

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Internal Revenue Service

DLN: 93491193004056

OMB No 1545-0052

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.

Open to Public Inspection ▶ Information about Form 990-PF and its instructions is at $\underline{www.irs.gov/form990pf}$.

For	caler	ndar year 2015, or tax y	ear beginning 01-0	1-2015	, and ending 1	2-31-2015	
	e of four				A Employer id	entification numbe	er
NE	W ENGL	AND BIOLABS FOUNDATION			04-2776213		
Num	ber and	street (or P O box number if mail is	not delivered to street address)	Room/suite	B Telephone nur	nber (see instruction	s)
	0 COUNT		,	,	(978) 998-7990	ı	
		state or province, country, and ZIP of 019382723	r foreign postal code		C If exemption	application is pendin	g, check here 🕨 🦵
G Ch	neck all	that apply Initial return	Initial return of a fo	ormer public charity	D 1 Foreign or	ganizations, check h	ere 🕨 🗀
		Final return Address chang	Amended return		2. Foreign o	rganizations, check in rganizations meeting k here and attach co	the 85%
		pe of organization Section				indation status was t n 507(b)(1)(A), chec	
		947(a)(1) nonexempt charital t value of all assets at end	JAccounting method				
of	year <i>(fr</i>	om Part II, col. (c),	Cother (specify)	· 	F II the lounds	ation is in a 60-mont n 507(b)(1)(B), chec	. –
line	e 16) 🏲 🖰	\$ 8,313,241	(Part I, column (d) must	be on cash basis.)			
Pa	rt I	Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in c instructions))	(b), (c), and (d) may not	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, e	etc , received (attach				
		schedule)		195,600			
	2	Check ► ┌ If the foundation	ıs not required to attach				
		Sch B					
Reveilue	3	Interest on savings and temp	oorary cash investments				
	4	Dividends and interest from s	securities	149,889	149,889		
	5a						,
	b	Net rental income or (loss) _		.=			
	6a	Net gain or (loss) from sale o	fassets not on line 10	779,443			
	Ь	Gross sales price for all asse 4,613,219					
Щ	7	Capital gain net income (from	, ,		779,443		
	8	Net short-term capital gain .					_
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold.					
	C	Gross profit or (loss) (attach	<i>'</i>	o 5 7			
	11	Other income (attach schedu	· .	606			_
	12	Total.Add lines 1 through 11		1,125,538	929,332		04.222
	13	Compensation of officers, dir	ŀ	84,223			84,223
	14	Other employee salaries and Pension plans, employee ben	ŀ	60,581 29,970			60,581 29,970
Š.	15 16a	Legal fees (attach schedule).	ŀ	25,570			25,510
Expenses	b	Accounting fees (attach sche		7,526			7,526
Ä	_		· · · · · · · · · · · · · · · · · · ·		109,745		
	C	Other professional fees (atta	· .	115,114	109,745		5,369
Ta ti	17	Interest		95. 18,316			10,116
뚩	18	Taxes (attach schedule) (see	· •	10,510			10,110
Administrative	19	Depreciation (attach schedul					
Ā	20	Occupancy	ŀ	10,404			10,404
and	21	Travel, conferences, and mee Printing and publications.	- I	9,105			9,105
	23	Other expenses (attach sche		9 ,103			10,306
Operating	24	Total operating and administ	ŀ				
<u>Ф</u>		Add lines 13 through 23	-	345,545	109,745		227,600
Ö	25	Contributions, gifts, grants p	ŀ	580,273	, . <u>-</u>		580,273
	26	Total expenses and disburser	ŀ	,			
		25		925,818	109,745		807,873
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expen		199,720			
	ь	Net investment income (if ne			819,587		
	С	Adjusted net income(If negat	rive, enter - 0 -)				

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		of year
	1	Cash—non-interest-bearing	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Savings and temporary cash investments	177,195	201,750	201,750
	2	Accounts receivable 5,970	177,193	201,750	201,730
	3	Less allowance for doubtful accounts	7,281	5,970	5,970
		Pledges receivable 168,000	7,201	3,970	3,910
	4	Less allowance for doubtful accounts	25,001	168,000	168,000
	_		100,000	100,000	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) 100,000	100,000	100,000	100 000
	_	Less allowance for doubtful accounts -	100,000	100,000	100,000
٤	8	Inventories for sale or use	2.24	50.406	50.406
Assets	9	Prepaid expenses and deferred charges		<u> </u>	<u> </u>
Ą	10a	Investments—U S and state government obligations (attach schedule)	1,004,109		1,124,979
	b	Investments—corporate stock (attach schedule)	5,511,091	 	
	С	Investments—corporate bonds (attach schedule)	239,421	103,238	100,359
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) -			
	12	Investments—mortgage loans	L		
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) -			
	15	O ther assets (describe 🟲)	2,128,540	1,051,855	65 0
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	9,194,952		8,313,241
	17	Accounts payable and accrued expenses	17,113		
	18	Grants payable	176,847	174,248	
₫	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	193,960	189,214	
J.		Foundations that follow SFAS 117, check here 🕨 🔽			
ψ		and complete lines 24 through 26 and lines 30 and 31.			
lan	24	Unrestricted	9,000,992	8,124,027	
Balances	25	Temporarily restricted			
пd	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here 🕨 🦵			
ō		and complete lines 27 through 31.			
ž	27	Capital stock, trust principal, or current funds			
SSE	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances (see instructions)	9,000,992	8,124,027	
	31	Total liabilities and net assets/fund balances (see instructions)	9,194,952	8,313,241	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		${\sf Total\ net\ assets\ or\ fund\ balances\ at\ beginning\ of\ year-Part\ II,\ column and\ property of\ property of\ property.}$	(a), line 30 (must a	gree	
		with end-of-year figure reported on prior year's return)		1	9,000,992
2		Enter amount from Part I, line 27a		2	199,720
3		Other increases not included in line 2 (itemize) 🟲		3	
4		Add lines 1, 2, and 3		4	9,200,712
5		Decreases not included in line 2 (itemize)			1,076,685
6		Total net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), l	ine 30 . 6	8,124,027

