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# EXTENDED TO MAY 15, 2017 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

| Depa                                  | rtment of the Tre       | asury                                                                                                 | Do not enter:         |                |                                        |              |                  | ade public.<br>6. <i>gov/form990p</i>            |                         | 201                                                   | J              |
|---------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------|-----------------------|----------------|----------------------------------------|--------------|------------------|--------------------------------------------------|-------------------------|-------------------------------------------------------|----------------|
|                                       |                         | 2015 or tax year beginning                                                                            |                       |                | 15                                     | and e        |                  | SEP 30.                                          | 2016                    | Open to Publicins                                     | pection        |
|                                       | me of foundati          |                                                                                                       |                       | 1, 20          | 13                                     | , and e      | nong             | A Employer ide                                   |                         |                                                       | `              |
|                                       |                         |                                                                                                       |                       |                |                                        |              |                  |                                                  |                         |                                                       | \              |
| T                                     | HE INV                  | ISIBLE HAND                                                                                           | TACINDO               | ION            |                                        |              |                  | 46-15                                            | 50110                   | 0                                                     | <u>\</u>       |
| Nun                                   | nber and street (       | or PO box number if mail is not o                                                                     | delivered to street   | address)       |                                        |              | Room/suite       | B Telephone nu                                   |                         |                                                       | <del>, -</del> |
|                                       | 10 FOU                  |                                                                                                       |                       |                |                                        |              | 201              | 302-8                                            | <u> 30 - 48</u>         | 340                                                   |                |
| _                                     | y or town, stat         | e or province, country, and 2<br>TON, DE 1980                                                         |                       | ostal code     |                                        |              |                  | C If exemption app                               | olication is p          | pending, check here                                   | <b>&gt;</b> L_ |
| GC                                    | Check all that a        | pply: Initial retu                                                                                    |                       | _              | al return of a fo                      | ormer public | charity          | D 1. Foreign or                                  | -                       | .,                                                    | ▶□             |
|                                       |                         | X Address o                                                                                           |                       | X Nam          |                                        |              |                  | 2. Foreign orga<br>check here a                  | nizations mand attach c | neeting the 85% test,<br>computation                  |                |
| H C                                   | Check type of o         | organization: X Section (17(a)(1) nonexempt charitab                                                  | on 501(c)(3) ex       | empt private   |                                        | ation        |                  |                                                  |                         | atus was terminated<br>1)(A), check here              | <b>-</b>       |
| L Fa                                  |                         | e of all assets at end of year                                                                        |                       |                | X Cash                                 | Acc          | rual             | ł                                                |                         |                                                       |                |
|                                       |                         | ol (c), line 16)                                                                                      | I —                   | ther (specify) |                                        |              | · uui            |                                                  |                         | i 60-month terminat<br>1)(B), check here              | uon            |
|                                       | <b>\$</b>               | 18,310,558                                                                                            | (Part I, colu         | mn (d) must    | be on cash                             | basis)       |                  |                                                  |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,               | _              |
| Pa                                    | (The total              | is of Revenue and Expense<br>at of amounts in columns (b), (c), a<br>rily equal the amounts in column | \$<br>and (d) may not | (a) Reve       | enue and<br>s per books                | (b) Net ii   | nvestment<br>ome | (c) Adjuste                                      |                         | (d) Disbursem<br>for charitable pur<br>(cash basis or | rposes         |
| -                                     | 1 Contribi              | itions, gifts, grants, etc., rec                                                                      | eived                 | 5,00           | 0,729.                                 |              |                  | N/A                                              |                         |                                                       |                |
|                                       | 2 Check                 |                                                                                                       |                       |                |                                        |              |                  |                                                  |                         |                                                       |                |
|                                       | 3 Interest of cash inve | n savings and temporary estments                                                                      |                       |                | 3.                                     |              | 3.               |                                                  |                         | STATEMEN                                              | T 1            |
|                                       | 4 Dividen               | ds and interest from securiti                                                                         | es                    | 37             | 0,233.                                 | 37           | 0,233.           |                                                  |                         | STATEMEN                                              | T 2            |
|                                       | 5a Gross re             | ents                                                                                                  |                       | <u> </u>       |                                        |              |                  |                                                  |                         | <u> </u>                                              |                |
|                                       | b Net renta             | I income or (loss)                                                                                    | <del></del>           | <del> </del>   |                                        |              |                  | <del> </del>                                     |                         |                                                       |                |
| ē                                     | 6a Net gain             | or (loss) from sale of assets not or<br>es price for all                                              | n line 10             | ļ              |                                        |              |                  | <del> </del>                                     |                         | <del></del>                                           |                |
| Revenue                               | b assets or             | line 6a                                                                                               |                       | <u></u>        |                                        |              | 0.               | <del> </del>                                     |                         |                                                       |                |
| Re                                    | 7 Capital g             | ain net income (from Part IV, line a                                                                  | 2)                    | <u> </u>       |                                        |              | <u> </u>         |                                                  |                         | +                                                     |                |
