c) ," complete the follo	) (other than section 501(c)(3)) or in section 52 wing schedule			X
descri	bed in section 501(c)	) (other than section 501(c)(3)) or in section 52 wing schedule			X
descri	bed in section 501(c) ," complete the follo	) (other than section 501(c)(3)) or in section 52 wing schedule			X
descri	bed in section 501(c) ," complete the follo	) (other than section 501(c)(3)) or in section 52 wing schedule			X
descri	bed in section 501(c) ," complete the follo	) (other than section 501(c)(3)) or in section 52 wing schedule			× •
descri	bed in section 501(c) ," complete the follo	) (other than section 501(c)(3)) or in section 52 wing schedule			1 X
descril b If "Yes	bed in section 501(c), <u>complete the follo</u> (a) Name of organizatio	) (other than section 501(c)(3)) or in section 52 wing schedule n (b) Type of organization	(c) Description of relations	hıp	·····
descril b lf "Yes Under correc	bed in section 501(c), <u>complete the follo</u> (a) Name of organizatio	) (other than section 501(c)(3)) or in section 52 wing schedule n (b) Type of organization	(c) Description of relationsl	hip e and belief,	it is l
descril b If "Yes Under Sign	bed in section 501(c), <u>complete the follo</u> (a) Name of organizatio	) (other than section 501(c)(3)) or in section 52 wing schedule n (b) Type of organization	(c) Description of relationsl	hıp	it is l
descril b If "Yes Sign	bed in section 501(c), <u>complete the follo</u> (a) Name of organizatio	) (other than section 501(c)(3)) or in section 52 wing schedule n (b) Type of organization	(c) Description of relationsl	hip e and belief,	it is t
descril b If "Yes Sign	penallies of perfury, I declarations penallies of perfury, I declarations mature/of officer or/trustee	) (other than section 501(c)(3)) or in section 52 wing schedule n (b) Type of organization are that I have examined this return, including accompanying sch probaer (other than taxpayer) is based on all information of which p Date	(c) Description of relationsl	hip e and belief,	it is t
descril b If "Yes Sign lere	penalties of perfury; I declarations penalties of perfury; I declarations rand complete Declarations penalties of perfury; I declarations penalties penalties	) (other than section 501(c)(3)) or in section 52 wing schedule n (b) Type of organization are that I have examined this return, including accompanying sch probaer (other than taxpayer) is based on all information of which p Date	(c) Description of relationsl	hip e and belief,	it is t
descril b If "Yes Sign lere	pend in section 501(c), <u>complete the follo</u> (a) Name of organization pendities of perfury: I decla rand complete Declaration mature/of officer or trustee Print/Type preparer's na JOEL C SUSCO	(other than section 501(c)(3)) or in section 52 wing schedule (b) Type of organization (c) Type	(c) Description of relationsl	hip e and belief,	it is t
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descril b If "Yes Sign lere	pendin section 501(c), <u>complete the follo</u> (a) Name of organization pendities of perfui?: I decla trand complete Declaration mature/of officer or trustee Print/Type preparer's na JOEL C SUSCO Firm's name ► WI Firm's address ► 4.6	(other than section 501(c)(3)) or in section 52 wing schedule (b) Type of organization (c) Type	(c) Description of relationsl	hip e and belief,	it is l
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descril b If "Yes Gign lere Paid Preparer Jse Only	pendin section 501(c), <u>complete the follo</u> (a) Name of organization pendities of perfui?: I decla trand complete Declaration mature/of officer or trustee Print/Type preparer's na JOEL C SUSCO Firm's name ► WI Firm's address ► 4.6	(other than section 501(c)(3)) or in section 52 wing schedule (b) Type of organization (c) Type	(c) Description of relationsl	hip e and belief,	it is t
descril b If "Yes Sign lere	pendin section 501(c), <u>complete the follo</u> (a) Name of organization pendities of perfui?: I decla trand complete Declaration mature/of officer or trustee Print/Type preparer's na JOEL C SUSCO Firm's name ► WI Firm's address ► 4.6	(other than section 501(c)(3)) or in section 52 wing schedule (b) Type of organization (c) Type	(c) Description of relationsl	hip e and belief,	ıt ıs

Sche	edu	le	В
(Form	990.	990	)-EZ.

or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one)

# 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

MARY	CF	THERINE	AND	TREVOR	PERSON
FAMII	Ϋ́	FOUNDAT	ION		

82-6451696

Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as 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

Check if your organization is covored by the General Rule or a Spocial 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**

IX 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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B	(Form 000	000-E7	or 990-PEV (2	017)
Schedule P	(Funii 990,	990-EZ,	0(990-FF)(2	2017)

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Name of organizationMARY CATHERINE AND TREVOR PERSONEmployer identification numberFAMILY FOUNDATION82-6451696

