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DLN: 93493135027517

# OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

	4.1	2015	<u>'</u>		26 20 201					
			lendar year, or tax year beg  C Name of organization	ginning 07-01-2015 , and ending (	J6-3U-2U1	0	D Emple	ver ider	ntification number	
	dress cl	pplicable hange	THE GRUBER FOUNDATION					-		
_	ame cha	-					45-1	540594	1	
_	itial retu	-	Doing business as							
Fi Fi			Number and street (or P.O. ho	ox if mail is not delivered to street address	) Room/sur	to	E Teleph	one num	ber	
_ `	'termina iended i		C/O YALE UNIV TAX DEPTPO E		) Koom sur	ce	(203)	432-5	530	
		pending	City or town, state or province	e, country, and ZIP or foreign postal code						
1			NEW HAVEN, CT 065208239				<b>G</b> Gross	receipts \$	5,839,281	
			<b>F</b> Name and address of p	rıncıpal officer		H(a)	Is this a group	return	for	
			BENJAMIN POLAK				subordinates?		T Yes ✓	
			PO BOX 208365 NEW HAVEN,CT 06520	8365			No			
<b>I</b> Ta	x-exem	pt status	▼ 501(c)(3)		_ 527		Are all subord included?	inates	□Yes □ No	
		<b>A</b> 117		) + (iiisele lie )   1317(a)(17 6)	327	:	If "No," attach	a list	(see instructions)	
J W	ebsite	: <b>₽</b> П	TP //GRUBER YALE EDU			H(c)	Group exemp	ion nur	nber ▶	
<b>K</b> Forr	n of org	janızatıon	✓ Corporation  Trust	Association		<b>L</b> Year	r of formation 20	)11 <b>M</b>	State of legal domicile D	
Pa	rt I		mary	ssion or most significant activities						
				IC RESEARCH, SUPPORT SCIENT		HOLARS	HIP, AND FU	RTHER	GLOBAL JUSTICE	
nı.	<u>A N</u>	ND WO	MEN'S RIGHTS							
<u>ိ</u>	_									
Ĕ										
Governance	<b>2</b> C	heck th	is box ▶ ┌ if the organizat	ion discontinued its operations or d	disposed o	of more t	han 25% of its	net as	sets	
5										
<b>₹0</b> ₩1			_	verning body (Part VI, line 1a) .				3	5	
Activities &			of independent voting memb		4	2				
Ş			mber of individuals employe		5	0				
٩			•	e if necessary)				6	9	
				om Part VIII, column (C), line 12 ne from Form 990-T, line 34				7a 7b	U	
	D INC	- umcie	acca basiness taxable inter		• •	<del></del>	Prior Year	1 75 1	Current Year	
	8	Contri	butions and grants (Part VI	III, line 1h)			Tilor real	0	Current rear	
<u>⊈</u>	9		- · · · · · · · · · · · · · · · · · · ·	III, line 2g)				0		
Ravenua	10	_	tment income (Part VIII, co	5,855,	856	5,839,28				
æ	11		revenue (Part VIII, column	<u> </u>	0					
	12			gh 11 (must equal Part VIII, colum		:	5,855,	856	5,839,28	
		12)						030		
	13		•	(Part IX, column (A), lines 1-3)			5,371,		5,365,000	
	14		ts paid to or for members (		0	(				
82	15	5-10	· · · · · · · · · · · · · · · · · · ·	nployee benefits (Part IX, column (A	A), lines			0	(	
Expenses	16a		•	ort IX, column (A), line 11e)		. 🗆		0	(	
χĎ	ь	Total fu	ındraısıng expenses (Part IX, colu	mn (D), line 25) ▶0						
ш	17			(A), lines 11a-11d, 11f-24e) .	<del></del> .		482,	492	469,25	
	18	Total	expenses Add lines 13-17	7 (must equal Part IX, column (A), I	line 25)		5,853,	492	5,834,25	
	19	Reven	ue less expenses Subtract	t line 18 from line 12			2,	364	5,027	
% &						Beainn	ning of Current	Year	End of Year	
an an			. (5			<u> </u>				
Net Assets or Fund Balances	20		assets (Part X, line 16) .				129,360,		126,998,533	
₹₹	21			tract line 21 from line 20		•		578	13,087	
	22 1 III		ature Block	tract line 21 from line 20			129,323,	303	126,985,446	
				ve examined this return, including a	ccompany	yıng sch	edules and sta	tement	s, and to the best of	
				d complete Declaration of preparei	r (other th	an office	r) is based on	all info	rmation of which	
ы ера 	er na: 	ъ ап <b>у</b> Кі 	nowledge							
		****					2017-05-11			
Sign		Signa	Signature of officer Date							
Here	9		ERT J HERR VP/TREASURER/SEC	RETARY						
		<u> </u>	or print name and title	Preparer's signature	I ro	ate	1	PTIN		
Da!	1		mily type preparets flame	riepaiei s signatule	"	are	Check   if self-employed	LITIN		
Paid Dro		<u>,</u>	irm's name 🕨	<u>.                                    </u>			Firm's EIN			
	pare	1 1	irm's address 🟲				Phone no			
use	Onl	у								

May the IRS discuss this return with the preparer shown above? (see instructions)

. Tes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	<b>11</b> d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Form 990 (2015)

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Nο

Νo

Nο

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . 36

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

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37

instructions for applicable filing thresholds, conditions, and exceptions)

Part V Statements Regarding Other IRS Filings and Tax Complian
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Pai	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		M			_
		Check if Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	20		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		ا e organization comply with backup withholding rules for reportable payments t	o vend	fors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	<b>1</b> c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	30	0			
<b>L</b>	•	s return	2a		2b		
U		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file.					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more durin	g the y	/ear?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	on in S	Schedule O	3b		
4a	Atany	, time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities ac	count,	or other financial	4a		N a
L		nt)?					No
b		s," enter the name of the foreign country ▶	l and	Financial Assounts			
	(FBAR		Kanu	Fillancial Accounts			
5a	Was tl	ne organization a party to a prohibited tax shelter transaction at any time durir	na the	tax year?	5a		No
		ry taxable party notify the organization that it was or is a party to a prohibited		ŀ	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			30		
-	II 1 C	o, to mile du di day and the digumzation me Form 0000 11			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
	-	zation solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th		ŀ			
U		not tax deductible?		· · · ·	<b>6</b> b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		Νo
h		es provided to the payor? s," did the organization notify the donor of the value of the goods or services p			7b		
		e organization sell, exchange, or otherwise dispose of tangible personal propei			76		
•		rm 8282?	• • .	· · · · · ·	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a g	erson	al benefit contract?			
					7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a perso		ŀ	<b>7</b> f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the o	rganız 	ation file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, did i	the organization file a			
		1098-C?			7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	sines	s holdings at any time			
		the year?		· · · · ·	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	? .		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on 501(c)(7) organizations. Enter		-			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	faciliti			-	·		
		on 501(c)(12) organizations. Enter Income from members or shareholders	11a				
		income from other sources (Do not net amounts due or paid to other sources	TIA				
b		st amounts due or received from them )	11b				
12a	Section	• on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	n lie	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the		<u></u>			
-	year		12b				
13	Section	n 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state?	lote. S	ee the instructions for			
		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states the organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax		7	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explana	•	•	14b		
-		i i i i i i i i i i i i i i i i i i i		-	-		

