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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation CLERMONT FOUNDATION		A Employer identification number 22-3177379	
Number and street (or P O box number if mail is not delivered to street address) C/O GLORIA CHOONG PO BOX 429		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code SUMMIT, NJ 079020429		B Telephone number (see instructions) (908) 273-0807	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,101,416			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	183,438			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	121,608	101,030		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	333,960			
	b Gross sales price for all assets on line 6a _____ 2,756,902				
	7 Capital gain net income (from Part IV, line 2)		333,960		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	26,391	26,391		
	12 Total. Add lines 1 through 11	665,397	461,381		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	15,500	7,750		7,750
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	23,374	3,347		27
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	1,962	1,826		136
	24 Total operating and administrative expenses. Add lines 13 through 23	40,836	12,923		7,913
	25 Contributions, gifts, grants paid	328,250			328,250
	26 Total expenses and disbursements. Add lines 24 and 25	369,086	12,923		336,163
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	296,311			
	b Net investment income (if negative, enter -0-)		448,458		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	51,787	130,200	130,200
	2	Savings and temporary cash investments	414,325	439,438	439,438
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	3,606,953	3,753,041	4,753,776
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)	638,389	700,586	778,002
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,711,454	5,023,265	6,101,416
	17	Accounts payable and accrued expenses	600	16,100	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	600	16,100	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	2,285,339	2,285,339	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	2,425,515	2,721,826	
Net Assets or Fund Balances	30	Total net assets or fund balances (see instructions)	4,710,854	5,007,165	
	31	Total liabilities and net assets/fund balances (see instructions)	4,711,454	5,023,265	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,710,854
2	Enter amount from Part I, line 27a	2	296,311
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	5,007,165
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	5,007,165

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a	See Additional Data Table		
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a	See Additional Data Table		
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	333,960
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by (c))
2014	256,533	6,072,777	0 042243
2013	283,017	5,365,425	0 052748
2012	239,803	4,363,725	0 054954
2011	208,839	4,309,851	0 048456
2010	186,842	4,213,009	0 044349

2	Total of line 1, column (d).	2	0 242750
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 048550
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	6,174,380
5	Multiply line 4 by line 3.	5	299,766
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	4,485
7	Add lines 5 and 6.	7	304,251
8	Enter qualifying distributions from Part XII, line 4.	8	336,163

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

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	4,485
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	0
3 Add lines 1 and 2.		3	4,485
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5 Tax based on investment income.Subtract line 4 from line 3 If zero or less, enter -0-		5	4,485
6 Credits/Payments			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a 15,723		
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868).	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d.		7	15,723
8 Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached		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 overpaid.		10	11,238
11 Enter the amount of line 10 to be Credited to 2015 estimated tax 11,238 Refunded		11	0

Part VII-A

Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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	1b		No
c 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) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0			
2 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	2		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	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 during the year? If "Yes," attach the statement required by General Instruction T	5		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year?If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) NJ			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A 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? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ MARTHA KEITH TRUSTEE Telephone no ▶ (908) 273-0807 Located at ▶ C/O GLORIA CHOONG PO BOX 429 SUMMIT NJ ZIP+4 ▶ 079020429			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ▶	16	Yes No	No No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 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 and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
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____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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		
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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		
Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		No
<i>If "Yes" to 6b, file Form 8870</i>				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARTHA H KEITH C/O GLORIA CHOONG PO BOX 429 SUMMIT, NJ 079020429	TRUSTEE 1 00	0	0	0
GARNETT L KEITH C/O GLORIA CHOONG PO BOX 429 SUMMIT, NJ 079020429	TRUSTEE 1 00	0	0	0
GLORIA CHOONG C/O GLORIA CHOONG PO BOX 429 SUMMIT, NJ 079020429	SECRETARY 5 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	5,677,961
b	Average of monthly cash balances.	1b	590,445
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	6,268,406
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	6,268,406
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	94,026
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,174,380
6	Minimum investment return. Enter 5% of line 5.	6	308,719

Part XI Distributable Amount(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	308,719
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	4,485
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,485
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	304,234
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	304,234
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	304,234

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	336,163
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	336,163
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	4,485
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	331,678