Part 1	IV Capital Gains and I	osses for Tax on Inve	stme	ent Income				
		nd(s) of property sold (e g , re e, or common stock, 200 shs			How acquired P—Purchase (b) D—Donation	(6)	ate acquired mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	INVESTMENT SECURITIE	S			Р		14-12-30	2015-12-31
b	INVESTMENT SECURITIE	S			Р	20	15-01-01	2015-12-31
С								
d								
e								
(e) Gross sales price	Deprectation allowe (f) (or allowable)	d		or other basis xpense of sale			n or (loss) (f) minus (g)
a	2,974,578	В	0		2,171,96	6		802,612
b	1,638,640		0		1,661,80	9		-23,169
С								
d								
е								
Со	mplete only for assets showin	g gain in column (h) and owne	ed by t	the foundation	on 12/31/69		Gains (Col	(h) gain minus
	F M V as of 12/31/69	A djusted basis (j) as of 12/31/69	•	Exc	ess of col (ı) col (j), ıf any	(I) c	ol (k), but no	ot less than -0-) or (from col (h))
а	I		0			0		802,612
b	ı		0			0	-23	
С								
d								
e								
2 3	If gain, also enter in Part I,	or (loss) as defined in section line 8, column (c) (see instru	If (lo	ss), enter -0- 22(5) and (6)	n Part I , line 7 in Part I , line 7 in Part I , line 7	2		779,443
	ın Part I, lıne 8				· · ·	В		-23,169
Part	V Qualification Under	Section 4940(e) for R	Reduc	ced Tax on	Net Investme	nt In	come	
If section Was the If "Yes,	cional use by domestic private on 4940(d)(2) applies, leave t e foundation liable for the sect " the foundation does not qua ter the appropriate amount in	this part blank ion 4942 tax on the distribut ify under section 4940(e) D	able a o not o	mount of any y	vear in the base p part	erıod?	e)	┌ Yes ┌ No
	(a) period years Calendar or tax year beginning in)	(b) Justed qualifying distributions	Net	(c) value of nonchari	table-use assets		(d) Distributio (col (b) divided	n ratio
	2014	709,836			8,575,114			0 082779
	2013	659,449			7,974,708			0 082693
	2012	574,744			6,943,277			0 082777
	2011	513,158			6,745,627			0 076073
	2010	560,980			6,536,860			0 085818
2	Totalof line 1, column (d).				· . · · · ·	2		0 410140
3	the number of years the fou	or the 5-year base period—di ndation has been in existenc	e ıf les	ss than 5 year	s L	3		0 082028
4		naritable-use assets for 201!		-	-	4		8,730,060
5						5		716,109
6	Enter 1% of net investment	: income (1% of Part I, line 2	7b).			6		8,196

the Part VI instructions

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

Form **990-PF** (2015)

724,305

807,873

7

8

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1040(0)	or 4049 - soo n	200	19 of	the incl	ructio		age 4
			, 01 1310 —see p	age 1	10 01	the ms	. r uctro	113)	
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			- }					
b	(attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V	check		▮	1				3,196
D	here F and enter 1% of Part I, line 27b	, спеск		,					3,196
c	All other domestic foundations enter 2% of line 27b Exempt foreign organiz	ations 6	enter 4% of						
2	Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2								0
3									3,196
4									,
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter-C)	Γ	5				3,196
6	Credits/Payments		_						
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	6,40	00					
b	Exempt foreign organizations—tax withheld at source	6b							
С	Tax paid with application for extension of time to file (Form 8868). \cdot .	6c	1,80	04					
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				3,204
8	Enter any penalty for underpayment of estimated tax. Check here 🔽 if Form	2220 is	attached 🕏		8				8
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter $amount owed.$			- [9				
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	nt over	paid 🕨	٠ [10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	0	Refunded •	•	11				
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislation or	r dıd				Yes	No
	it participate or intervene in any political campaign?						1a		No
b	\mbox{Did} it spend more than \$100 during the year (either directly or indirectly) for	politica	l purposes (see	Ins	tructi	ons			
	for definition)?			•		•	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	s and co	pries of any mate	erials	5				
	published or distributed by the foundation in connection with the activities.								
_	Did the foundation file Form 1120-POL for this year?					•	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo		- ,						
_	(1) On the foundation \$ (2) On foundation managers Enter the reimbursement (if any) paid by the foundation during the year for pol				cod				
е		nticare	xpenditure tax i	тірс	sea				
2	on foundation managers \$ Has the foundation engaged in any activities that have not previously been re	norted	to the IDS2				2		No
2	If "Yes," attach a detailed description of the activities.	porteu	to the INS.	•					NO
3	Has the foundation made any changes, not previously reported to the IRS, in	ite anve	arning instrumer	nt a	rticles				
,	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a control	_	-	•	rticies	•	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more of				•		4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	_					4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction du						5	\vdash	No
_	If "Yes," attach the statement required by General Instruction T.	.	-,	-					
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	945)sa	tisfied either						
	By language in the governing instrument, or	, , , ,							
	• By state legislation that effectively amends the governing instrument so the	hat no r	nandatory direct	tıon	s				
	that conflict with the state law remain in the governing instrument?						6		No
7	Did the foundation have at least \$5,000 in assets at any time during the year	·?If "Yes	s," complete Part	II,	col. (c,),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered $\frac{1}{2}$	(see ins	structions)						
	►MA			-					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9								
	General (or designate) of each state as required by General Instruction G? $\it If$ $\it $						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the		_						
	or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s	see inst	ructions for Par	t XI	∨)?		_		
4.0	If "Yes," complete Part XIV			•			9	$\vdash\vdash\vdash$	No
10	Did any persons become substantial contributors during the tax year? If "Yes			ng t	neir na	ames			NI-
	and addresses.			•			10		No

Pai	Statements Regarding Activities (continued)			
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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶www nebf org			
14	The books are in care of ▶JESSICA L BROWN Telephone no ▶(978))998	-7990	
	Located at ▶240 COUNTY ROAD IPSWICH MA ZIP+4 ▶0193827			
15	· · · · · · · · · · · · · · · · · · ·			-
13	and enter the amount of tax-exempt interest received or accrued during the year	• •	-,	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a dısqualıfıed 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?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the 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) Yes V No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	41.		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	10		No
_	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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 2015, did the foundation have any undistributed income (lines 6d			
u	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes Vo			
	If "Yes," list the years > 20			
ь	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 allyears listed, answer "No" and attach statement—see instructions)	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			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 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 2015.)	3b	 	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		ككم	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	No