Section A. Governing Body and Management  12	orm	n 990 (2015)			Page <b>6</b>					
Check it Schedule O. contains a response or note to any line in this Part VI  Section A. Governing Body and Management  12. Enter the number of voting members of the governing body at the end of the tax year  13. If the containing the properties of the governing body or it the governing body delegated wood authority to an executive committee or interpretation in Schedule O.  14. If the containing body delegated wood authority to an executive committee or interpretation in Schedule O.  15. Enter the number of voting members included in line 1a, above, who are independent or independent	Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8	a, 8b, or 10	)b belo	w,					
Section C. Disciosure   Sect		· · · · · · · · · · · · · · · · · · ·								
1a Enter the number of voting members of the governing body at the end of the tax year year year with the programmation of the tax year in the programmation of the tax year in the governing body of a title governing body of the organization delegate control over management duties customanly performed by or under the direct supervision of officers, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  2	Se									
Year   If there are maternal differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				Yes	No					
body, or if the governing body delegated froad authority to an executive committiee or similar committee, explain in Schedule O  b Enter the number of voting members included in line 1a, above, who are independent or voting members included in line 1a, above, who are independent or voting members included in line 1a, above, who are independent or voting members included in line 1a, above, who are independent or voting members included in line 1a, above, who are independent or voting members, or line or provided in the companies of the companies	1a	1 1a	5							
Description of decreases and the state of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization have members, stockholders, or other persons who had the power to elect or appoint on the following business and substantiations are consistent with the organization have members or stockholders?  2		body, or if the governing body delegated broad authority to an executive committee								
subtree officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct 3 purports of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No No 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No No 7 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 A rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 A rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or of persons other than the governing body? 6 Did the organization or the meetings held or written actions undertaken during the year by the following 7 The governing body? 8 Did the organization or the persons of the organization or the persons of the did than the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "res," growted the names and addresses in Schedule O.  8 Did the organization have local chapters, branches, or affiliates? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization have written policiess and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Did the organization have a written policies, branches, or affiliates? 10 Did the organization have a written document of the following persons include a review and approval by	b		2							
supervision of officers, directors or trustees, or key employees to a management company or other person?  A Did the organization make any significant changes to its governing documents since the prior Form 990 was held?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 No  6 Did the organization have members of stockholders?  6 No  7 Did the organization have members, stockholders?  7 A re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 The governing body?  8 Did the organization decimporaneously document the meetings held or written actions undertaken during the year by the following  8 The governing body?  8 Did the organization that the policy of the stock organization should be activated of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations exempt purposes?  10 Did the organization have written policies and procedures governing the activates of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations?  10 Did the organization have a written document retention and ensure their operations are consistent with the organization sexempt purposes?  11 Did the organization have a written conflict of interest policy? If "No," go to here 13  12 Did the organization have a written document retention and destruction policy?  13 Did the organization have a written docume	2									
filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or or or persons other than the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or or persons other than the governing body?  Big Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  Big Did the organization that the governing body?  Big Did the organization that the governing body?  Big Did the organization members of the governing body?  Big Did the organization have local chapters, branches, or affiliates?  Did the organization have local chapters, branches, or affiliates?  Did the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  List Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Describe in Schedule O the process, if any used by the organization to review this Form 990  Describe in Schedule O the process or determining compensation of the following persons include a review and approval by independent persons, comparability data, and contempor	3				No					
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No   No   No   No   No   No   No   No	9				No					
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	L1a		- 1	Yes						
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
rise to conflicts?	L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
In Schedule O how this was done	b		, ,	Yes						
Did the organization have a written document retention and destruction policy?	С	ın Schedule O how this was done		Yes						
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	L3	Did the organization have a written whistleblower policy?	. 13	Yes						
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	L4	Did the organization have a written document retention and destruction policy?	. 14	Yes						
b Other officers or key employees of the organization	L5		sion?							
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  L6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?					No					
L6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	. 15b		No					
taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	L6a				No					
		participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?								
17 List the States with which a conviolation Form 990 is required to be filed.										

- List the states with which a copy of this rolling 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records

  NOBERT HERR C/O YALE UNIVERSITY 150 MUNSON NEW HAVEN, CT 06511 (203) 432-5527

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec , unle n offic rustee	ess er	from the organization	( <b>E</b> ) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		
(1) BENJAMIN POLAK PRESIDENT AND DIRECTOR	0 20 50 00	×		×				0	597,448	29,690	
(2) PATRICIA GRUBER DIRECTOR	0 20	×						0	0	(	
(3) Joan e o'neill Director	0 20	х						0	479,340	71,669	
(4) B WARING PARTRIDGE DIRECTOR	0 20	×						0	0	C	
(5) PETER SALOVEY DIRECTOR	0 20 52 00	×						0	1,103,747	262,654	
(6) ROBERT J HERR VP, TREASURER & SECRETARY	0 20			х				0	152,707	38,763	

Part VII	Section A	Officers,	Directors,	Trustees,	Key Employees,	and Highest	Compensated I	Employees (c	ontinued)

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more t	han on is	one l both	oox, an d	heck unless officer stee)	;	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
			individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
			<u> </u>								
			<u> </u>								
1b	Sub-Total						. 🖊				
c d	Total from continuation sheet Total (add lines 1b and 1c) .	•			٠.	٠.	· •		0	2,333,242	402,776
2	Total number of individuals (ir \$100,000 of reportable comp	ncluding but not	limited 1	to the	ose I	ıste	d abov	e) w	ho received more th	an	

3	and the digalization list any former officer, director of trustee, key employee, or nightest compensated employee			l
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year							
(A) Name and business address	(B) Description of services	(C) Compensation					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  0

Form **990** (2015)