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				304,234
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				18,262
e From 2014.				
f Total of lines 3a through e.	18,262			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 336,163				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				304,234
e Remaining amount distributed out of corpus	31,929			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	50,191			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
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).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	50,191			
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .				
c Excess from 2013. . . .				18,262
d Excess from 2014. . . .				
e Excess from 2015. . . .				31,929

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

Form **990-PF** (2015)

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>▶ 3a</div>	328,250
<div>b Approved for future payment</div>				
<div>Total</div>			<div>▶ 3b</div>	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee _____ Date 2016-11-15 Title _____

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use
Only**

Print/Type preparer's name MARY KAYE JOHNSTON CPA	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00359771
Firm's name <input type="checkbox"/> AMG NATIONAL TRUST BANK			Firm's EIN <input type="checkbox"/> 84-1595367	
Firm's address <input type="checkbox"/> 6295 GREENWOOD PLAZA BLVD GREENWOOD VILLAGE, CO 801114908			Phone no <input type="checkbox"/> (303) 694-2190	

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)
SCHWAB 0296-PUBLICLY TRADED SECURITIES SHORT TERM	P		
SCHWAB 0296-PUBLICLY TRADED SECURITIES LONG TERM	P		
SCHWAB 3936-PUBLICLY TRADED SECURITIES SHORT TERM	P		
SCHWAB 3936-PUBLICLY TRADED SECURITIES LONG TERM	P		
SCHWAB 4262-PUBLICLY TRADED SECURITIES SHORT TERM	P		
SCHWAB 4262-PUBLICLY TRADED SECURITIES LONG TERM	P		
SCHWAB 8967-PUBLICLY TRADED SECURITIES SHORT TERM	P		
ASIA REDUX-LONG TERM	P		
ASIA REDUX-SHORT TERM GAIN	P		
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
8,179		8,387	-208
2,840		3,133	-293
1,294,402		1,217,651	76,751
1,371,128		1,129,940	241,188
3,487		5,181	-1,694
3,042		2,442	600
49,853		46,212	3,641
4,158			4,158
		9,996	-9,996
19,813			19,813

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-208
			-293
			76,751
			241,188
			-1,694
			600
			3,641
			4,158
			-9,996
			19,813

Form 990PF Part XV Line 1a - 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).