Ра	-		_		ich Form 4720	іча у	Be Required (COM	mue	<u>u) </u>	
5a	During the year did the foundation									
	(1) Carry on propaganda, or other	wise	attempt to influence	e leg	ıslatıon (section 49	45(e))? T Yes •	No		
	(2) Influence the outcome of any	spec	ific public election (see	section 4955), or to	carr	- y			
	on, directly or indirectly, any	vote	r registration drive?.			•	\ Yes \	No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described									
	ın section 4945(d)(4)(A)? (se	e in	structions)				\ Yes \	No		
	(5) Provide for any purpose other	thar	religious, charitable	e, sc	ientific, literary, or					
	educational purposes, or for t	he pr	evention of cruelty t	o ch	ıldren or anımals?.			No		
b	If any answer is "Yes" to 5a(1)-(5), d	ıd any of the transac	tions	fail to qualify under	the	exceptions described in			
	Regulations section 53 4945 or i	n a c	urrent notice regard	ıng c	lısaster assıstance	(see	ınstructions)?		5b	
	Organizations relying on a curren	t not	ice regarding disast	eras	sistance check her	e		_		
c	If the answer is "Yes" to question	5a(4), does the foundat	ion c	laım exemption fron	n the				
	tax because it maintained expend	liture	responsibility for th	e gr	ant? .		\ Yes \	_ No		
	If "Yes," attach the statement requ	red L	by Regulations section	n 53.	4945-5(d).					
6a	Did the foundation, during the yea	r, re	ceive any funds, dire	ctly	or indirectly, to pay	pren	niums on			
	a personal benefit contract?						Yes	√ No		
b	Did the foundation, during the yea	r, pa	y premiums, directly	orı,	ndırectly, on a perso	onal b	penefit contract?		6b	No
	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year, w	as tl	he foundation a party	/ to a	a prohibited tax shel	ter tr	ransaction? TYes F	√ No		
b	If yes, did the foundation receive	any	proceeds or have an	y ne	t income attributable	e to t	he transaction?		7b	
	Information About						n Managers, Highly		Employee	s,
Pa	and Contractors		, 		<u>, </u>					
1	List all officers, directors, trustees	s, fo	undation managers a	nd t	heir compensation (see i	nstructions).			
			Title, and average	(c)	Compensation(If		(d)	١.	-	
	(a) Name and address		hours per week		not paid, enter	 	Contributions to mployee benefit plans		Expense accou other allowanc	
		(b)	devoted to position		-0-)		deferred compensation	(0)	other allowane	
See	Addıtıonal Data Table									
	Compensation of five highest-paid	emp	oloyees (other than i	thos	e included on line 1–	-see		nter "I	NONE."	
	(a)		Title, and aver				Contributions to employee benefit	١,	Expense accou	unt
Nar	ne and address of each employee p more than \$50.000	aıd	hours per wee (b) devoted to pos		(c) Compensation	n	plans and deferred		other allowand	,
			(b) devoted to posi	LIOII			(d) compensation			
DEB	ORAH J FRAIZE		ASST DIR		60	,581	16,093			0
	FAYERWEATHER STREET 2		30 00							
CAM	IBRIDGE, MA 02138									
]							
]							
			1							
			1							
Tota	I number of other employees hald o		L		<u> </u>		<u> </u>			

01111 2 2 0 1 1	rage 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five high	est-paid independent contractors for professional services (see instructions). If none, enter "NONE".

3 Five highest-paid independent contractors for professional ser		() (
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MORGAN STANLEY SMITH BARNEY L PENN PLAZA	INVESTMENT MANAGEMENTPENSION PLAN	110,304
NEW YORK, NY 10001		
	-	
	-	
		0
otal number of others receiving over \$50,000 for professional ser	vices	<u> </u>
Part IX-A Summary of Direct Charitable Activities	5	
ist the foundation's four largest direct charitable activities during the tax year. Inc irganizations and other beneficiaries served, conferences convened, research pape		Expenses
1 NEBF SUPPORTS PRIMARILY GRASSROOTS ORGANIZATION		007.07
BIOCULTURAL DIVERSITY, ECOSYSTEMS, FOOD SECURIT	Y AND THE MARINE ENVIRONMENT	807,87
3		
4		
Part IX-B Summary of Program-Related Investme	ents (see instructions)	
Describe the two largest program-related investments made by the foundation		Amount
1		
2		
All other program-related investments See instructions		
3		
Fatal Add lines 1 through 2		
Total. Add lines 1 through 3		

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u> </u>	
	purposes		
а	A verage monthly fair market value of securities	1a	8,630,541
Ь	A verage of monthly cash balances	1b	232,464
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	8,863,005
e	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	8,863,005
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	132,945
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,730,060
6	Minimum investment return. Enter 5% of line 5	6	436,503
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cercheck here ► and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	436,503
2a	Tax on investment income for 2015 from Part VI, line 5 2a 8,196		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	8,196
3	Distributable amount before adjustments Subtract line 2c from line 1	3	428,307
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	428,307
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	428,307
Par	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	807,873
b	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts 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	807,873
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	8,196
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	799,677
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