Yes

No

Dowt \			.f Damanua					Page <b>S</b>
Part V	<b>/</b>	Statement o						_
		Check if Schedi	ule O contains a respo	onse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
sξ	1a	Federated cam	paigns 1a	·				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies <b>1</b> 1	o				
Ę,	c	Fundraising eve	ents <b>1</b> 0	c				
ifts. ar A	d	Related organiz	zations <b>1</b> 0	<u></u>				
.; ⊒; €	e	Government grants	s (contributions) 16					
ons Si	l f	All other contribution	ons, gifts, grants, and 1					
outi her	'	sımılar amounts no	ot included above	·				
	g	Noncash contributi 1a-1f \$	ons included in lines					
Contand	h	Total. Add lines	s 1a-1f					
				Business Code				
÷m.	2a							
<u>\$</u>	Ь							
Program Service Revenue	C							
<del>₹</del>	d							
E	e							
ıbo.	f	All other progra	am service revenue					
_ <u>&amp;</u>	g	Total. Add lines	s 2a-2f					
	3		ome (including divider ar amounts)		5,839,281			5,839,281
	4		stment of tax-exempt bond					
	5	Royalties		🔸				
		Constants	(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	ss)					
Other Revenue	8a	Gross income f events (not inc \$						
her Re	<u> </u>	See Part IV, lir	ā					
ō	C		penses <b>!</b> (loss) from fundraising	events >				
		Gross income f	rom gaming activities ne 19					
	ь	Less direct ex	penses L	,				
	c	Net income or (	(loss) from gamıng act	ivities				
	10a	Gross sales of	inventory, less	<b>•</b>				
		returns and allo						
	١.		a					
	b		oods sold  .    . <b>b</b> (loss) from sales of inv	/entory				
	<u> </u>	Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other reven						
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .		5,839,281	0	(	5,839,281

Form	990 (2015)				Page <b>10</b>
Par	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,890,000	3,890,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,175,000	1,175,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	300,000	300,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				

b	Legal		
c	Accounting		
d	Lobbying		

е	Professional fundraising services	See Part IV, line 17	

•	Threstmanagement less
g	Other (If line 11g amount exceeds 10% of line 25, column (A)
	amount list line 11 s expenses on Cahadula (1)

g	Other (If line 11g amount exceeds 10% of line 25, column (A)	
	amount, list line 11g expenses on Schedule O)	
12	Advertising and promotion	

12	Advertising and promotion		
13	Office expenses		
14	Information technology .		

15	Royalties
16	Occupancy
17	Travel

.8	Payments of travel or entertainment expenses for any federal,
	state, or local public officials
.9	Conferences, conventions, and meetings

20	Interest	•	•	•	•	•	•	•	•	•	•	•	
21	Payments	to	affı	liate	es								
22	Depreciat	ion	. de	plet	ion	. an	d ar	mort	tızat	tion			

All other expenses

15

25

26

	Depreciation	,	лор.	C C 1 O	11, 4	ii a	 	acio			•	•
23	Insurance											
24	O ther expe										•	

Total functional expenses. Add lines 1 through 24e

24	Other expenses Itemize expenses not covered above (List
	miscellaneous expenses in line 24e If line 24e amount exceeds
	10% of line 25, column (A) amount, list line 24e expenses on
	Schedule O )
_	MEDALS

MEDALS

Joint costs.Complete this line only if the organization					
reported in column (B) joint costs from a combined					
educational campaign and fundraising solicitation					
Check here $\blacktriangleright$ $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					

79,558

	10,405	10,405
2,211	10,946	13,157
70	164	234

217,636

109,854

297,194

112,863

9,527

5,834,254

	25,874	25,874

9,527	

84,848	5,749,406

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part $\boldsymbol{X}$			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	97,089	1	77,626
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Ass	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis		9	
	IUa	Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		<b>10</b> c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	99,694,125	12	96,785,815
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	29,569,667	15	30,135,092
	16	Total assets.Add lines 1 through 15 (must equal line 34)	129,360,881	16	126,998,533
	17	Accounts payable and accrued expenses	37,578	17	13,087
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability $$ Complete Part IV of Schedule D $$ . $$ .		21	
oilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap		persons Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
	26	Tablifica Addition 47 About 25	37,578	25	13,087
	26	Total liabilities. Add lines 17 through 25	37,370	26	13,007
ses	27	Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
ထိ	29	Permanently restricted net assets		29	
p <sub>u</sub>	23	Organizations that do not follow SFAS 117 (ASC 958), check here ►  and		23	
Net Assets or Fund Balance		organizations that do not follow SFAS 117 (ASC 958), check here $\triangleright$ $  \downarrow \rangle$ and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds	0	30	0
ets	31	Paid-in or capital surplus, or land, building or equipment fund			
155			0	31	0
j të	32	Retained earnings, endowment, accumulated income, or other funds	129,323,303	32	126,985,446
ž	33	Total net assets or fund balances	129,323,303	33	126,985,446
	34	Total liabilities and net assets/fund balances	129,360,881	34	126,998,533

Total revenue (must equal Part VIII, column (A), line 12) . .

Total expenses (must equal Part IX, column (A), line 25) . .

	· · · · · · · · · · · · · · · · · · ·	2	
3	Revenue less expenses Subtract line 2 from line 1	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	
Par	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
1	Accounting method used to prepare the Form 990	_	

Page **12** 

5,839,281

5,834,254

129,323,303

-2,342,884

126,985,446

5,027

1

			Yes	NO
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			

basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο Single Audit Act and OMB Circular A-133?

The organization is not a private foundation because it is  $\,$  (For lines 1 through 11 , check only one box )

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

45-1540594

SCHEDULE A (Form 990 or 990EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

2015
Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
THE GRUBER FOUNDATION

Part I

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

1

3

www.irs.gov/torm990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) Name of supported (ii)EIN (iii) (iv) (v) (vi) organization Is the organization (i) Type of A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes Nο (A) YALE UNIVERSITY 060646973 Yes 3,700,000 0 Total1 3,700,000 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants )						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
<b>L</b>	organization  10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
_	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
•	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		I
(or f	iscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶┌
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	<b>Private foundation.</b> If the organizati						

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V,

Se	I, complete Sections A and D, and complete Part V ) action A. All Supporting Organizations			
36	Ction A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		No
	509(a)(1) or (2)		1	NO
3a	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			l
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	40		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?	4c		
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was	5a		No.
h	accomplished (such as by amendment to the organizing document)  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		No
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		Νo
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		No

Part IV	Supporting	Organizations	(continued)

FUICIV		арро.	9	Oi gaii	izutio	113 (60)	minaca,
Saction	. D	Typo	TC	unnarti	na Or	a - ni - :	stions

Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or iemove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		No
Se	ection C. Type II Supporting Organizations			
36	schon C. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	165	NO
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	The result of the rest the significance of game and significant of game and si			
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

each of the supported organizations? Provide details in Part  $\it VI$ 

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)			
Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accomp	Amounts paid to supported organizations to accomplish exempt purposes					
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in				
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	uured)					
6 Other distributions (describe in Part VI) See instru						
·	ic tions					
7 Total annual distributions. Add lines 1 through 6						
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide				
9 Distributable amount for 2015 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1 Distributable amount for 2015 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2015						
a .						
b c						
d From 2013						
e From 2014						
f Total of lines 3a through e						
<b>g</b> Applied to underdistributions of prior years						
<b>h</b> Applied to 2015 distributable amount						
i Carryover from 2010 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2015 from Section D, line 7  \$						
a Applied to underdistributions of prior years			-			
<b>b</b> Applied to 2015 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c						
8 Breakdown of line 7						
a						
b						
c Excess from 2013						
d From 2014						
<b>e</b> From 2015						
		Schodulo A	/Form 990 or 990-F7) /2015			

Schedule A (Form 990 or 990-EZ) 2015

Page 8

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b;

and 6. Also complete this part for any additional information, (See instructions).