MARTHA H KEITH

GARNETT L KEITH

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AGNES SCOTT COLLEGE 141 EAST COLLEGE AVE DECATUR,GA 300303770	NONE	EXEMPT	EDUCATION	20,000
AMERICAN INDIAN INSTITUTE 504 WEST MEDENHALL ST BOZEMAN,MT 59715	NONE	EXEMPT	HEALTH	1,000
AMERICAN RED CROSS NEW JERSEY CROSSROADS 695 SPRINGFIELD AVE SPRINGFIELD,NJ 07901	NONE	EXEMPT	HEALTH	2,000
AMNESTY INTERNATIONAL USA 5 PENN PLAZA NEWYORK,NY 100011810	NONE	EXEMPT	HEALTH	1,000
ASPEN MUSIC FESTIVAL & SCHOOL 2 MUSIC SCHOOL ROAD ASPEN,CO 81611	NONE	EXEMPT	ARTS	1,000
BETA PSI FOUNDATION 6400 POWERS FERRY RD STE 400 ATLANTA,GA 30339	NONE	EXEMPT	EDUCATION	1,000
BIG SKY YOUTH EMPOWERMENT PROJECT INC PO BOX 6757 BOZEMAN,MT 597717021	NONE	EXEMPT	COMMUNITY	1,000
BOSTON BALLET 19 CLARENDON ST BOSTON,MA 02116	NONE	EXEMPT	SOCIAL SERVICE	500
BOSTON RESCUE MISSION PO BOX 849100 BOSTON,MA 022849100	NONE	EXEMPT	SOCIAL SERIVCE	250
BREAD FOR THE WORLD INSTITUTE 425 3RD ST SW STE 1200 WASHINGTON,DC 20024	NONE	EXEMPT	SOCIAL SERVICE	5,000
CAMBRIDGE INSIGHT MEDITATION CENTER 331 BROADWAY CAMBRIDGE,MA 02139	NONE	EXEMPT	EDUCATION	5,000
COMMUNITY FOUNDATION OF GREATER ATLANTA INC 191 PEACHTREE ST NE STE 1000 ATLANTA,GA 30303	NONE	EXEMPT	SOCIAL SERIVCE	2,500
DIRECT RELIEF INTERNATIONAL 27 S LA PATERA LN SANTA BARBARA,CA 93107	NONE	EXEMPT	HEALTH	5,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE 2ND FL NEWYORK,NY 10001	NONE	EXEMPT	HEALTH	10,000
DUKE UNIVERSITY (CLASS OF 1960) PO BOX 90581 DURHAM,NC 277080581	NONE	EXEMPT	EDUCATION	-5,000
Total ▶ 3a				328,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ENVIRONMENTAL DEFENSE 257 PARK AVE S NEW YORK,NY 10010	NONE	EXEMPT	ENVIRONMENT	2,000
GALLATIN VALLEY LAND TRUST PO BOX 7021 BOZEMAN,MT 597717021	NONE	EXEMPT	ENVIRONMENT	5,000
GEORGIA TECH FOUNDATION 760 SPRING ST NW STE 400 ATLANTA,GA 30308	NONE	EXEMPT	EDUCATION	25,000
GEORGIA TEC FOUNDATION INC 177 NORTH AVE NW ATLANTA,GA 303320220	NONE	EXEMPT	EDUCATION	25,000
GEORGIA TECH FOUNDATION ROLL CALL 190 NORTH AVENUE NW ATLANTA,GA 303132550	NONE	EXEMPT	EDUCATION	250
GTF INC 760 SPRING ST NW STE 400 ATLANTA,GA 30308	NONE	EXEMPT	EDUCATION	5,000
GIANT STEPS THERAPEUTIC EQUESTRIAN CENTER PO BOX 4855 PETALUMA,CA 949554855	NONE	EXEMPT	HEALTH	500
GREATER BOSTON FOOD BANK THE 70 SOUTH BAN AVE BOSTON,MA 02118	NONE	EXEMPT	SOCIAL SERVICE	1,000
GREATER FOUR CORNER ACTION COALITION EASTERN SERVICE WORKERS ASSN 247 BOWDOIN ST DORCHESTER,MA 02122	NONE	EXEMPT	SOCIAL SERVICE	8,000
HARVARD BUSINESS SCHOOL FUND SOLDIERS FIELD RD BOSTON,MA 021639904	NONE	EXEMPT	EDUCATION	1,000
HEADWATERS ACADEMY 418 WEST GARFIELD ST BOZEMAN,MT 59715	NONE	EXEMPT	SOCIAL SERVICE	2,000
HUMAN RESOURCE DEVELOPMENT COUNCIL (HRDC)OF DISTRICT IX INC 32 SOUTH TRACY BOZEMAN,MT 59715	NONE	EXEMPT	HEALTH	1,000
LEAGUE OF WOMEN'S VOTERS EDUCATION FUND 1730 M ST NW STE 1000 WASHINGTON,DC 200364508	NONE	EXEMPT	EDUCATION	250
LEXINGTON FIREFIGHTERS AIDE AND RELIEF ASSN 45 BEDFORD ST PO BOX 186 LEXINGTON,MA 02421	NONE	EXEMPT	SOCIAL SERVICE	250
LEXINGTON HISTORICAL SOCIETY 13 DEPOT SQ PO BOX 514 LEXINGTON,MA 02420	NONE	EXEMPT	EDUCATION	250
Total ▶ 3a				328,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LEXINGTON SYMPHONY PO BOX 194 LEXINGTON,MA 024200002	NONE	EXEMPT	ARTS	1,000
LEXINGTON YOUTH AND FAMILY SERVICES 7 HARRINGTON ROAD LEXINGTON,MA 02421	NONE	EXEMPT	SOCIAL SERVICE	15,000