Р	art XIII Undistributed	Income (see ınstru	ctions)			
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015	from Part XI, line 7				428,307
2	Undistributed income, if any, as	of the end of 2015				
а	Enter amount for 2014 only					
Ь	Total for prior years 20	, 20, 20				
3	Excess distributions carryover,					
а	From 2010	239,460				
b	From 2011	184,384				
c	From 2012	236,360				
d	From 2013	276,416				
е	From 2014	293,382				
f	Total of lines 3a through e		1,230,002			
4	Qualifying distributions for 201!	5 from Part				
	XII, line 4 🕨 \$	807,873				
а	Applied to 2014, but not more t	han line 2a				
b	Applied to undistributed income (Election required—see instruct					
C	Treated as distributions out of crequired—see instructions)					
d	Applied to 2015 distributable a					428,307
	Remaining amount distributed o		379,566			
	Excess distributions carryover	· -	· · · · · · · · · · · · · · · · · · ·			
_	(If an amount appears in column	• •				
	same amount must be show	\ //				
6	Enter the net total of each colu	ımn as				
	indicated below:					
	Corpus Add lines 3f, 4c, and 4e		1,609,568			
b	Prior years' undistributed incom					
	line 4b from line 2b					
С	Enter the amount of prior years' income for which a notice of defi					
	been issued, or on which the sec	•				
	tax has been previously assess	, ,				
d	Subtract line 6c from line 6b Ta	axable amount				
	—see instructions					
е	Undistributed income for 2014					
	4a from line 2a Taxable amount instructions	t—see				
f	Undistributed income for 2016	Subtract				
•	lines 4d and 5 from line 1 This					
	be distributed in 2015					0
7	A mounts treated as distribution	s out of				
	corpus to satisfy requirements i					
	section 170(b)(1)(F) or 4942(g be required - see instructions).					
R	Excess distributions carryover	_				
Ü	applied on line 5 or line 7 (see ii		239,460			
9	Excess distributions carryover t	· · · · · · · · · · · · · · · · · · ·				
	Subtract lines 7 and 8 from line		1,370,108			
10	Analysis of line 9					
	Excess from 2011	184,384				
	Excess from 2012	236,360				
	Excess from 2013	276,416				
	Excess from 2014	293,382				
е	Excess from 2015	379,566				

P	Part XIV Private Op	erating Foundat	ions (see ınstru	ctions and Part	VII-A, questior	າ 9)	
1a	If the foundation has recei foundation, and the ruling i						
ь	Check box to indicate whe			_		☐ 4942(1)(3) or	T 4942(1)(5)
	Enter the lesser of the adj		Tax year	<u> </u>	Prior 3 years		
	income from Part I or the		(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Pa		(4) 2013	(5) 2014	(6) 2013	(4) 2012	
b .	yearlisted 85% of line 2a						
	Qualifying distributions fro						
	line 4 for each year listed						
d	A mounts included in line 2						
	directly for active conduct activities						
е	Q ualifying distributions m for active conduct of exem	npt activities					
	Subtract line 2d from line						
3	Complete 3a, b, or c for the alternative test relied upo						
а	"Assets" alternative test-						
_	(1) Value of all assets.						
	(2) Value of assets qualit under section 4942(j	fying					
b	"Endowment" alternative t						
	of minimum investment re Part X, line 6 for each yea						
C	"Support" alternative test-	—enter					
	(1) Total support other th	=					
	investment income (ii dividends, rents, payr	•					
	on securities loans (s						
	512(a)(5)), or royaltie						
	(2) Support from general	•					
	and 5 or more exempt						
	organizations as prov section 4942(j)(3)(B)						
	(3) Largest amount of su						
	from an exempt organ	· ·					
	(4) Gross investment inc	ome					
Pa		y Information (C			e organizatio	n had \$5,000 o	r more in
		time during the	year–see inst	ructions.)			
L	Information Regarding Fol List any managers of the fo	•	entributed more th	an 20% of the total	contributions re	sawad by the found	ation
a	before the close of any tax						ation
	NONE						
b	List any managers of the fo					large portion of th	e
	ownership of a partnership	or other entity) of wh	ich the foundation	has a 10% or gre	ater interest		
	NI A						
	NA						
	T. C						
2	Information Regarding Co						
	Check here \(\backsquare\) If the foun unsolicited requests for fu other conditions, complete	nds If the foundation	makes gifts, grant	selected charitable ts, etc (see instru	e organizations ai ctions) to individ	nd does not accept uals or organizatioi	ns under
a	The name, address, and to	elephone number or e-	mail address of th	ne person to whom	applications sho	uld be addressed	
	JESSICA L BROWN				,,		
	240 COUNTY ROAD						
	IPSWICH, MA 0193827	23					
	(978) 998-7990						
b	The form in which applicat	ions should be submi	tted and information	on and materials t	hey should includ	e	
	SEE ATTACHED NOTE R	EGARDING MISSIO	N AND GUIDELIN	ES			
c	Any submission deadlines						
	APPLICATIONS ARE RE	VIEWED TWICE A YE	AR				
d	Any restrictions or limitat	ions on awards, such	as by geographica	al areas, charitable	e fields, kinds of i	nstitutions, or othe	r
	APPLICATIONS ARE RE	VIEWED TWICE A YE		ıl areas, charitable	e fields, kinds of i	nstitutions, or othe	r

SEE ATTACHED NOTE REGARDING MISSION AND GUIDELINES

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 580,273 **b** Approved for future payment

Form 990-PF (2015) Part XVI-A Analysis of Income-Produc	rina Activitie	•			Page 12
Enter gross amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
a					instructions)
b					
c					
e					
fg Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	149,889	
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 inventory9 Net income or (loss) from special events			18		779,443
10 Gross profit or (loss) from sales of inventory					
b					
c					
e					
Subtotal Add columns (b), (d), and (e).Total.Add line 12, columns (b), (d), and (e).				149,889 13	779,443 929,332
(See worksheet in line 13 instructions to verify	calculations)				323,332
Part XVI-B Relationship of Activities to Explain below how each activity for who the accomplishment of the foundation	ıch ıncome ıs re	ported in column	(e) of Part XVI-A c	ontributed importa	
instructions) INVESTMENT INCOME IS USED TO P	ROVIDE GRAN	 TS			