Part I	Contributors (see instructions) Use duplicate copi	es of Part I if additional space is ne	eded
(a) No.	. (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY CATHERINE PERSON 42 ALSACE CT LITTLE ROCK, AR 72223	\$145,358.	Person X Payroll X Noncash X (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TREVOR PERSON 42 ALSACE CT LITTLE ROCK, AR 72223	\$145,358.	Person X Payroll X 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 )

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2	2017)	
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Name of organization MARY CATHERINE AND TREVOR PERSON

Page 3

Employer identification number

	FAMILY FOUNDATION	82-6451696
Part II	Noncash Property (see instructions) Use duplicate copies	of Part II if additional space is needed

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
	2000 SHARES FIRST TRUST DEVELOPED MKT EX-US ALPHADEX FUND ETF	_	
		\$121,040.	10/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	2922 SHARES FIRST TRUST EMERGING MARKETS ALPHADEX FUND ETF		
		\$79,917.	10/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	2000 SHARES FIRST TRUST DEVELOPED MKT EX-US ALPHADEX FUND ETF		
		\$\$	10/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	2922 SHARES FIRST TRUST EMERGING MARKETS ALPHADEX FUND ETF		
		<b>\$</b> 79,716.	10/31/2017
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

JSA 7E1254 1 000

	(Form 990, 990-EZ, or 990-PF) (2017)			Page 4
Name of o	rganization MARY CATHERINE AND TRE	VOR PERSON		Employer identification number
	FAMILY FOUNDATION	<u></u>		82-6451696
Part III	(10) that total more than \$1,000 for	the year from any ions completing Part e year (Enter this in	one contributor. t III, enter the total formation once S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc ,
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar			onship 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) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship 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) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship 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) Transf	er of gift	
	Transferee's name, address, ar			onship of transferor to transferee
			·····	
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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ATTACHMENT 1

#### FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS		NET INVESTMENT _INCOME_	
UBS #80872			8.		8.
	TOTAL		8.		8.

#### 2017 FORM 990-PF

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ATTACHMENT 2

#### FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
UBS #80872		2,963.	2,963.
	TOTAL	2,963.	2,963.

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#### ATTACHMENT 3

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### FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT <u>INCOME</u>
INVESTMENT MGMT FEES		150.	150.
	TOTALS	150.	150.

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ATTACHMENT 4

#### FORM 990PF, PART II - CORPORATE STOCK

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DESCRIPTION	ENDING BOOK VALUE	ENDING <u>FMV</u>
FIRST TRUST DEVELOPED MKT EX-ES ALPHADEX FUND ETF FIRST TRUST EMERGING MARKETS	162,916.	218,330.
ALPHADEX FUND ETF	89,431.	139,500.
TOTALS	252,347.	357,830.

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## 2017 FORM 990-PF MARY CATHERINE AND TREVOR PERSON

# 990-PF MARY CATHERINE AND TREVOR PERSON 82-6451696 FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		NS AND LOSSES FOR TAX ON INVEST Description			P	Date acquired	Date sold	
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over		Gain or	
expenses of sale	allowable	basis	12/31/69	<u>12/31/69</u>	adj basis	+	(loss)	
		500.000 SHS PROPERTY TY			MKT EX	D	10/31/2017	11/08/2017
30,593.		23,274.					7,319.	
		844.00 SHS PROPERTY TY			ARKETS	D	10/31/2017	11/08/2017
23,048.		15,096.	FL. SECONII.				7,952.	
OTAL GAIN(L	DSS)						15,271.	
					,			
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A 1 000		L	-					

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ATTACHMENT 5

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

FILING NOT REQUIRED.

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#### FORM 990PF, PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

ATTACHMENT 6

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NAME AND ADDRESS

MARY CATHERINE PERSON 42 ALSACE CT LITTLE ROCK, AR 72223

TREVOR PERSON 42 ALSACE CT LITTLE ROCK, AR 72223

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FORM 990PF, PART VIII - LIST O	F OFFICERS, DIRECTORS, AND TRUSTEES	=	ATTAC	HMENT 7
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARY CATHERINE PERSON 42 ALSACE CT LITTLE ROCK, AR 72223	TRUSTEE 1.00	0.	0.	0.
TREVOR PERSON 42 ALSACE CT LITTLE ROCK, AR 72223	TRUSTEE 1.00	0.	0.	0.
	GRAND TOTALS	0.	0.	0.

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#### 82-6451696

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#### MARY CATHERINE AND TREVOR PERSON

2017 FORM 990-PF

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MARY CATHERINE AND TREVOR PERSON

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82-6451696

ATTACHMENT 8

# FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

MARY CATHERINE PERSON TREVOR PERSON

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