MCLEAN HOSPITAL 115 MILL STREET MAIL STOP 126 BELMONT,MA 024781064	NONE	EXEMPT	HEALTH	15,000
MAYO FOUNDATION 200 FIRST ST SW ROCHESTER,MN 55905	NONE	EXEMPT	HEALTH	10,000
MIDDLE CREEK MONTESSORI SCHOOL 1572 COBB HILL RD BOZEMAN,MT 59718	NONE	EXEMPT	EDUCATION	10,000
NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN ST LANDER,WY 825022848	NONE	EXEMPT	EDUCATION	4,000
NEWARK MUSEUM 49 WASHINGTON STREET NEWARK,NJ 07101	NONE	EXEMPT	ARTS	2,000
NORTHFIELD MOUNT HERMON GIFT RECORDING OFFICE-NORTON HOUSE ONE LAMPLIGHTER WAY MT HERMON,MA 01354	NONE	EXEMPT	EDUCATION	10,000
NORTHWEST FURNITURE BANK 117 PUYALLUP AVE TACOMA,WA 98421	NONE	EXEMPT	SOCIAL SERVICE	1,000
NURSE-FAMILY PARTNERSHIP 1900 GRANT ST STE 400 DENVER,CO 80230	NONE	EXEMPT	HEALTH	5,000
OVERLOOK HOSPITAL FOUNDATION 36 UPPER OVERLOOK RD SUMMIT,NJ 079020220	NONE	EXEMPT	HEALTH	1,000
OXFAM AMERICA PO BOX 55807 BOSTON,MA 022055807	NONE	EXEMPT	HEALTH	5,000
PARK LAKE PRESBYTERIAN CHURCH 309 E COLONIAL DR ORLANDO,FL 328011286	NONE	EXEMPT	RELIGION	12,000
PLANNED PARENTHOOLD FEDERATION OF AMERICA 434 WEST 33RD ST NEW YORK,NY 10001	NONE	EXEMPT	HEALTH	3,000
PROJECT RENEWAL 200 VARICK ST NEW YORK,NY 10014	NONE	EXEMPT	SOCIAL SERVICE	2,000
Total ▶ 3a				328,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
REACH OUT AND READ 56 ROLAND ST STE 1000 BOSTON,MA 02129	NONE	EXEMPT	EDUCATION	5,000
SAN JOAQUIN RIVER PARKWAY AND CONSERVATION TRUST INC 11605 OLD FRIANT RD FRESNO,CA 93730	NONE	EXEMPT	ENVIRONMENT	1,000
SAVE THE CHILDREN 501 KINGS HWY E STE 400 FAIRFIELD,CT 06825	NONE	EXEMPT	HEALTH	3,000
SHALLOWFORD PRESBYTERIAN CHURCH 2375 SHALLOWFORD RD NE ATLANTA,GA 30345	NONE	EXEMPT	RELIGION	13,000
SNOWMASS WILDCAT FIRE DEPARTMENT BOX 6436 SNOWMASS VILLAGE,CO 81615	NONE	EXEMPT	HEALTH	500
SPRINGBOARD COLLABORATIVE 1701 WALNUT ST 7TH FL PHILADELPHIA,PA 19103	NONE	EXEMPT	COMMUNITY	5,000
SUMMIT VOLUNTEER FIRST AID SQUAD PO BOX 234 SUMMIT,NJ 079020234	NONE	EXEMPT	HEALTH	500
THE BOZEMAN DHARMA CENTER 1019 EAST MAIN ST STE 202 BOZEMAN,MT 59715	NONE	EXEMPT	HEALTH	25,000
THE FOUNDATION OF RELIGIOUS LITERACY 100 SUMMER ST 25TH FLOOR BOSTON,MA 02110	NONE	EXEMPT	EDUCATION	1,000
THE LOOMIS CHAFFEE SCHOOL 4 BATCHELDER RD PO BOX 600 WINDSOR,CT 060959956	NONE	EXEMPT	EDUCATION	7,000
THE SCHOOL FOR CHILDREN WITH HIDDEN INTELLIGENCE 812 EAST COUNTY LINE RD LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	5,000
THE WILDERNESS SOCIETY 503 WEST MENDANHALL BOZEMAN,MT 59715	NONE	EXEMPT	ENVIRONMENT	2,000
THICH NHAT HANH FOUNDATION 2499 MELRU LN ESCONDIDO,CA 92026	NONE	EXEMPT	HEALTH	1,000
TUFTS UNIVERSITY 80 GEORGE ST STE 200-3 MEDFORD,MA 021557056	NONE	EXEMPT	EDUCATION	7,000
US FUND FOR UNICEF 125 MAIDEN LN NEW YORK,NY 10038	NONE	EXEMPT	HEALTH	3,000
Total ▶ 3a				328,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
UNIVERSITY OF IDAHO FOUNDATION CHEMICAL ENGINEERING 875 PERIMETER DR PO BOX 443147 MOSCOW,ID 838443147	NONE	EXEMPT	EDUCATION	7,000
UNIVERSITY OF WASHINGTON FOUNDATION CHEMICAL ENGINEERING ENDOWMENT 1200 5TH AVE STE 500 SEATTLE,WA 981011116	NONE	EXEMPT	EDUCATION	7,000
UPAYA INSTITUTE & ZEN CENTER 1404 CERRO GORDO RD SANTA FE,NM 87501	NONE	EXEMPT	SOCIAL SERVICE	1,000
WGBH ONE GUEST STREETPO BOX 55875 BOSTON,MA 022055875	NONE	EXEMPT	EDUCATION	1,500
WOUNDED WARRIOR PROJECT PO BOX 78540 TOPEKA,KS 666758540	NONE	EXEMPT	HEALTH	10,000
Total ▶ 3a				328,250