Part	XVII	Information Re Noncharitable				actio	ns and Relations	ships With			
		ganization directly or ii	ndırectly eng	age in any of t	he following wit					Yes	No
	anızatı	• •									
_		from the reporting four	ndation to a n	oncharitable e	exempt organiza	ation of	F				
									1a(1)		No
(2)	Other	assets							1a(2)		No
b Oth	ner tran	sactions									
(1)	Sales	of assets to a noncha	rıtable exemp	ot organizatior	n				1b(1)		No
(2)	Purch	ases of assets from a	noncharitable	e exempt orga	nızatıon				1b(2)		No
(3)	Renta	l of facilities, equipme	nt, or other a:	ssets					1b(3)		No
(4)	Reimb	oursement arrangemen	nts						1b(4)		No
(5)	Loans	or loan guarantees.							1b(5)		No
(6)	Perforn	nance of services or m	embership or	fundraising s	olicitations				1b(6)		No
c Sha	arıng of	facilities, equipment, i	maılıng lısts,	other assets,	or paid employ	ees.			1c		No
of t	he good iny trar	wer to any of the above ds, other assets, or se isaction or sharing arra (b) Amount involved	rvices given l angement, sh	by the reporting the second in column	ng foundation I	f the fo f the go	undation received les	ss than fair marke services receive	et value d	!	at c
(a) Line	NO	(b) Amount involved	(c) Name of f	юпспаптаріе ехе	impt organization	(a)	Description of transfers,	transactions, and sna	illig alla	ngemer	its
	_										
des	cribed	ndation directly or indii in section 501(c) of th omplete the following s (a) Name of organization	ne Code (othe schedule	er than section		ın sect	ion 527?		. ┌Ye	ıs 🔽	No
Sign Here	the b	er penalties of perjury, pest of my knowledge a mation of which prepar	and belief, it is	s true, correct				her than taxpayeı May tl return	r) is bas ne IRS di	sed on	all
	F 5	ignature of officer or t	rustee		Date	r	Title	below (see ॥	nstr)? 🔽	Yes N	No
		Print/Type preparer's TIMOTHY F HA GA CPA		Preparer's S	ignature		Date 2016-07-11	Check if self- employed ▶	PTIN		
Paid Prepa		BERNARD JOHNSON & COMPANY PC						Firm's EIN ▶			
Use (Only	Fırm's address ▶						Phone no	_		
		15 MAIN STREET TOPSFIELD, MA 01983 (978						(978)887-222	: 0		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average	(c) Compensation(If	(d)	Expense account,
(a) Name and address	hours per week (b) devoted to position	not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	(e) other allowances
JESSICA L BROWN	EXECUTIVE	84,223	29,451	0
275 HIGH ROAD NEWBURY,MA 01951	DIRECTOR 27 00			
HENRY P PAULUS	TRUSTEE	0	0	0
85 EAST INDIA ROW 35A BOSTON,MA 02110	5 00			
DAVID C COMB	TRUSTEE	0	0	0
1 NORTONS POINT MANCHESTER,MA 01944	5 00			
HEIDI ELLARD	TRUSTEE	0	0	0
8 GREAT POND DRIVE BOXFORD,MA 01921	5 0 0			
SARA B MERSHA	TRUSTEE	0	0	0
29 DUNREATH STREET 3 BOSTON,MA 02119	5 00			

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient		
a Paid during the year				
ESSEX COUNTY TRAIL ASSOCIATION INC PO BOX 166 HAMILTON,MA 01936		PC	AT BRADLEY PALMERTRAIL MAINTENANCESTATE PARK	5,000
IPSWICH RIVER WATERSHED ASSOCIATION 143 COUNTY ROAD IPSWICH,MA 01938		PC	YOUTH OUTINGSEDUCATION AND	5,000
COMMUNITY ACTION FOR DEVELOPMENT OLD MARKET SQUARE PO BOX 85 BANGEM SW REGION CAMEROON, MA 00000		NC	WILDLIFEMANAGEMENT	6,000
ENVIRONMENTAL GOVERNANCE INSTITUTE PARAMOUNT MOLYKO PO BOX 211 BUEA CAMEROON, MA 00000		NC	OF WILDLIFEHUMAN DIMENSIONSCONSERVATION	6,500
PANDRILLUS FOUNDATION USA PO BOX 10082 PORTLAND,OR 97296		PF	SCHEME AS ANGREEN LEAF VEGETABLEALTERNATIVE LIVELIHOOD	5,500
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX,NY 10460		PC	AND DEFORESTATIONSUSTAINABLE AGRICULTUREREDUCTION	8,000
HERP CONSERVATION - GHANA PO BOX KS-6980 KUMASI GHANA,MA 00000		NC	SEA TURTLES ANDSAVING THREATENEDHABITAT	7,400
OCEANA INC 1350 CONNECTICUT AVENUE NW WASHINGTON, DC 20036		PC	BELIZE'SSAFEGUARDINGBARRIER REEF	7,000
WILDLIFE CONSERVATION NETWORK 209 MISSISSIPPI STREET SAN FRANCISCO,CA 94107		PC	MEETKIDSSHARKS	5,800
TRIGOH 25 CALLE 2-39 ZONA 1 GUATEMALA CITY GUATEMA, MA 00000		NC	REFUGE NETWORKPROMOTE A FISH	6,000
ALLIANCE FOR INTL REFORESTATION 4514 CHAMBLEE DUNWOODY ROAD ATLANTA, GA 30338		PC	AND SUSTAINABLEINDIGENOUS MICROBUSINESSESFARMING	5,400
FUNDENOR AQ'AB'AL 5 AVENIDA Y 3 CALLE ZONA 1 PURULHA BAJA VERAPAZ G,MA 00000		NC	BELIEFS ANDINTEGRATINGPRACTICES	7,500
GRASSROOTS INTERNATIONAL INC 237 BOYLSTON STREET BOSTON,MA 02130		PC	GARDENING ANDWOMEN'S VEGETABLELEADERSHIP	8,500
OXLAJUJ AJPOP 5TA AVENIDA A 5-75 COLONIA EL CENTR HUEHUETENANGO GUATEMAL, MA 00000		NC	NATURALCONSERVING THERESOURCE BASE	7,000
FUNDACION ENTRE VOLCANES FRENTE A OFICINAS DEL BANCO DE LA P MOYOGALPA ISLA DE OMET,MA 00000		NC	BIOSPHEREOMETEPE ISLANDRESERVE	7,100
Total			▶ 3a	580,273