|                                       | <b>.</b>                | rt-term capital gain<br>modifications                                                                 |                       | <u> </u>       | <del></del>                            |              |                  | <del> </del>                                     |                         | +                                                     |                |
|                                       |                         | es less returns                                                                                       |                       |                |                                        |              | <del></del>      | <del>                                     </del> |                         | <del> </del>                                          |                |
|                                       | }                       | st of goods sold                                                                                      |                       |                |                                        |              |                  |                                                  | <del></del>             | 1                                                     |                |
|                                       | 1                       | rofit or (loss)                                                                                       |                       |                | -                                      |              |                  |                                                  |                         |                                                       |                |
|                                       | 11 Other in             | come                                                                                                  |                       |                |                                        |              |                  |                                                  |                         |                                                       |                |
|                                       | 12 Total.               | odd lines 1 through 11                                                                                |                       | 5,37           | 0,965.                                 | 37           | <u>0,236.</u>    |                                                  |                         | <del></del>                                           |                |
|                                       | 13 Compen               | sation of officers, directors, truste                                                                 | es, etc               |                | 0.                                     |              | 0,               | ·                                                |                         | <del> </del>                                          |                |
|                                       | i i                     | nployee salaries and wages                                                                            |                       | <u></u>        | <del></del>                            |              |                  | <del>                                     </del> |                         |                                                       |                |
| တ္                                    | 15 Pension              | plans, employee benefits                                                                              |                       | <b></b>        |                                        |              |                  | <del>                                     </del> | ECE                     | IVED _                                                |                |
| use                                   | 16a Legal fe            |                                                                                                       | тмт 3                 | <del> </del>   | 2,000.                                 |              | 2,000.           |                                                  |                         | FS                                                    |                |
| ă                                     | c Other n               | rofessional fees                                                                                      | IMI J                 | <b> </b>       | 2,000.                                 |              | 2,000            | W 22                                             | 4Y 2 2                  | 2 7017 6                                              |                |
| è                                     | 17 Interest             |                                                                                                       |                       |                |                                        |              |                  |                                                  |                         | Ĭ                                                     |                |
| aţį                                   | 18 Taxes                |                                                                                                       | TMT 4                 |                | 988.                                   |              | 0.               |                                                  | GDE                     | N IIT                                                 | (              |
| ist                                   | 19 Depreci              | ation and depletion                                                                                   |                       |                |                                        |              |                  |                                                  |                         |                                                       |                |
| Ē                                     | 20 Occupa               | ncy                                                                                                   |                       |                | ······································ |              |                  |                                                  |                         |                                                       |                |
| Ϋ́                                    | 21 Travel,              | conferences, and meetings                                                                             |                       |                |                                        |              |                  |                                                  |                         |                                                       |                |
| ä                                     | 22 Printing             | and publications                                                                                      |                       |                |                                        |              |                  | <del> </del> -                                   |                         | <del> </del>                                          |                |
| ğ                                     | 23 Other e              | penses                                                                                                |                       | <u> </u>       |                                        |              |                  |                                                  |                         | +                                                     |                |
| Operating and Administrative Expenses | 24 Total o              | perating and administrative                                                                           |                       |                | 2 000                                  | j            | 2 000            |                                                  |                         |                                                       | ,              |
| ö                                     | expens                  | es. Add lines 13 through 23                                                                           |                       |                | <u>2,988.</u><br>1,578.                |              | 2,000.           | <del></del>                                      |                         | 571,                                                  | 579            |
|                                       | 25 Contrib              | utions, gifts, grants paid                                                                            |                       | 5/             | 1,3/8.                                 | <b> </b>     | <del></del>      | <del> </del>                                     |                         | 3/1/                                                  | <u> </u>       |
|                                       | 1                       | <b>conses and disbursements</b><br>as 24 and 25                                                       | •                     | 57             | 4,566.                                 |              | 2,000.           |                                                  |                         | 571,                                                  | 578            |
| _                                     |                         | t line 26 from line 12;                                                                               |                       | <del> /</del>  | ±,500•                                 |              | 2,000            | <u>'</u>                                         |                         | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                | <u> </u>       |
|                                       | ſ                       | frevenue over expenses and dist                                                                       | oursements            | 4.79           | 6,399.                                 | ĺ            |                  |                                                  |                         | 1                                                     |                |
|                                       |                         | estment income (if negative, e                                                                        |                       |                |                                        | 36           | 8,236.           |                                                  |                         |                                                       |                |
|                                       | 1                       | d net income (if negative, ente                                                                       |                       |                |                                        |              |                  | N/A                                              |                         |                                                       |                |