TY 2015 Accounting Fees Schedule**Name:** CLERMONT FOUNDATION**EIN:** 22-3177379

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEES	15,500	7,750		7,750

TY 2015 Investments - Other Schedule**Name:** CLERMONT FOUNDATION**EIN:** 22-3177379

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
T. ROWE PRICE INT'L DISCOVER -T. ROWE	AT COST	33,334	60,363
HARBOR INTERNATIONAL -FIDELITY	AT COST	154,957	267,477
T. ROWE PRICE INTL GROWTH & INCOME -FIDELITY	AT COST	2,084	1,748
COSTCO WHOLESALE CORP-SCHWAB 0296	AT COST	2,740	16,150
BALL CORP-SCHWAB 0296	AT COST	2,741	5,818
THERMO FISHER SCIENTIFIC-SCHWAB 0296	AT COST	1,086	2,837
HONEYWELL INTL-SCHWAB 0296	AT COST	3,306	4,143
TIME WARNER INC-SCHWAB 0296	AT COST	3,212	3,234
WISDOMTREE EUROPME ETF-SCHWAB 0296	AT COST	2,768	2,690
RUSSELL SHORT DURATION BOND CL S-SCHWAB 0296	AT COST	3,000	2,927
WESTWOOD INCOME OPPTY FD-SCHWAB 0296	AT COST	5,154	6,796
STARWOOD PPTY TRUST-SCHWAB 0296	AT COST	2,314	3,084
SHIRE PLC-SCHWAB 0296	AT COST	1,056	1,435
ALPHABET INC-SCHWAB 0296	AT COST	3,236	4,668
CVS CAREMARK-SCHWAB 0296	AT COST	3,098	3,911
HOME DEPOT-SCHWAB 0296	AT COST	3,226	5,422
WELLS FARGO & CO-SCHWAB 0296	AT COST	5,066	5,436
BANK OF AMERICA-SCHWAB 0296	AT COST	4,042	4,208
WISDOMTREE TRUST ETF EUROPE HEDGED SMALL CAP-SCHWAB 0926	AT COST	3,131	2,947
APPLE INC-SCHWAB 0296	AT COST	3,190	2,632
JP MORGAN CHASE & CO-SCHWAB 0296	AT COST	3,361	3,302
LOWES COMPANIES-SCHWAB 0296	AT COST	3,050	3,422
PROSHARES SHORT RUSSELL 2000 ETF	AT COST	2,997	3,105
PROSHARES SHORT MSCI EMERGING ETF-SCHWAB 0296	AT COST	1,608	1,473
PRICELINE GROUP-SCHWAB 0296	AT COST	2,660	2,550
PROSHARES SHORT MSCI EMERGING ETF-SCHWAB 0296	AT COST	4,248	4,176
MAINGATE MLP FD-SCHWAB 0296	AT COST	8,500	5,907
PIMCO ETF-SCHWAB 0296	AT COST	5,346	4,581
WISDOMTREE JAPAN-SCHWAB 0296	AT COST	3,264	3,005
THERMO FISHER SCIENTIFIC-SCHWAB 4262	AT COST	815	2,127