Recipient	If recipient is an individual, show any relationship to	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
INDO-PACIFIC CONSERVATION ALLIANCE 1525 BERNICE STREET HONOLULU, HI 96817		PC	AREA ON MT HOGAVE CONSERVATIONMICHAEL	6,500
BACKYARD GROWERS 269 MAIN STREET GLOUCESTER, MA 01930		PC	GARDENCOMMUNITYPROGRAMS	5,000
GULF OF MAINE INSTITUTE 117 MAINE STREET WEST NEWBURY, MA 01985		PC	DRIFTERSOCEANPROJECT	5,000
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN,MA 01773		PC	AND LEADERSHIPSTUDENT MAPPINGINITIATIVE	5,000
RAWART WORKS INC 37 CENTRAL SQUARE LYNN,MA 01901		PC	PROGRAMDOOR 2 DOOR	5,000
SOUTH SUDANESE ENRICHMENT FOR FAMILIES 339 PLEASANT STREET MALDEN,MA 02148		PC	EXPRESSIONYOUTH ARTISTPROJECT	4,000
THE FOOD PROJECT 10 LEWIS STREET LINCOLN, MA 01773		PC	FARMERSLYNN CENTRALMARKET	5,000
YA'AXCHE CONSERVATION TRUST 20A GEORGE PRICE STREET PUNTA GORDA BELIZE,MA 00000		NC	CAPACITY BUILDINGCOMMUNITYINITIATIVE	8,500
FUNDAECO BLYTHE HOUSE BRIDGE STREET HALESWORTH SUFFOLK UK, MA 00000		NC	THE SEAYOUTH FORPROGRAM	8,000
IDAMHO CALLE LA MERCED CASA 1201 BARRIO LA PLAZUELA HON,MA 00000		NC	FOR SUSTAINABLECITIZEN PARTICIPATIONDEVELOPMENT	6,000
BAY ISLANDS CONSERVATION ASSN NEW AIRPORT ROAD UTILA HONDURAS, MA 00000		NC	GUANAJARESTORATION OF THEISLAND	8,000
ASSN SOBREVIVENCIA CULTURAL PO BOX 8066 GUATEMALA CA,MA 00000		NC	CONSERVATIONWATER AND FOREST	7,000
FAUNA & FLORA INTERNATIONAL INC 1720 N STREET NW WASHINGTON, DC 20036		PC	MANAGEMENT OF THESUSTAINABLEOMETEPE ISLAND RESERVE	7,000
MADRE 121 WEST 27TH STREET NEW YORK,NY 10001		PC	A SEED BANK TODEVELOPMENT OFSAVE NATIVE SPECIES	10,000
SOUTHERN ENVIRONMENTAL ASSN PLACENCIA VILLAGE STAN CREEK VILLAGE BEL, MA 00000		NC	PLACENCIA LAGOONSTEWARDSHIP OF THE	8,000
Total			▶ 3a	580,273

- Turk XV Eine	Grants and cont	. I I Dutions Fe	and burning the real of Approved for Fut	are rayment
Recipient	If recipient is an individual, show any relationship	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	to any foundation manager or substantial contributor			
a Paid during the year				_
REALIDADES REALIDAD ACCION Y DESARROLLO ESTADOS UNIDOS 600 SUCRE BOLIVIA, MA 00000		NC	INDIGENOUSREDISCOVERINGTRADITIONS	6,500
SATIM 81 MAIN STREET PUNTA GORDA TOWN BELIZ, MA 00000		NC	CULTURESAVING Q'EQCHI MAYA	8,000
ASOCIACION MINGA PERU JOSE MAIRA DE LA JARA Y URETA 264 M LIMA PERU,MA 00000		NC	LEADERSHIPWOMEN'SPROJECT	8,000
SACD PO BOX 112 SARTENEJA BELIZE, MA 00000		NC	RESEARCHERCOMMUNITYPROJECT	7,500
CTR FOR AMAZON COMMUNITY ECOLOGY 1637B NORTH ATHERTON STREET STATE COLLEGE, PA 16803		PC	OF VALUE- ADDEDSUSTAINABLE HARVESTNONTIMBER FOREST PRODUCTS	8,000
PASO PACIFICO PO BOX 1244 VENTURA,CA 930021244		PC	SEA TURTLECOMMUNITY- BASEDCONSERVATION	7,500
ARTCORPS INC 240 COUNTY ROAD IPSWICH,MA 01938		PC	OPERATINGGENERALSUPPORT	109,995
MESOAMERICAN DEVELOPMENT INSTITUTE I UNIVERSITY AVENUE LOWELL,MA 01854		PC	YOUTH IN FOREST-TRAINING LOCALFRIENDLY PRODUCTION	7,000
EL PORVENIR 2508 42ND STREET SACRAMENTO, CA 95817		PC	WATERSHEDTIERRA AMARILLARESTORATION	7,400
CEIBA ISLAS VIRGIENES 148 LIMA PERU,MA 00000		NC	AND CONSOLIDATINGSTREGTHENINGSEED BANKS	6,000
APROSARSTUN LIVINGSTON IZABAL GUATEMALA, MA 00000		NC	PROTECTED AREASARSTUN RIVEREDUCATION	7,000
RCESD CAMEROON PO BOX 30 BUEA SOUTH WEST REGION CAME, MA 00000		NC	FARMINGIMPROVINGPRACTICES	8,000
OGCEYOD PO BOX 1006 OGOEYOD CAMEROON, MA 00000		NC	TRAININGPEER EDUCATIONPROGRAM	6,000
NATURE CARE CAMEROON PO BOX 121 BUI DIVISION KUMBO,MA 00000		NC	THE MBIAME COMMUNITYRESTORATION OFFOREST, NW CAMEROON	7,000
CENDEP PO BOX 437 LIMA PERU, MA 00000		NC	FRIENDLYNATUREAGRICULTURE	7,500
Total				580,273