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

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| For                         | m 99        | 0-PF (2015) THE INVISIBLE HAND FOUN                                                                            |                    |                                       | 1550110 Page 2            |
|-----------------------------|-------------|----------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------|---------------------------|
| P                           | art         | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year  | End of                                | <del></del>               |
| _                           |             | column should be for end-of-year amounts only                                                                  | (a) Book Value     | (b) Book Value                        | (c) Fair Market Value     |
|                             | 1           | Cash - non-interest-bearing                                                                                    |                    |                                       |                           |
|                             | 2           | Savings and temporary cash investments                                                                         | 14,417.            | 11,431.                               | 11,431.                   |
|                             | 3           | Accounts receivable                                                                                            |                    |                                       |                           |
|                             |             | Less: allowance for doubtful accounts                                                                          |                    | ì                                     |                           |
|                             | 4           | Pledges receivable ►                                                                                           |                    |                                       |                           |
|                             |             | Less: allowance for doubtful accounts ▶                                                                        |                    |                                       |                           |
|                             | 5           | Grants receivable                                                                                              | <del></del>        | <del></del>                           | <del></del>               |
|                             | 1           | Receivables due from officers, directors, trustees, and other                                                  |                    |                                       |                           |
|                             | "           |                                                                                                                |                    | }                                     |                           |
|                             | _           | disqualified persons                                                                                           |                    |                                       |                           |
|                             | ′ ′         | Other notes and loans receivable                                                                               |                    |                                       |                           |
|                             |             | Less; allowance for doubtful accounts                                                                          |                    |                                       |                           |
| şţ                          | 8           | Inventories for sale or use                                                                                    |                    |                                       |                           |
| Assets                      |             | Prepaid expenses and deferred charges                                                                          |                    |                                       |                           |
| ⋖                           | 10a         | Investments - U.S. and state government obligations                                                            |                    |                                       |                           |
|                             | Ь           | Investments - corporate stock STMT 6                                                                           | 10,574,175.        | 15,565,188.                           | 18,299,127.               |
|                             | C           | Investments - corporate bonds                                                                                  |                    |                                       |                           |
|                             | 11          | Investments - land, buildings, and equipment, basis                                                            |                    |                                       |                           |
|                             |             | Less accumulated depreciation                                                                                  |                    |                                       |                           |
|                             | 12          | Investments - mortgage loans                                                                                   |                    |                                       |                           |
|                             | 13          | Investments - other                                                                                            |                    |                                       |                           |
|                             |             | Land, buildings, and equipment; basis                                                                          |                    |                                       |                           |
|                             | (**         | Less accumulated depreciation                                                                                  |                    |                                       |                           |
|                             |             | · ————————————————————————————————————                                                                         |                    |                                       |                           |
|                             | J           | Other assets (describe                                                                                         |                    | <del></del>                           | <del></del>               |
|                             | 16          | Total assets (to be completed by all filers - see the                                                          | 10 500 500         | 45 556 640                            | 10 210 550                |
| _                           | <del></del> | instructions. Also, see page 1, item ()                                                                        | 10,588,592.        | 15,576,619.                           | 18,310,558.               |
|                             | ı           | Accounts payable and accrued expenses                                                                          |                    |                                       |                           |