Return Reference SCHEDULE A, PART IV, LINE 6 IN ACCORDANCE WITH ITS ORGANIZATION DOCUMENTS AND AS DESCRIBED IN ITS EXEMPTION APPLICATION, THE GRUBER FOUNDATION SUPPORTS THE MISSION OF YALE

UNIVERSITY BY ADMINISTERING THE GRUBER PRIZE PROGRAM WHICH HONORS AND

Facts And Circumstances Test

ENCOURAGES EDUCATIONAL EXCELLENCE AND SCIENTIFIC ACHIEVEMENTS THROUGH

AWARDING INTERNATIONAL PRIZES TO RENOWNED SCIENTISTS, AND THE GRUBER YOUNG SCIENTISTS AWARDS TO OUTSTANDING YOUNG SCIENTISTS TO HONOR EXCEPTIONAL ACHIEVEMENTS AND ENCOURAGE FUTURE ADVANCES IN BASIC SCIENTIFIC RESEARCH ON

OCCASION, AT THE REQUEST OF AN AWARD RECIPIENT, THE GRUBER FOUNDATION MAY ALLOW THE AWARD RECIPIENT TO ELECT THAT ALL OR A PORTION OF HIS OR HER AWARD. SHALL TAKE THE FORM OF A GRANT TO A CHARITABLE ORGANIZATION OF THE RECIPIENT'S.

Schedule A (Form 990 or 990-EZ) 2015

CHOOSING

Explanation

SCHEDULE D (Form 990)

Department of the

Internal Revenue Service

Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

OMB No 1545-0047

**2015** 

DLN: 93493135027517

Open to Public Inspection

	E GRUBER FOUNDATION		Empi	oyer identification number
	Chapter Footby Mich		45-1	.540594
Pa		r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds o	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to	<u> </u>	nor advis	sed <b>Yes No</b>
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			r purpose <b>Yes No</b>
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes" (	on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	he organization (check all that apply)		
	Preservation of land for public use (e g , recr			
	education)	•		ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
с	Number of conservation easements on a certified	, ,	<b>2</b> c	
d	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	tax year ▶			
1	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>		
5	Does the organization have a written policy regard violations, and enforcement of the conservation of		dling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
	<b>-</b>			
7	A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing c	onserva	ation easements during the year
	<b>&gt;</b> \$			
3	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)^{2}$	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ex	t of the footnote to the organization's financia asements	l statem	nents that describes
ar		ctions of Art, Historical Treasures,	or Oth	ner Similar Assets.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

\* \* \_\_\_\_\_

Assets included in Form 990, Part X
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**▶** \$ \_

	edule D (Form 990) 2015					Page Z
Part	<b>t III</b> Organizations Maintainin (continued)	g Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
3	Using the organization's acquisition, ac collection items (check all that apply)	cession, and other re	ecords, check any	of the following that	are a significant us	se of its
а	Public exhibition		d $\Gamma$ Lo	oan or exchange pro	grams	
b	Scholarly research		<b>e</b>	ther		
c	Preservation for future generations	5				
4	Provide a description of the organization Part XIII	n's collections and e	xplain how they fur	ther the organization	n's exempt purpose	e in
5	During the year, did the organization so assets to be sold to raise funds rather t					s  No
Par	rt IV Escrow and Custodial Arr	angements.	<u> </u>			•
	Complete if the organization Part X, line 21.	answered "Yes" o	on Form 990, Pai	rt IV, line 9, or re	ported an amour	nt on Form 990, 
1a	Is the organization an agent, trustee, co included on Form 990, Part X?	ustodian or other inte	ermediary for contr	ributions or other as	sets not	s No
b	If "Yes," explain the arrangement in	Part XIII and comple	ete the following ta	ble	Am	nount
c	Beginning balance	•	J	1	с	
d	Additions during the year			10	d	
e	Distributions during the year			10	e	
f	Ending balance			1	f	_
<b>2</b> a	Did the organization include an amount	on Form 990, Part X	, line 21, for escro	w or custodial acco	unt liability? <b>Ye</b>	s No
b	If "Yes," explain the arrangement in Pa					
Pa	rt V Endowment Funds. Compl					
1a	Beginning of year balance	(a)Current year 99,694,125	<b>(b)</b> Pnor year 94,606,389	<b>b (c)</b> Two years back 83,204,932	(d)Three years back 81,175,923	(e)Four years back
b	Contributions	, ,	. ,	, ,	, ,	85,000,000
c	Net investment earnings, gains, and losses	2,930,971	10,943,592	16,664,522	8,434,533	2,401,447
d	Grants or scholarships	3,865,000	3,871,000	3,865,000	3,870,000	2,925,000
e	Other expenditures for facilities and programs	1,884,406	1,897,521	1,255,297	2,290,614	3,037,535
f	Administrative expenses	89,875	87,335	142,768	244,910	262,989
g	End of year balance	96,785,815	99,694,125	94,606,389	83,204,932	81,175,923
2	Provide the estimated percentage of the	e current year end ba	alance (line 1g, col	umn (a)) held as		
а	Board designated or quasi-endowment f	<b>&gt;</b>				
b	Permanent endowment ► 100 000 %					
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2	c should equal 100%				
За	Are there endowment funds not in the po	·		held and administer	ed for the	
-	organization by  (i) unrelated organizations	-				Yes No
	(ii) related organizations					a(ii) Yes
b	If "Yes" on 3a(II), are the related organ					<b>3b</b> Yes
4	Describe in Part XIII the intended uses		s endowment funds	5		
Par	rt VI Land, Buildings, and Equi Complete if the organization		Form 990 Part	· IV line 11a See	Form 990 Part )	( line 10
	Description of property	answered res to		ther basis (b)	Accumulate	d (d)Book value
1a	Land			, ,		
b	Buildings					
c	Leasehold improvements					
d	Equipment					

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

0

Part VII Investments—Other Securities. Com	plete if the orga	nızatıon answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category		(b)Book value	(c)Method of valuation
(including name of security)  (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3)Other (A) PRIVATE EQUITY INVESTMENT		8,522,315	F
(A) FRIVATE EQUITI INVESTMENT		0,322,313	1
(B) FMV OF THE UNITS IN THE YALE UNIVERSITY ENDO	DWMENT	88,263,500	F
Part VIII Investments—Program Related.	•	96,785,815	
Complete if the organization answered '	Yes' on Form 99	0, Part IV, line 11c. <sub>See</sub>	Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
	+		Cost or end-of-year market value
	+		
	-		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u>•</u>		
Part IX Other Assets. Complete if the organization (a) Descrip		Form 990, Part IV, line 1:	(b) Book value
(1) BENEFICIAL INTEREST IN CHARITABLE GIFT ANNU	ITY		30,135,092
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	)		30,135,092
Part X Other Liabilities. Complete if the organ		d 'Yes' on Form 990, Pa	
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value	<u> </u>	
1. (c) becompared of masking	(2) Book value	·	
Federal income taxes			
		$\dashv$	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			
2. Liability for uncertain tax positions In Part XIII, provide	the text of the foo	tnote to the organization's	financial statements that reports the