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BALL CORP-SCHWAB 4262	AT COST	2,741	5,818
HONEYWELL INTL-SCHWAB 4262	AT COST	3,306	4,143
TIME WARNER INC-SCHWAB 4262	AT COST	450	453
DREYFUS SHORT TERM INCM FD-SCHWAB 4262	AT COST	1,219	1,164
STARWOOD PPTY TRUST INC-SCHWAB 4262	AT COST	2,314	3,084
WISDOMTREE EUROPE ETF-SCHWAB 4262	AT COST	2,492	2,421
MAINGATE MLP FD-SCHWAB 4262	AT COST	4,500	3,122
CVS CAREMARK-SCHWAB 4262	AT COST	3,098	3,911
HOME DEPOT-SCHWAB 4262	AT COST	3,226	5,422
WELLS FARGO & CO-SCHWAB 4262	AT COST	3,043	3,262
BANK OF AMERICA-SCHWAB 4262	AT COST	3,104	3,029
ALPHABET INC-SCHWAB 4262	AT COST	3,289	4,668
APPLE INC-SCHWAB 4262	AT COST	3,190	2,632
LOWES COMPANIES INC-SCHWAB 4262	AT COST	3,050	3,422
AMGEN-SCHWAB 4262	AT COST	3,071	3,247
WISDOMTREE JAPAN-SCHWAB 4262	AT COST	2,179	2,003
AIA GROUP LTD ORD-SCHWAB 3936	AT COST	83,097	86,584
ALLERGAN PLC-SCHWAB 3936	AT COST	27,705	53,125
ALPHABET INC-SCHWAB 3936	AT COST	48,350	248,498
AMGEN INC-SCHWAB 3936	AT COST	89,028	100,645
APPLE INC-SCHWAB 3936	AT COST	50,788	112,312
BANK OF AMERICA-SCHWAB 3936	AT COST	110,820	111,583
BAIDU INC ADR-SCHWAB 3936	AT COST	72,926	62,383
BLANKSTONE GROUP-SCHWAB 3936	AT COST	22,952	36,842
CITIGROUP INC-SCHWAB 3936	AT COST	91,853	107,123
CHARLES SCHWAB CORP-SCHWAB 3936	AT COST	67,700	65,860
CHEUNG KONG INSFRAS ORD/F-SCHWAB 3936	AT COST	55,501	64,850
CK HUTCHINSON HLDGS ORD F-SCHWAB 3936	AT COST	65,008	60,734
COSTCO WHOLESALE CORP-SCHWAB 3936	AT COST	31,301	156,816
CROWN CASTLE INTL CO-SCHWAB 3936	AT COST	65,787	66,566