|                             | 18          | Grants payable                                                                                                 |                    |                                       |                           |
| S                           | 19          | Deferred revenue                                                                                               |                    |                                       |                           |
| Liabilities                 | 20          | Loans from officers, directors, trustees, and other disqualified persons                                       |                    |                                       |                           |
| ap                          | 21          | Mortgages and other notes payable                                                                              |                    |                                       |                           |
|                             | 22          | Other habilities (describe >                                                                                   |                    |                                       |                           |
|                             | l           |                                                                                                                |                    |                                       |                           |
|                             | 23          | Total liabilities (add lines 17 through 22)                                                                    | 0.                 | 0.                                    |                           |
|                             |             | Foundations that follow SFAS 117, check here                                                                   |                    |                                       |                           |
|                             |             | and complete lines 24 through 26 and lines 30 and 31.                                                          | }                  |                                       |                           |
| es                          | 24          | Unrestricted                                                                                                   |                    |                                       |                           |
| ĕ                           | ı           | <b>1</b>                                                                                                       | <del></del>        |                                       |                           |
| ā                           | 25          | Temporarily restricted                                                                                         |                    |                                       |                           |
| 9                           | 26          | Permanently restricted                                                                                         |                    |                                       |                           |
| Š                           |             | Foundations that do not follow SFAS 117, check here                                                            |                    |                                       |                           |
| ī.                          |             | and complete lines 27 through 31.                                                                              |                    |                                       |                           |
| Net Assets or Fund Balances | 27          | Capital stock, trust principal, or current funds                                                               | 0.                 | 0.                                    |                           |
| Se                          | 28          | Paid-in or capital surplus, or land, bldg., and equipment fund                                                 | 0.                 | 0.                                    |                           |
| As                          | 29          | Retained earnings, accumulated income, endowment, or other funds                                               | 10,588,592.        | 15,576,619.                           |                           |
| é                           | 30          | Total net assets or fund balances                                                                              | 10,588,592.        | 15,576,619.                           |                           |
| _                           | 1           |                                                                                                                |                    | · · · · · · · · · · · · · · · · · · · |                           |
|                             | 31          | Total liabilities and net assets/fund balances                                                                 | 10,588,592.        | 15,576,619.                           |                           |
| _                           |             |                                                                                                                |                    |                                       | <del></del>               |
| P                           | <u>art</u>  | III Analysis of Changes in Net Assets or Fund B                                                                | arances            |                                       |                           |
| -                           | Tota        | I not accests or fund, halanous at haginging of year. Part II, anhuma (a), line                                | 20                 | <del></del>                           |                           |
|                             |             | I net assets or fund balances at beginning of year - Part II, column (a), line                                 | JU                 |                                       | 10 500 500                |
|                             |             | st agree with end-of-year figure reported on prior year's return)                                              |                    | 1                                     | 10,588,592.               |
|                             |             | r amount from Part I, line 27a                                                                                 | <b></b>            | 2                                     | 4,796,399.                |
|                             |             | r increases not included in line 2 (itemize)                                                                   | SEE STA            | ATEMENT 5 3                           | 191,628.                  |
|                             |             | lines 1, 2, and 3                                                                                              |                    | 4                                     | 15,576,619.               |
|                             |             | eases not included in line 2 (itemize)                                                                         |                    | 5                                     | <u>0.</u>                 |
| 6_                          | Tota        | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co                                 | olumn (b), line 30 | 6                                     | 15,576,619.               |
|                             |             |                                                                                                                |                    |                                       | Form <b>990-PF</b> (2015) |

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571,578.