Schedule D (Form 990) 2015

1 2

а	Net unrealized gains (losses) o	on investments 2a		
b	Donated services and use of fa	icilities 2b		
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		. 2e	
3	Subtract line <b>2e</b> from line <b>1</b> .		3	
4	Amounts included on Form 99	O, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I, line 12)	. 5	
Part		penses per Audited Financial Statements With Expe	enses per	Return.
		ization answered 'Yes' on Form 990, Part IV, line 12a.		Т
1	Total expenses and losses per	audited financial statements	. 1	
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25		
а	Donated services and use of fa	cilities		
b	Prior year adjustments	2b		
c	Otherlosses	2c		
d	Other (Describe in Part XIII )			
e	Add lines $2a$ through $2d$		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	
4	Amounts included on Form 990	), Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines <b>3</b> ar	d <b>4c.</b> (This must equal Form 990, Part I, line 18)	. 5	
			•	
Par	Supplemental Info	ormation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this		ıde any addıtıonal
	Return Reference	Explanation		
ART	V, LINE 4	THE GRUBER FOUNDATION'S ENDOWMENT FUNDS WILL BE U		

FIELDS OF SCIENTIFIC ACHIEVEMENT, THE GRUBER PROGRAM FOR GLOBAL JUSTICE AND WOMEN'S RIGHTS AND THE GRUBER SCIENCE FELLOWSHIP PROGRAM AT YALE UNIVERSITY

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015		Page <b>5</b>				
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					
		_				

efile GRAPHIC print - DO N	OT PROCESS	As Filed Da	ta -	DLN: 9	DLN: 93493135027517			
SCHEDULE F (Form 990)	tatement of	Activities (	Outside the Uni	ates -	OMB No 1545-0047			
Denartment of the Treasury	·	Part IV, line : ► Attach t	n answered "Yes" to Form 14b, 15, or 16. Form 990.		2015			
Internal Revenue Service	nation about Schedi	ile F (Form 990) a	nd its instructions is at v	ww.irs.go	v/form990.	Open to Public Inspection		
Name of the organization THE GRUBER FOUNDATION				Employer identificat				
					45-1540594			
Part I General Information Complete if the org			<b>ne United States.</b> orm 990, Part IV, line	e 14b.				
1 For grantmakers. Does th	ne organization r	naıntaın record	s to substantiate the	amount	of its grants			
and other assistance, the	-	lity for the gran	nts or assistance, and	the sele	ction criteria			
used to award the grants	or assistance?					✓ Yes No		
For grantmakers. Describ assistance outside the Un		rganızatıon's p	rocedures for monitoi	າng the ເ	ise of its grant	s and other		
3 Activites per Region (The fo	llowing Part I, line	3 table can be d	uplicated if additional sp	ace is ne	eded)			
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program service investments, grants to recipients located in the region)	a prograr s, spe	ivity listed in (d) is in service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region		
(1) EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION			50,000		
(2) EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION			250,000		
(3) CENTRAL AMERICA AND T CARIBBEAN	HE 0	0	INVESTMENTS			3,056,794		
(4)								
( 5)								
<b>3a</b> Sub-total	C	0				3,356,794		
<b>b</b> Total from continuation shee to Part I	ts 0	0				0		
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice,	0	1		No 5008		3,356,794 ale F (Form 990) 2015		

1 (a) Name of (b) IRS code	Grants and Other Assistance to Organizations or Entities Outside the United States.  Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
organization section and EIN (if applicable)	c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		

Schedule F (Form 990) 2015

	applicable)				disbarsement	assistance	assistance	appraisal, other)
(1)		(INCLUDING ICELAND &	INTERNATIONAL ASTRONOMICAL UNION FELLOWSHIP 2015	50,000	WIRE			
( 2)								
(3)								
(4)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Schedule F (Form 990) 2015

Page 2

Schedule F (Form 990) 2015 Page **3** Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement of non-cash valuation non-cash assistance assistance (book, FMV, appraisal, other) (1) PRIZE FOR EUROPE 250,000 WIRE 1 OUTSTANDING (INCLUDING ACCOMPLISHMENTS ICELAND & GREENLAND) -IN THE FIELD OF GENETICS ALBANIA, ANDORRA, AUSTRIA, BELGIU (2) (3) (4)

(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
( 10)										
(11)										
( 12)										
( 13)										
( 14)										
( 15)										
( 16)										
( 17)										
( 18)										
	Schedule F (Form 990) 2015									

8621)

Yes

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

Yes 5713, do not file with Form 990) Νo

IJ No

Page 5

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

### 990 Schedule F, Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation
PART I, LINE 2	THE BOARD OF THE GRUBER FOUNDATION MEETS BIANNUALLY TO REVIEW THE STATUS OF PROGRAM ACTIVITIES THE GRANTS AND OTHER ASSISTANCE PROVIDED BY THE GRUBER FOUNDATION DURING THE YEAR IN CLUDED PRIZES AND AWARDS MADE IN RECOGNITION OF PAST ACCOMPLISHMENTS THE GRUBER INTERNATIONAL PRIZE RECIPIENTS WERE SELECTED BY INDEPENDENT ADVISORY BOARDS COMPRISED OF EXPERTS IN THEIR RESPECTIVE FIELDS THE GRANTS MADE BY THE GRUBER PROGRAM FOR GLOBAL JUSTICE AND WOMEN'S RIGHTS WERE SELECTED BY REPRESENTATIVES OF THE YALE LAW SCHOOL THE RECIPIENTS OF THE GRUBER SCIENCE FELLOWSHIPS WERE SELECTED BY REPRESENTATIVES OF THE YALE UNIVERSITY GRADUATE SCHOOL

990 Schedule F, Supplemental Information

Return Reference Explanation

PART I. LINE 3 EXPENDITURES LISTED IN COLUMN (F) ARE REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135027517 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number THE GRUBER FOUNDATION 45-1540594 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)Type of grant or as:	sistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
(1) PRIZES		6	1,175,000						
						_			
Part IV Supplemen	tal Informat	t <b>ion.</b> Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.			
Return Reference	Explanati	Explanation							
PART I, LINE 2	THE BOARD OF THE GRUBER FOUNDATION MEETS BIANNUALLY TO REVIEW THE STATUS OF PROGRAM ACTIVITIES THE GRANTS AND OTHER ASSISTANCE PROVIDED BY THE GRUBER FOUNDATION DURING THE YEAR INCLUDED PRIZES AND AWARDS MADE IN RECOGNITION OF PAST ACCOMPLISHMENTS THE GRUBER INTERNATIONAL PRIZE RECIPIENTS WERE SELECTED BY INDEPENDENT								