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient		
a Paid during the year				
CAMEROON GENDER & ENVIRONMENT WATCH PO BOX 17 OKU CAMEROON,MA 00000		NC	FOR YOUNGFOREST EDUCATIONPEOPLE	6,000
A ROCHA GHANA PO BOX KN 3480 KANESHIE ACCRA GHANA, MA 00000		NC	MANAGEMENT OFSUSTAINABLELAKE BOSOMTWE	7,500
CULTURAL SURVIVAL INC 2067 MASSACHUSETTS AVENUE CAMBRIDGE,MA 02140		PC	RIGHTSINDIGENOUSSUPPORT	5,600
ASMUDES CALLE DESTAVAMENTO 130 340 SUCRE BOLIVIA, MA 00000		NC	SPECIES IN DANGERREVITALIZE AGRICULTURALOF EXTINCTION	8,000
FUNDACION CORDILLERA TROPICAL CASILLA 01-01-1986 CUENCA ECUADOR,MA 00000		NC	FORESTS OF SANGAYRESTORE THE CLOUDNATIONAL PARK	6,500
PACHAMAMA'S PATH INC 5543 PELICAN WAY SAINT AUGUSTINE, FL 320807051		PC	EDUCATIONAL ACTIVITIESINDIGENOUS- CENTEREDIN PISAC, PERU	8,000
SPDA PROLONGACION ARENALES LIMA PERU, MA 00000		NC	IN RURAL COMMUNITYCONSERVATION EFFORTSOF PUERTO PRADO, LORETO	8,000
SAVIA ALAMEDA SURUBI 25 SANTA CRUZ BOLIVIA, MA 00000		NC	GOVERNANCE OFENVIRONMENTALPROTECTED AREAS	8,000
INSTITUTO POLITECNICO TOMAS KATARI 1374-B DANIELSON ROAD CIUDAD SUCRE BOLIVIA, MA 00000		NC	RURAL OCURRICLIMATE CHANGE IN	7,500
WOODLAND PARK ZOO 5500 PHINNEY AVE N SEATTLE,WA 98103		PC	CONSERVATION PROGRAMTREE KANGAROO	6,000
TOLEDO INSTITUTE FOR DEV AND ENVIRONMENT PO BOX 150 PUNTA GORDA BELIZE, MA 00000		NC	SCHOOLS BELIZEREEF GUARDIANPILOT PROJECT	10,500
ECOLOGIC DEVELOPMENT FUND 25 MT AUBURN STREET CAMBRIDGE,MA 02138		PC	CONSERVATION INWATER AND FORESTNORTHERN HONDURAS	9,500
NEW ENGLAND AQUARIUM CORP CENTRAL WHARF BOSTON,MA 021103399		PC	ACTION FUNDMARINE CONSERVATION	7,500
GLOUCESTER MARITIME HERITAGE CTR 23 HARBOR LOOP GLOUCESTER,MA 01930		PC	LION GIRLSSTEM FOR SEA	2,500
ESSEX COUNTY GREENBELT ASSN 82 EASTERN AVENUE ESSEX,MA 01929		PC	AND INTEGRATIONDATA UPGRADE	5,000
Total			▶ 3a	580,273

Recipient	If recipient is an individual, show any relationship	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	to any foundation manager or substantial contributor			
a Paid during the year				
ESSEX NATIONAL HERITAGE COMMISSION 10 FEDERAL STREET SUITE 12 SALEM,MA 01970		PC	DEVELOPMENTTEACHER PROFESSIONALPROGRAM	5,000
VARIOUS PROGRAM RECIPIENTS 240 COUNTY ROAD IPSWICH, MA 01938		PC	PROGRAM MONITORINGPROGRAM WORKSHOPSPROGRAM EVALUATION	41,423
THE CONSULTATIVE GROUP ON BIOLOGICAL DIVERSITY PO BOX 29361 SAN FRANCISCO, CA 94129		NC	OPERATINGGENERALSUPPORT	1,950
NEW ENGLAND INTL DONORS 420 BOYLSTON STREET BOSTON,MA 02116		NC	OPERATINGGENERALSUPPORT	1,450
INTL FUNDERS FOR INDIGENOUS PEOPLES PO BOX 29184 SAN FRANCISCO, CA 94129		PC	OPERATINGGENERALSUPPORT	2,250
EDGE FUNDERS ALLIANCE PO BOX 559 SAN FRANCISCO, CA 94129		NC	OPERATINGGENERALSUPPORT	1,000
CONFLUENCE PHILANTHROPY 475 RIVERSIDE DRIVE NEW YORK,NY 10115		NC	OPERATINGGENERALSUPPORT	1,000
TERRALINGUA 13269 COVERED ROAD ATLANTIC MINE,MI 49905		PC	OPERATINGGENERALSUPPORT	1,000
SUSTAINABLE BOLIVIA 1374-B DANIELSON ROAD SANTA BARBARA,CA 93108		PC	OPERATINGGENERALSUPPORT	1,000
SMALL SOLUTIONS INC 3 OAK STREET NEWBURYPORT, MA 01950		PC	OPERATINGGENERALSUPPORT	600
THE SACRED NATURAL SITES INITIATIVE PO BOX 64 AB LEUSDEN NL, MA 00000		NC	OPERATINGGENERALSUPPORT	500
SACRED LAND FILM PROJECT 2150 ALLSTON WAY SUITE 440 BERKELEY,CA 94704		PC	OPERATINGGENERALSUPPORT	250
QUEBEC-LABRADOR FOUNDATION INC 555 SOUTH MAIN STREET IPSWICH,MA 01938		PC	STEWARDSHIPINTERNATIONALPROGRAM	1,000
EAST COAST GREENWAY ALLIANCE INC 5315 HIGHGATE DRIVE DURHAM,NC 27713		PC	BIKE WALKNEW ENGLANDSUMMIT	400
COASTAL TRAILS COALITION INC PO BOX 1016 NEWBURYPORT,MA 01950		PC	OPERATINGGENERALSUPPORT	500
Total				580,273

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient		
a Paid during the year				
ARTCORPS INC 240 COUNTY ROAD IPSWICH,MA 01938		PC	OPERATINGGENERALSUPPORT	1,000
ACTORS STUDIO OF NEWBURYPORT INC 50 WATER STREET NEWBURYPORT,MA 01950		PC	PROGRAMMINGEDUCATIONAL	750
LAND IS LIFEANDES PO BOX 912 NORTHAMPTON,MA 01061		PC	PRO GRAMGENERALSUPPORT	1,000
NE CENTER AND HOME FOR VETERANS 17 COURT STREET BOSTON,MA 02108		PC	OF JAMES V IN MEMORYELLARD, SR	250
REEF CHECK FOUNDATION 13723 FIJI WAY B-2 MARINA DEL REY,CA 90292		PC	EDUCATIONPRO GRAM	750
USICOMOS 1307 NEW HAMPSHIRE AVENUE NW WASHINGTON,DC 200361531		PC	OPERATINGGENERALSUPPORT	210
EGA 475 RIVERSIDE DRIVE NEWYORK,NY 10115		PC	OPERATINGGENERALSUPPORT	3,795
Total			▶ 3a	580,273