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

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

|            | 990-PF (2015) THE INVISIBLE HAND FOUNDATION                                                                                                                                                                             | 46-    | <u> 15501</u> | 10          |            | age 4      |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------|-------------|------------|------------|
| _          | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4                                                                                                                                    | 948 -  | see in:       | stru        | ctior      | <u>15)</u> |
| 1a         | Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.                                                                                                                    | 1 1    |               |             |            |            |
|            | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)                                                                                                                           | 1      |               |             |            |            |
| b          | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%                                                                                                                  | 1      |               | :           | 3,6        | <u>82.</u> |
|            | of Part I, line 27b                                                                                                                                                                                                     | }      |               |             |            |            |
| C          | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).                                                                                                |        |               |             |            |            |
| 2          | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                               | 2      |               |             |            | 0.         |
| 3          | Add lines 1 and 2                                                                                                                                                                                                       | 3      |               |             | 3,6        |            |
| 4          | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                             | 4      |               |             |            | 0.         |
| 5          | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                  | 5      |               |             | 3,6        | <u>82.</u> |
|            | Credits/Payments:                                                                                                                                                                                                       |        |               |             |            |            |
|            | 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,400.                                                                                                                                             | 1 1    |               |             |            |            |
|            | Exempt foreign organizations - tax withheld at source                                                                                                                                                                   | 1      |               |             |            |            |
|            | Tax paid with application for extension of time to file (Form 8868)  6c 1,282.                                                                                                                                          | ↓      |               |             |            |            |
|            | Backup withholding erroneously withheld                                                                                                                                                                                 | 1 1    |               |             |            |            |
|            | Total credits and payments. Add lines 6a through 6d                                                                                                                                                                     | 7      |               |             | <u>3,6</u> | <u>82.</u> |
|            | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached                                                                                                                                | 8      |               |             |            |            |
|            | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                            | 9      |               |             |            | 0.         |
|            | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                | 10     |               |             |            |            |
|            | Enter the amount of line 10 to be: Credited to 2016 estimated tax                                                                                                                                                       | 11     |               |             |            |            |
| _          | rt VII-A Statements Regarding Activities                                                                                                                                                                                |        |               |             | Vaal       | No.        |
| 1a         | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interveni                                                                               | ; IU   | <br>          | $\neg \neg$ | Yes        |            |
|            | any political campaign?                                                                                                                                                                                                 | ٠.     | - I-          | 1a          |            | X          |
| b          | Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition                                                                                              |        | -             | <u>1b</u>   |            | <u>X</u>   |
|            | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish                                                                                                 | ea or  | ļ             |             |            |            |
|            | distributed by the foundation in connection with the activities                                                                                                                                                         |        |               | .           |            | 37         |
|            | Did the foundation file Form 1120-POL for this year?                                                                                                                                                                    |        | -             | 1c          |            | <u>X</u> _ |
| đ          | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:                                                                                                                      |        | ļ             | 1           |            |            |
|            | (1) On the foundation. $\triangleright$ \$ 0. (2) On foundation managers. $\triangleright$ \$ 0.                                                                                                                        | _      | ŀ             |             |            |            |
| е          | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation                                                                                             |        |               |             |            |            |
|            | managers. S O.                                                                                                                                                                                                          |        | 1             |             |            | Х          |
| 2          | Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities.                                                             |        | }             | 2           |            |            |
| 9          |                                                                                                                                                                                                                         | or     |               |             |            |            |
| J          | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | UI     |               | 3           | X          |            |
| 40         | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                             |        |               | 4a          | - 22       | <u>X</u>   |
|            | If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                        | N      | /A            | 4b          |            |            |
|            | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                                                                                                          | -14    | <b>'</b>      | 5           |            | X          |
| ٠          | If "Yes," attach the statement required by General Instruction T.                                                                                                                                                       |        | H             | <u> </u>    |            |            |
| 6          | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:                                                                                                                       |        | 1             |             |            |            |
| Ť          | By language in the governing instrument, or                                                                                                                                                                             |        | ŀ             |             |            |            |
|            | <ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>                                                                  | e law  | ļ             |             |            |            |
|            | remain in the governing instrument?                                                                                                                                                                                     | 0 1011 |               | 6           |            | Х          |
| 7          | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X                                                                                         | V      | <u></u>       | 7           | X          |            |
| -          | (-),                                                                                                                                                                                                                    |        |               |             |            |            |
| 8a         | Enter the states to which the foundation reports or with which it is registered (see instructions)                                                                                                                      |        |               |             |            |            |
|            | CT, DE                                                                                                                                                                                                                  |        |               |             |            |            |
| b          | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)                                                                                             |        |               | Ì           |            |            |
| -          | of each state as required by General Instruction G? If "No," attach explanation                                                                                                                                         |        | - 1           | 8b          | Х          |            |
| 9          | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cal                                                                                      | endar  |               |             |            |            |
|            | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV                                                                                                            |        |               | 9           |            | _X_        |
| <u>1</u> 0 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                      |        |               | 10          |            | X          |
|            |                                                                                                                                                                                                                         |        | Form          | 990         | -PF        | (2015)     |