ADVISORY BOARDS COMPRISED OF EXPERTS IN THEIR RESPECTIVE FIELDS THE GRANTS MADE BY THE GRUBER PROGRAM FOR GLOBAL JUSTICE AND WOMEN'S RIGHTS WERE SELECTED BY REPRESENTATIVES OF THE YALE LAW SCHOOL THE RECIPIENTS OF THE GRUBER

SCIENCE FELLOWSHIPS WERE SELECTED BY REPRESENTATIVES OF THE YALE UNIVERSITY GRADUATE SCHOOL

SCHEDULE I, PARTS II & III CERTAIN GRUBER PRIZE RECIPIENTS DESIGNATED THAT ALL OR A PORTION OF THEIR AWARDS BE GIVEN TO A CHARITABLE ORGANIZATION PURSUANT TO IRC SECTION 74(B) Schedule I (Form 990) 2015

### **Additional Data**

Software ID: Software Version:

**EIN:** 45-1540594

Name: THE GRUBER FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 208239 NEW HAVEN,CT 065208239	06-0646973	501(C)(3)	3,700,000				THE GRUBER FOUNDATION PROVIDES GRANTS TO YALE UNIVERSITY IN SUPPORT OF THE GRUBER SCIENCE FELLOWSHIP PROGRAM AND THE GRUBER PROGRAM FOR GLOBAL JUSTICE AND WOMEN'S RIGHTS
SOCIETY FOR NEUROSCIENCE PO BOX 630394 BALTIMORE, MD 212630394	52-0895843	501(C)(3)	50,000				2015 SOCIETY FOR NEUROSCIENCE INTERNATIONAL RESEARCH AWARD - FELLOWSHIP
GENETICS SOCIETY OF AMERICA 9650 ROCKVILLE PIKE BETHESDA, MD 20814	93-6023830	501(C)(3)	50,000				THE ROSALIND FRANKLIN YOUNG INVESTIGATOR A WARDS TO TWO YOUNG WOMAN GENETICISTS - FELLOWSHIP

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SOCIETY FOR 52-0895843 501(C)(3) 15,000 CONTRIBUTION NEUROSCIENCE PO BOX 630394 BALTIMORE, MD 212630394

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

164 MOUNT VERNON

MIDDLETOWN, CT 06457

STREET

UNIVERSITY OF CHICAGO 5747 SOUTH ELLIS AVENUE JONES LABORATORY/GHJ 122 CHICAGO,IL 60632	36-21//139	501(C)(3)	50,000		PRIZE FOR OUTSTANDING ACCOMPLISHMENTS IN THE FIELD OF COSMOLOGY
WESLEYAN UNIVERSITY	06-0646959	501(C)(3)	25.000		IPRIZE FOR

OUTSTANDING

IN THE FIELD OF NEUROSCIENCE

ACCOMPLISHMENTS

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Schedule J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

DLN: 93493135027517 OMB No 1545-0047

2015

reas	rtment of the ury nal Revenue Service	▶ Information about Schedule J (F	FATTACN to Form 990. Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .	Open t Insp	o Pul ectio	
Na	me of the organiz		Employer identifi	ication nui	mber	
IHE	GRUBER FOUNDATI	ION	45-1540594			
Pa	rt I Questi	ons Regarding Compensation				
	<del>-</del>				Yes	No
<b>1</b> a			ovided any of the following to or for a person listed on Form I to provide any relevant information regarding these items			
	First-clas	s or charter travel	Housing allowance or residence for personal use			
	Travel for	companions	Payments for business use of personal residence			
	Tax idemi	nification and gross-up payments	Health or social club dues or initiation fees			
	Discretion	nary spending account	Personal services (e g , maid, chauffeur, chef)	ļ		
b 2	reimbursement Did the organiz	or provision of all of the expenses deation require substantiation prior to r	rganization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	1b		
3	organization's	CEO/Executive Director Check all th	nization used to establish the compensation of the hat apply Do not check any boxes for methods sation of the CEO/Executive Director, but explain in Part III			
	Compens	ation committee	Written employment contract			
	Independe	ent compensation consultant	Compensation survey or study			
	Form 990	of other organizations	Approval by the board or compensation committee	ļ		
4	During the year or a related org		Part VII, Section A, line 1a with respect to the filing organiza	tion		
а	Receive a seve	erance payment or change-of-control	payment?	4a		Νo
b	Participate in, o	or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b	Yes	
c	Participate in, o	or receive payment from, an equity-b	ased compensation arrangement?	4c		No
	If "Yes" to any	of lines 4a-c, list the persons and pr	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.			
5	For persons lis		, line 1a, did the organization pay or accrue any			
а	The organization	on?		5a		Νo
b	Any related org	ganızatıon?		5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III				
6	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization	on?		<b>6</b> a		Νo
b	Any related org	ganızatıon?		6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III				
7	For persons lis		, line 1a, did the organization provide any non-fixed describe in Part III	7		No
В			paid or accured pursuant to a contract that was n Regulations section 53 4958-4(a)(3)? If "Yes," describe	9		No

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

8

Νo

4 ROBERT J HERR VP, TREASURER & SECRETARY

948,084

152,707

(ii)

Schedule J (Form 990) 2015

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

155,663

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		Base (1) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 BENJAMIN POLAK PRESIDENT AND DIRECTOR		0	0	0	0	0	0	0
	(ii)	579,448	0	18,000	28,913	777	627,138	0
2 JOAN E O'NEILLDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	430,385	0	48,955	31,413	40,256	551,009	0
3 PETER SALOVEYDIRECTOR	7:5	0	0	0	0	0	0	0

208,913

17,095

53,741

21,668

1,366,401

191,470

Semedate 5 (1 01111 330) 2013	r age S											
Part III Supplemental Information												
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information												
Return Reference Explanation												
SCHEDULE J, PART I, LINES 1-3	BECAUSE THE OFFICERS AND DIRECTORS DO NOT RECEIVE ANY COMPENSATION FROM THE GRUBER FOUNDATION, LINES 1-3 WERE LEFT BLANK											
	A LISTED PERSON PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE CALENDAR YEAR 2015 AS DESCRIBED BELOW YALE UNIVERSITY, A SUPPORTED ORGANIZATION, AGREED TO SUPPLEMENT THE RETIREMENT INCOME FOR A											

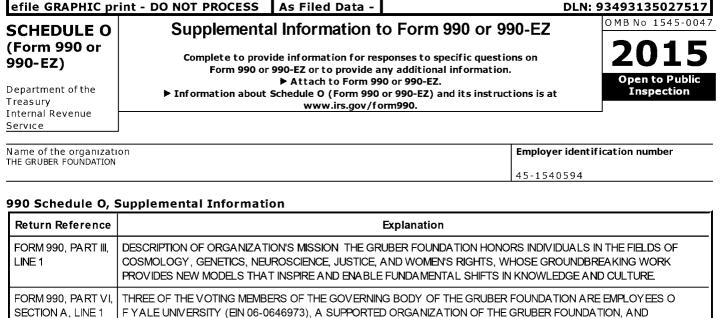
Page 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