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CROWN HOLDINGS INC-SCHWAB 3936	AT COST	67,811	72,501
CVS CAREMARK-SCHWAB 3936	AT COST	30,878	75,283
DREYFUS SHORT TERM INCM FD-SCHWAB 3936	AT COST	70,000	66,821
EATON CORP-SCHWAB 3936	AT COST	78,620	57,244
ENERGY TRANSFER EQUITY-SCHWAB 3936	AT COST	12,306	48,365
FOMENTO ECO MEX SAB ADRF-SCHWAB 3936	AT COST	47,066	75,727
HOME DEPOT-SCHWAB 3936	AT COST	58,156	81,995
HONEYWELL INTL-SCHWAB 3936	AT COST	55,475	70,428
JP MORGAN CHASE & CO-SCHWAB 3936	AT COST	80,873	153,190
KAO CORP ORD-SCHWAB 3936	AT COST	63,205	62,254
KENNEDY WILSON HOLDINGS-SCHWAB 3936	AT COST	76,453	109,805
LENNAR CORP-SCHWAB 3936	AT COST	68,135	64,072
LEVEL 3 COMMUNICATION NEW-SCHWAB 3936	AT COST	57,129	57,622
LIBERTY GLOBAL PLC-SCHWAB 3936	AT COST	94,526	81,948
LIBERTY INTERACTIVE -SCHWAB 3936	AT COST	43,668	44,258
LOWES COMPANIES INC-SCHWAB 3936	AT COST	90,639	98,092
MAINGATE MLP FD-SCHWAB 3936	AT COST	220,000	150,007
MAN WAH HOLDINGS NEW-SCHWAB 3936	AT COST	18,894	43,306
MISUMI GROUUP INC ORD F-SCHWAB 3936	AT COST	62,522	67,121
MOHAWK INDUSTRIES INC-SCHWAB 3936	AT COST	55,067	70,074
PIGEON CORP-SCHWAB 3936	AT COST	14,975	49,183
POWERSHRES PREFERRED	AT COST	49,007	50,083
PRICELINE GROUP, THE-SCHWAB 3936	AT COST	72,076	80,322
PROSHARES SHORT MSCI EMERGING ETF-SCHWAB 3639	AT COST	45,397	41,686
PROSHARES SHORT RUSSELL-SCHWAB 3936	AT COST	81,624	85,091
PROSHARES SHORT QQQ ETF-SCHWAB 3936	AT COST	110,812	108,054
SHIRE PLC-SCHWAB 3936	AT COST	47,783	75,030
STARWOOD PPTY TRUST-SCHWAB 3936	AT COST	46,030	68,876
TERRAFORM POWER INC-SCHWAB 3936	AT COST	42,635	27,676
THERMO FISHER SCIENTIFIC-SCHWAB 3936	AT COST	40,628	106,388

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
TIME WARNER INC-SCHWAB 3936	AT COST	53,935	72,430
WELLS FARGO & CO-SCHWAB 3936	AT COST	47,844	73,930
WISDOMTREE EUROPE ETF-SCHWAB 3936	AT COST	153,047	139,413
WISDOMTREE JAPAN ETF-SCHWAB 3936	AT COST	118,577	140,224
WISDOMTREE JAPAN HEDGED FNCLS-SCHWAB 3936	AT COST	45,727	45,257
ZOJIRUSHI CORP-SCHWAB 3936	AT COST	49,216	41,611
ASCENT CAPITAL GROUP INC-SCHWAB 8967	AT COST	4,591	1,588
BANK OF AMERICA-SCHWAB 8967	AT COST	15,781	15,820
CALPINE CORP-SCHWAB 8967	AT COST	15,842	10,852
CIMPRESS NV-SCHWAB 8967	AT COST	14,714	16,228
COLFAX CORP-SCHWAB 8967	AT COST	11,515	5,978
EXPRESS SCRIPTS HLDG-SCHWAB 8967	AT COST	8,266	8,566
LEUCADIA NATIONAL CORP-SCHWAB 8967	AT COST	11,065	8,556
LIBERTY BROADCAST CO-SCHWAB 8967	AT COST	10,648	10,847
LIBERTY GLOBAL PLC-SCHWAB 8967	AT COST	9,652	9,030
LIBERTY INTERACTIVE CP:LVNTV-SCHWAB 8967	AT COST	14,966	18,405
LIBERTY INTERACTIVE CP:QVCA-SCHWAB 8967	AT COST	10,433	10,382
LIBERTY MEDICA CORP-SCHWAB 8967	AT COST	10,180	10,815
LIVE NATION ENTMT INC-SCHWAB 8967	AT COST	8,175	8,108
NOW INC-SCHWAB 8967	AT COST	6,932	4,762
POST HOLDINGS INC-SCHWAB 8967	AT COST	13,595	20,053
WILLIS GROUP HLDGS PUBLIC-SCHWAB 8967	AT COST	10,272	11,123

TY 2015 Other Assets Schedule**Name:** CLERMONT FOUNDATION**EIN:** 22-3177379

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SEABRIDGE ASIA REDUX, LLC	454,631	456,298	503,149
JASPER RIDGE PARTNERS	183,758	244,288	274,853