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X

3b

4a

Yes X No

N/A

during the year?

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

| orm 990-PF (2015) THE INVISIBLE HAND FOUNI                                            |                                               | · · · · · · · · · · · · · · · · · · · | <u>46-15501</u>                                                | 10 Page 6                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------|---------------------------------------------|
| Part VII-B Statements Regarding Activities for Which                                  | Form 4720 May Be F                            | Required (continu                     | ued)                                                           |                                             |
| 5a During the year did the foundation pay or incur any amount to:                     |                                               |                                       | [                                                              | [ [                                         |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section       | on 4945(e))?                                  | Ye                                    | s X No                                                         |                                             |
| (2) Influence the outcome of any specific public election (see section 4955);         | or to carry on, directly or indire            |                                       |                                                                |                                             |
| any voter registration drive?                                                         |                                               |                                       | s X No                                                         | 1 1                                         |
| (3) Provide a grant to an individual for travel, study, or other similar purpose      | s?                                            | Ye                                    | s X No                                                         |                                             |
| (4) Provide a grant to an organization other than a charitable, etc., organization    | on described in section                       |                                       |                                                                |                                             |
| 4945(d)(4)(A)? (see instructions)                                                     |                                               | Ye                                    | s X No                                                         |                                             |
| (5) Provide for any purpose other than religious, charitable, scientific, literary    | , or educational purposes, or                 | for                                   |                                                                |                                             |
| the prevention of cruelty to children or animals?                                     |                                               | ☐ Ye                                  | s X No                                                         | } }                                         |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur | nder the exceptions described                 | in Regulations                        |                                                                |                                             |
| section 53.4945 or in a current notice regarding disaster assistance (see instr       | uctions)?                                     |                                       | N/A                                                            | 5b                                          |
| Organizations relying on a current notice regarding disaster assistance check         |                                               |                                       |                                                                |                                             |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption       |                                               | ined                                  |                                                                | 1 1                                         |
| expenditure responsibility for the grant?                                             |                                               | 1/A 🔲 Ye                              | s No                                                           |                                             |
| If "Yes," attach the statement required by Regulations section 53.494                 |                                               | .,,                                   |                                                                |                                             |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | • •                                           |                                       |                                                                | l l                                         |
| a personal benefit contract?                                                          | , pay promiumo on                             | □ v <sub>4</sub>                      | s X No                                                         | ] ]                                         |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a     | narconal hanafit contract?                    |                                       |                                                                | 6b X                                        |
| If "Yes" to 6b, file Form 8870                                                        | personal benefit contract:                    |                                       | F                                                              | 22                                          |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax    | chalter transaction?                          |                                       | es X No                                                        | 1 1                                         |
|                                                                                       |                                               |                                       |                                                                | 7b                                          |
| Part VIII Information About Officers, Directors, Trus                                 |                                               | nagers Highly                         |                                                                | 70                                          |
| Paid Employees, and Contractors                                                       | tees, roundation wie                          | inagers, ruging                       | ,                                                              |                                             |
| 1 List all officers, directors, trustees, foundation managers and their               | r compensation.                               |                                       |                                                                |                                             |
|                                                                                       | <del></del>                                   | (c) Compensation                      | (d) Contributions to<br>employee benefit plans                 | (e) Expense                                 |
| (a) Name and address                                                                  | (b) Title, and average hours per week devoted | (If not paid,                         | and deterred                                                   | (e) Expense<br>account, other<br>allowances |