SCHEDULE J, PART I, LINE 4B

A LISTED PERSON PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE CALENDAR YEAR 2015 AS DESCRIBED BELOW YALE UNIVERSITY, A SUPPORTED ORGANIZATION, AGREED TO SUPPLEMENT THE RETIREMENT INCOME FOR A DIRECTOR OF THE GRUBER FOUNDATION, IN HIS CAPACITY AS A YALE EMPLOYEE, BY MAKING AN ANNUAL CONTRIBUTION TO A NONQUALIFIED DEFERRED COMPENSATION PLAN, SUBJECT TO VESTING CONDITIONS BASED ON CONTINUING SERVICE TO THE UNIVERSITY AND ADJUSTED FOR EARNINGS BASED ON POSITIVE PERFORMANCE OF THE ENDOWMENT THE CURRENT YEAR ACCRUAL OF COMPENSATION ASSOCIATED WITH THIS PLAN IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C)



RECEIVE COMPENSATION FOR THEIR SERVICES AS EMPLOYEES OF YALE UNIVERSITY THESE INDIVIDUAL

S ARE NOT PAID FOR THEIR SERVICES AS VOTING MEMBERS OF THE GRUBER FOUNDATION

DLN: 93493135027517

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	WITH THE EXCEPTION OF PATRICIA GRUBER AND B WARING PARTRIDGE, ALL OFFICERS/DIRECTORS OF THE GRUBER FOUNDATION ARE EITHER OFFICERS, TRUSTEES, OR EMPLOYEES OF YALE UNIVERSITY, A RELATED ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO THE BY-LAWS, DURING THE PERIOD COMMENCING WITH THE INCORPORATION OF THE CORPOR ATION, AND ENDING WHEN THERE ARE NO LONGER ANY GRUBER MEMBERS, THERE SHALL BE FIVE DIRECTO RS TO THE BOARD OF DIRECTORS YALE UNIVERSITY APPOINTS THREE OF THOSE DIRECTORS, AND THE R EMAINING TWO DIRECTORS ARE SPECIFICALLY-NAMED GRUBER MEMBERS AT ALL TIMES DURING THE PERI OD WHEN THERE ARE GRUBER MEMBERS SERVING ON THE BOARD, YALE UNIVERSITY APPOINTS A MAJORITY OF THE BOARD (THREE DIRECTORS), AND THE GRUBER MEMBERS SERVE AS A MINORITY OF THE BOARD (TWO DIRECTORS) ONCE EITHER OF THESE NAMED GRUBER MEMBERS CEASES TO SERVE ON THE BOARD, THE REMAINING GRUBER MEMBER MEMBER MAY APPOINT A PAST RECIPIENT OF THE GRUBER PRIZE TO FILL THE VAC ANT GRUBER MEMBER DIRECTOR'S POSITION NO GRUBER MEMBERS SERVE ON THE BOARD ONCE THE REMAINING GRUBER MEMBER CEASES TO SERVE, AND FROM THAT POINT ON, YALE UNIVERSITY APPOINTS THE ENTIRE BOARD THE GRUBER MEMBERS ARE NOT GIVEN ANY OTHER VOTING RIGHTS UNDER THE BY-LAWS, EXCEPT TO APPOINT A PAST RECIPIENT OF THE GRUBER PRIZE TO FILL THE FIRST GRUBER DIRECTOR POSITION THAT IS VACATED BY A GRUBER MEMBER MOREOVER, THE BY-LAWS CAN ONLY BE AMENDED BY A MAJORITY VOTE OF THE BOARD WITH YALE'S PRIOR CONSENT AND APPROVAL THE VOTE OF TWO YALE-AP POINTED DIRECTORS IS REQUIRED TO CONSTITUTE ANY ACTION TAKEN BY THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY YALE UNIVERSITY, A SUPPORTED ORGANIZATION OF THE GRUBER FOUNDATION, AND REVIEWED BY AN OFFICER OF THE GRUBER FOUNDATION PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	THE GRUBER FOUNDATION CONFLICT OF INTEREST POLICY OBLIGATES ANY MEMBER OF THE BOARD OF DIR ECTORS OR ANY OFFICER TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST EACH DIRECT OR AND OFFICER, UPON TAKING OFFICE, MUST SIGN A STATEMENT AFFIRMING THAT HE OR SHE HAS REC EVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE GRUBER FOUNDATION IS A CHARITAB LE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRI MARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES IN CONNECTIO N WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE DIRECTORS CONSID ERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, SUCH INTEREST ED PERSON MAY BE REQUIRED, AT THE REQUEST OF ANY NON-INTEREST BOARD MEMBER, TO LEAVE THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS MADE, AND IS RECUSED FROM PARTICIPATING IN ANY VOTE ON THE MATTER

Return Reference Explanation FORM 990, PART VI. THE OFFICERS AND DIRECTORS ARE NOT COMPENSATED BY THE GRUBER FOUNDATION. ALL COMPENSATION. SECTION B. LINE 15

REPORTED ON PART VII PERTAINS TO OFFICERS AND DIRECTORS COMPENSATED BY YALE UNIVERSITY (A

990 Schedule O, Supplemental Information

	SUPPORTED ORGANIZATION)
FORM 990, PART VI,	THE ORGANIZATION'S GOVERNING DOCUMENTS, INCLUDING ANY AMENDMENTS, AND FINANCIAL STATEMENTS
SECTION C, LINE 19	, TO THE EXTENT PROVIDED AS PART OF ITS EXEMPTION APPLICATION OR ANNUAL FORM 990, ARE AVAI
	LABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S ANNUAL REPORT IS AVAILABLE ON ITS WEB
	SITE THE CONFLICT OF INTEREST POLICY IS NOT CURRENTLY MADE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990, PART	THE INDIVIDUALS LISTED IN PART VII, WITH COMPENSATION REPORTED IN COLUMN (E), RECEIVED COMPENSATION
VII, SECTION A,	FROM YALE UNIVERSITY, A SUPPORTED ORGANIZATION, FOR THEIR SERVICES TO YALE UNIVERSITY THE
COLUMN (A) AND	ESTIMATED AVERAGE HOURS PER WEEK DEVOTED TO YALE UNIVERSITY BY EACH OF THESE EMPLOYEES IS 50,
(B)	THOUGH IN MANY CASES THE ACTUAL AVERAGE HOURS PER WEEK FOR LISTED PERSONS EXCEEDED THIS
	ESTIMATE. THESE INDIVIDUALS ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS OR DIRECTORS OF THE
	GRUBER FOUNDATION

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE R

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493135027517
OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Schedule R (Form 990) 2015