TY 2015 Other Expenses Schedule**Name:** CLERMONT FOUNDATION**EIN:** 22-3177379

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADR & OTHER INVESTMENT FEES	1,690	1,690		0
POSTAGE	28	14		14
BANK CHARGES	244	122		122

TY 2015 Other Income Schedule**Name:** CLERMONT FOUNDATION**EIN:** 22-3177379

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP NET INCOME	26,391	26,391	26,391

TY 2015 Taxes Schedule**Name:** CLERMONT FOUNDATION**EIN:** 22-3177379

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	3,319	3,319		0
NJ DIV OF CONSUMER AFFAIRS	55	28		27
2014 EXTENSION TAX PAYMENT	20,000	0		0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>CLERMONT FOUNDATION</div>	<div>Employer identification number</div> <div>22-3177379</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 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).

Name of organization CLERMONT FOUNDATION	Employer identification number 22-3177379
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Part I **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization CLERMONT FOUNDATION	Employer identification number 22-3177379
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Part II

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

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	See Additional Data Table	\$ _____	_____
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____

Name of organization CLERMONT FOUNDATION	Employer identification number 22-3177379
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	

Additional Data

Software ID:

Software Version:

EIN: 22-3177379

Name: CLERMONT FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARNETT L AND MARTHA H KEITH PO BOX 429 SUMMIT, NJ079020429	\$ 27,705	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
2	GARNETT L AND MARTHA H KEITH PO BOX 429 SUMMIT, NJ079020429	\$ 45,276	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
3	GARNETT L AND MARTHA H KEITH PO BOX 429 SUMMIT, NJ079020429	\$ 22,730	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
4	GARNETT L AND MARTHA H KEITH PO BOX 429 SUMMIT, NJ079020429	\$ 11,995	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
5	GARNETT L AND MARTHA H KEITH PO BOX 429 SUMMIT, NJ079020429	\$ 1,443	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
6	GARNETT L AND MARTHA H KEITH PO BOX 429 SUMMIT, NJ079020429	\$ 12,064	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GARNETT L AND MARTHA H KEITH	\$ 14,641	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 429		
	SUMMIT, NJ079020429		
8	GARNETT L AND MARTHA H KEITH	\$ 9,763	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 429		
	SUMMIT, NJ079020429		
9	GARNETT L AND MARTHA H KEITH	\$ 16,765	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 429		
	SUMMIT, NJ079020429		
10	GARNETT L AND MARTHA H KEITH	\$ 8,052	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 429		
	SUMMIT, NJ079020429		
11	GARNETT L AND MARTHA H KEITH	\$ 13,003	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 429		
	SUMMIT, NJ079020429		

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	170 0 SHARES OF ALLERGAN,PLC	<u>\$ 50,544</u>	<u>2015-11-17</u>
<u>2</u>	700 SHARES OF APPLE, INC	<u>\$ 79,583</u>	<u>2015-11-17</u>
<u>3</u>	1,260 SHARES OF BLACKSTONE GROUP, LP	<u>\$ 38,896</u>	<u>2015-11-17</u>
<u>4</u>	240 SHARES OF THE WALT DISNEY CO	<u>\$ 27,871</u>	<u>2015-11-17</u>
<u>5</u>	320 UNITS OF ENERGY TRANSFER EQUITY, LP	<u>\$ 6,304</u>	<u>2015-11-17</u>
<u>6</u>	3,200 UNITS OF ENERGY TRANSFER EQUITY, LP	<u>\$ 63,040</u>	<u>2015-11-17</u>
<u>7</u>	390 SHARES OF J P MORGAN CHASE & CO	<u>\$ 25,791</u>	<u>2015-11-17</u>
<u>8</u>	260 SHARES OF J P MORGAN CHASE & CO	<u>\$ 17,194</u>	<u>2015-11-17</u>
<u>9</u>	500 SHARES OF J P MORGAN CHASE & CO	<u>\$ 33,065</u>	<u>2015-11-17</u>
<u>10</u>	240 SHARES OF J P MORGAN CHASE & CO	<u>\$ 15,871</u>	<u>2015-11-17</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>11</u>	240 SHARES OF THERMO FISHER SCIENTIFIC	<u>\$ 32,506</u>	<u>2015-11-17</u>