TY 2015 Accounting Fees Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BERNARD JOHNSON & COMPANY REVIEW & TAX	7,526			7,526

DLN: 93491193004056

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
INVESTMENT SECURITIES		Purchased			4,613,219	3,833,776	Cost		779,443	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491193004056

TY 2015 Investments Corporate Bonds Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS #398-023140-322	103,238	100,359

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491193004056

TY 2015 Investments Corporate Stock Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Name of Sto	ck	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK #398-027154-322		426,656	492,252
COMMON STOCK #398-023157-322		2,320,535	2,764,824
COMMON STOCK #398-023156-322		2,756,566	3,304,621

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491193004056

TY 2015 Investments Government Obligations Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

EIN: 04-2776213

US Government Securities - End of

Year Book Value: 1,128,185

US Government Securities - End of

Year Fair Market Value: 1,124,979

State & Local Government Securities - End of Year Book Value:

State & Local Government Securities - End of Year Fair

Market Value:

TY 2015 Other Assets Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
UNREALIZED GAIN ON INVESTMENTS	2,128,540	1,051,855	

TY 2015 Other Assets Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
UNREALIZED GAIN ON INVESTMENTS	2,128,540	1,051,855	

TY 2015 Other Assets Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
UNREALIZED GAIN ON INVESTMENTS	2,128,540	1,051,855	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491193004056

TY 2015 Other Decreases Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Description	Amount
NET UNREALIZED LOSS ON INVESTMENTS	1,076,685

DLN: 93491193004056

TY 2015 Other Expenses Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	251			251
OFFICE SUPPLIES	1,748			1,748
MEMBER DUES	2,490			2,490
BOARD EXPENSES	794			794
COMPUTER EXPENSE	1,300			1,300
FILING FEES	125			125
TELEPHONE	110			110
INSURANCE	345			345
ENTERTAINMENT	593			593
OUTSIDE SERVICES	400			400
STRATEGIC PLANNING	2,150			2,150

TY 2015 Other Income Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	606		

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

DLN: 93491193004056

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Other Notes/Loans Receivable Long Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
ECUMENICAL DEVELOPMENT CORPORATION (OIKO CREDIT)	NONE	50,000	50,000	2015-05	2018-05	3 YEAR PROMISSORY NOTE		UNSECURED, FULL RECOURSE	INVESTMENT	NOTE	50,000
ROOT CAPITAL INC	NONE	50,000	50,000	2015-12	2017-12	DUE ON DEMAND	1 750000 %	UNSECURED, FULL RECOURSE	INVESTMENT	NOTE	50,000

TY 2015 Other Professional Fees Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MORGAN STANLEY INVESTMENT MANAGEMENT FEES	109,745	109,745		
GAIL McELHINNEY BOOKKEEPING	2,913			2,913
MORGAN STANLEY PENSION PLAN FEES	559			559
PAYCHEX PAYROLL SERVICE FEES	1,897			1,897

TY 2015 Taxes Schedule

Name: NEW ENGLAND BIOLABS FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	10,116			10,116
FEDERAL EXCISE	8,200			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491193004056

Schedule B

NEW ENGLAND BIOLABS FOUNDATION

(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, 990-EZ, or 990-PF.
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Employer identification number

			04-2776213
Organ	ization type (check	cone)	
Filers	of:	Section:	
Form 9	90 or 990-EZ	□ 501(c)() (enter number) organization	
		☐ 4947(a)(1) nonexempt charitable trust not treated as a private	foundation
		☐ 527 political organization	
Form 9	90-PF	√ 501(c)(3) exempt private foundation	
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foun	ndation
		□ 501(c)(3) taxable private foundation	
Gener ⊽		on filing Form 990, 990-EZ, or 990-PF that received, during the year, con om any one contributor Complete Parts I and II See instructions for dete	
Specia	al Rules		
Γ	under sections 509 received from any	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 one contributor, during the year, total contributions of the greater of (1) (ii) Form 990-EZ, line 1 Complete Parts I and II	D-EZ), Part II, line 13, 16a, or 16b, and that
Γ	during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that contributions of more than \$1,000 exclusively for religious, charitable of cruelty to children or animals. Complete Parts I, II, and III	<u>-</u>
Γ	during the year, con this box is checked purpose Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the ntributions exclusively for religious, charitable, etc., purposes, but no subset of the total contributions that were received during the year formplete any of the parts unless the General Rule applies to this organization, contributions totaling \$5,000 or more during the year	uch contributions totaled more than \$1,000 lf or an exclusively religious, charitable, etc, zation because it received nonexclusively

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of 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

Name of organization
NEW ENGLAND BIOLABS FOUNDATION

Employer identification number 04-2776213

Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
1	NEW ENGLAND BIOLABS INC		Person	া
	240 COUNTY ROAD	\$ 168,000	Payroll	Г
	IPSWICH, MA 01938		Noncash	Γ
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
2			Person	া
	MR AND MRS DONALD COMB 240 COUNTY ROAD	\$ 25,000	Payroll	Г
	IPSWICH, MA 01938	<u> </u>	Noncash	Γ
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Г
		*	Payroll	Г
		Ψ	Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Г
		Ψ	Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Γ
			Noncash	Г
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	Payroll	Г
	-		Noncash	Г
			(Complete Part II f contributions)	or noncash

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2015)		Page 3
Name of organizat	ion (OLABS FOUNDATION	Employer identification	number
		04-2776213	
Part II	Noncas h Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(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
		<u> </u>	
(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

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)

hedule B (Form 990,	990-EZ, or 990-PF) (2015)		Page 4	
nme of organization EW ENGLAND BIOLABS FOUNDATION			Employer identification number	
			04-2776213	
total more line entry. of \$1,000 o	than \$1,000 for the year from any or	ne contributor. Complete co II, enter the total of <i>exclusiv</i> mation once. See instruction	ribed in section 501(c)(7), (8), or (10) that blumns (a) through (e) and the following ely religious, charitable, etc., contributions ns.) \$\bigset\$ \bigset\$	
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
-				
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
- =				
-	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
. =				
	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
. =				
	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
-				