**Employer identification number** 

Department of the Treasury Internal Revenue Service

THE GRUBER FOUNDATION

Name of the organization

(Form 990)

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Cat No 50135Y

45-1540594 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No See Additional Data Table

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	(k) Percentage ownership
				3117			Yes	No		Yes	No	
(1) SEE PART VII		СТ						No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN of related organization	(b)	(c)	(d)	(e)	(f)	(g)	<b>(h)</b> Percentage	(ı) Section	
Name, address, and EIN of	Primary activity	Legal	Direct controlling			Share of end-of-	Percentage	Section	512
related organization		domicile	entity	(C corp, S corp,	ıncome	year	ownership	(b)(1 contro	.3)
		(state or foreign				assets		contro	lled
		country)		or trust)				entit	y?
								Yes	No
(1)SEE PART VII		СТ							No
(-/									
-									
•									

Part V Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				<b>1</b> f		No
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	l
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No
r Other transfer of cash or property to related organization(s)				1r	Yes	
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including co	overed relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am	nount II	nvolved	

## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, actives, and FIN of entity   Capt   Capt	revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-	(e) Are all partners		total	end-of-year		of Schedule		General or managing partner?		(k) Percentage ownership
	9			314)	Yes	No			Yes	No		Yes	No	
													1 I	
														_
														_
														_

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation SCHEDULE R, PARTS III & IV AS IDENTIFIED IN PART II, THE GRUBER FOUNDATION IS RELATED TO YALE UNIVERSITY (EIN 06-0646973) WHICH HAS NUMEROUS

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

RELATED ORGANIZATIONS SEE SCHEDULE R, PARTS III AND IV, OF YALE UNIVERSITY'S FORM 990 FOR A LIST OF THE ORGANIZATIONS, WHICH BY VIRTUE OF YALE'S CONTROL OF THE GRUBER FOUNDATION ARE RELATED ORGANIZATIONS OF THE GRUBER FOUNDATION ANY RELATED ORGANIZATIONS WITH WHICH THE GRUBER FOUNDATION HAS ENTERED INTO A TRANSACTION REPORTABLE ON SCHEDULE R.

PART V, IS REPORTED ON THE GRUBER FOUNDATION'S FORM 990, SCHEDULE R

06-0332975

Software ID: Software Version:

**EIN:** 45-1540594

Name: THE GRUBER FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (b) (d) (e) (f) (g) (a) (c) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (b)(13) (state status section entity or foreign (if section 501(c) controlled country) entity? (3)) Yes No YALE UNIVERSITY INVESTMENT DC 11, TYPE I 501(C)(3) Νo 3C CORPORATION C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 41-2046529 INVESTMENT YALE UNIVERSITY СТ 501(C)(2) N/A Νo HEALTH BENEFITS HOLDINGS INC C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-1559155 INVESTMENT СТ 501(C)(2) N/A YALE UNIVERSITY Νo HR PROPERTIES INC C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-1341463 YALE UNIVERSITY SUPPORTS HIGHER 11, TYPE III-FI 501(C)(3) CTΝo JONATHAN EDWARDS TRUST **EDUCATION** C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-6084676 TITLE HOLDING СТ 501(C)(2) N/A YALE UNIVERSITY Νo PROSPECT STREET HOLDINGS INC COMPANY C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-1424260 INVESTMENT 501(C)(2) YALE UNIVERSITY СТ N/A Νo STAFF RETIREMENT HOLDINGS INC C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-1559156 YALE UNIVERSITY INVESTMENT  $\mathsf{C}\mathsf{T}$ 501(C)(3) 11, TYPE III-FI Νo STOECKEL E B RESIDUE TRUST C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-0653108 EDUCATION, RESEARCH, N/A CT501(C)(3) 2 Νo YALE UNIVERSITY COMMUNITY SERVICE C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-0646973 INACTIVE СТ 501(C)(2) N/A YALE UNIVERSITY Νo CHAPEL COMPANY C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-1532073 SUPPORTS HIGHER СТ 501(C)(3) 11, TYPE III-YALE UNIVERSITY Νo CHARLES A COFFIN MEMORIAL FUND EDUCATION OTHER C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-6034841 PROVIDES RESEARCH DΕ 501(C)(3) 11, TYPE I YALE UNIVERSITY Νo THE CHIEF EXECUTIVE LEADERSHIP INSTITUTE OF YALE AND PEER-DRIVEN EDU SCHOOL OF MGMT INC PROGRAMS TO C/O YALE UNIVERSITY PO BOX 208239 BUSINESSES NEW HAVEN, CT 065208239 58-2617787 YALE UNIVERSITY PROMOTES AND UK N/A 501(C)(3) Νo PAUL MELLON CENTRE FOR STUDIES IN BRITISH ART SUPPORTS STUDY OF C/O YALE UNIVERSITY PO BOX 208239 BRITISH ART AND NEW HAVEN, CT 065208239 ARCHITECTURE 22-3783661 INVESTMENT DC 501(C)(3) 11, TYPE I YALE UNIVERSITY Νo 5C CORPORATION C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 20-0763050 **PUBLISHES SERIOUS** UK 501(C)(3) N/A YALE UNIVERSITY Νo YALE UNIVERSITY PRESS LONDON WORKS C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 501(A) TRUST THAT 11, TYPE II YALE UNIVERSITY СТ 501(C)(3) Νo YALE UNIVERSITY RETIREE HEALTH BENEFITS COVERAGE SUPPORTS YALE TRUST UNIVERSITY C/O YALE UNIVERSITY PO BOX 208239 CI 003208239 06-6414276 PROMOTES THE STUDY 11, TYPE II YALE UNIVERSITY 501(C)(3) Νo THE BOARD OF TRUSTEES OF THE SHEFFIELD SCIENTIFIC OF THE PHYSICAL. SCHOOL NATURALAND C/O YALE UNIVERSITY PO BOX 208239 MATHEMATICAL NEW HAVEN, CT 065208239 SCIENCES 06-6032565 ENCOURAGES AND СТ 501(C)(3) 11, TYPE I YALE UNIVERSITY Νo ALUMNI FUND ASSOCIATION OF YALE UNIVERSITY SOLICITS C/O YALE UNIVERSITY PO BOX 208239 CONTRIBUTIONS TO OR NEW HAVEN, CT 065208239 FOR YALE UNIVERSITY 06-6078326 RESEARCH AND 501(C)(3) YALE UNIVERSITY  $\mathsf{CT}$ Νo YALE SOUTHERN OBSERVATORY INC EDUCATION C/O YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239 06-6068906 11, TYPE III - FI YALE UNIVERSITY PROMOTES СТ 501(C)(3) Νo YALE UNIVERSITY ELIZABETHAN CLUB CORP APPRECIATION OF C/O YALE UNIVERSITY PO BOX 208239 LITERATURE AMONG MEMBERSHIP AND NEW HAVEN, CT 065208239

COMMUNITY