| JOHN FRANCIS BARRY III                                                                | TRUSTEE                                       | enter -0-)                            | compensation                                                   | allowalices                                 |
| C/O CORPCO 910 FOULK RD ST 201                                                        | TKOSIEE                                       |                                       |                                                                |                                             |
|                                                                                       | 5.00                                          | 0.                                    | 0.                                                             | 0.                                          |
|                                                                                       | TRUSTEE                                       | · ·                                   | <u></u>                                                        | 0.                                          |
| DARIA BECKER BARRY                                                                    | TKUSTEE                                       |                                       |                                                                |                                             |
| C/O CORPCO 910 FOULK RD ST 201                                                        |                                               |                                       |                                                                | ا م                                         |
| WILMINGTON, DE 19803                                                                  | 5.00                                          | 0.                                    | 0.                                                             | 0.                                          |
|                                                                                       | 4                                             | 1                                     |                                                                |                                             |
|                                                                                       | -                                             |                                       |                                                                |                                             |
|                                                                                       | <del></del>                                   | <del> </del>                          |                                                                |                                             |
|                                                                                       | 4                                             | j                                     |                                                                |                                             |
|                                                                                       | _                                             |                                       |                                                                |                                             |
|                                                                                       |                                               |                                       | L                                                              |                                             |
| 2 Compensation of five highest-paid employees (other than those in                    |                                               | , enter "NONE."                       | (d) Contributions to                                           | (a) Evange                                  |
| (a) Name and address of each employee paid more than \$50,000                         | (b) Title, and average<br>hours per week      | (c) Compensation                      | (d) Contributions to<br>employee benefit plans<br>and deferred | (e) Expense account, other                  |
|                                                                                       | devoted to position                           | ļ` <i>`</i>                           | compensation                                                   | allowances                                  |
| NONE                                                                                  | 4                                             |                                       |                                                                |                                             |
|                                                                                       | <del></del>                                   | <u> </u>                              | <u> </u>                                                       |                                             |
|                                                                                       | _                                             |                                       |                                                                | l                                           |
| <del>,</del>                                                                          |                                               | <del> </del>                          | ļ                                                              | <b></b>                                     |
|                                                                                       | _                                             |                                       | J                                                              | ]                                           |
|                                                                                       | <u> </u>                                      | <u> </u>                              |                                                                | <u> </u>                                    |
|                                                                                       |                                               | 1                                     | 1                                                              | _                                           |
|                                                                                       |                                               |                                       |                                                                |                                             |
|                                                                                       | 1                                             |                                       |                                                                |                                             |
|                                                                                       |                                               |                                       |                                                                |                                             |
| Total number of other employees paid over \$50,000                                    |                                               | •                                     | <b>•</b>                                                       | 0                                           |
|                                                                                       |                                               |                                       | Form                                                           | 990-PF (2015)                               |
|                                                                                       |                                               |                                       |                                                                |                                             |

| P  | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations                                                                           | ndations                                         | , see instructions )   |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:                                                                |                                                  |                        |
| а  | Average monthly fair market value of securities                                                                                                                            | 1a                                               | 16,624,641.            |
| b  | Average of monthly cash balances                                                                                                                                           | 1b                                               | 16,624,641.<br>12,924. |
| C  | Fair market value of all other assets                                                                                                                                      | 1c                                               |                        |
| d  | Total (add lines 1a, b, and c)                                                                                                                                             | 1d                                               | 16,637,565.            |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and                                                                                                   |                                                  |                        |
|    | 1c (attach detailed explanation) 1e 0.                                                                                                                                     | }                                                |                        |
| 2  | Acquisition indebtedness applicable to line 1 assets                                                                                                                       | 2                                                | 0.                     |
| 3  | Subtract line 2 from line 1d                                                                                                                                               | 3                                                | 16,637,565.            |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)                                                                  | 4                                                | 249,563.               |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                                                                       | 5                                                | 16,388,002.            |
| 6  | Minimum investment return. Enter 5% of line 5                                                                                                                              | 6                                                | 819,400.               |
| P  | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.) | d certain                                        |                        |
| 1  | Minimum investment return from Part X, line 6                                                                                                                              | 1                                                | 819,400.               |
| 2a | Tax on investment income for 2015 from Part VI, line 5                                                                                                                     | <del>                                     </del> | 015/12001              |
| b  | Income tax for 2015. (This does not include the tax from Part VI.)                                                                                                         | 1 1                                              |                        |
|    | Add lines 2a and 2b                                                                                                                                                        | 2c                                               | 3,682.                 |
| 3  | Distributable amount before adjustments, Subtract line 2c from line 1                                                                                                      | 3                                                | 815,718.               |
| 4  | Recoveries of amounts treated as qualifying distributions                                                                                                                  | 4                                                | 0.                     |
| 5  | Add lines 3 and 4                                                                                                                                                          | 5                                                | 815,718.               |
| 6  | Deduction from distributable amount (see instructions)                                                                                                                     | 6                                                | 0.                     |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1                                                                         | 7                                                | 815,718.               |
| P  | Qualifying Distributions (see instructions)                                                                                                                                |                                                  |                        |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                                 |                                                  | 554 550                |
| а  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                                                                                                 | 1a                                               | 571,578.               |
| b  | Program-related investments - total from Part IX-B                                                                                                                         | 1b                                               | 0.                     |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                                                  | 2                                                |                        |
| 3  | Amounts set aside for specific charitable projects that satisfy the:                                                                                                       | ]                                                |                        |
| а  | Suitability test (prior IRS approval required)                                                                                                                             | 3a                                               |                        |
| b  | Cash distribution test (attach the required schedule)                                                                                                                      | 3b                                               |                        |
| 4  | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                                                 | 4                                                | 571,578.               |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment                                                                               |                                                  |                        |
|    | income. Enter 1% of Part I, line 27b                                                                                                                                       | 5                                                | 3,682.                 |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                                             | 6                                                | 567,896.               |
|    | Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation                                                 | nualifiae f                                      | or the cection         |

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| Corpus Years prior to 2014 2014                                                                                                                                                | ( <b>d)</b><br>2015 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1 Distributable amount for 2015 from Part XI,                                                                                                                                  | 015 710             |
| line 7 .                                                                                                                                                                       | 815,718.            |
| 2 Undistributed income, if any, as of the end of 2015                                                                                                                          |                     |
| a Enter amount for 2014 only 569, 970.                                                                                                                                         |                     |
| b Total for prior years:                                                                                                                                                       |                     |
| 0.                                                                                                                                                                             |                     |
| 3 Excess distributions carryover, if any, to 2015:                                                                                                                             |                     |
| a From 2010                                                                                                                                                                    |                     |
| <b>b</b> From 2011                                                                                                                                                             |                     |
| c From 2012                                                                                                                                                                    |                     |
| d From 2013                                                                                                                                                                    |                     |
| e From 2014                                                                                                                                                                    |                     |
| f Total of lines 3a through e                                                                                                                                                  | <del></del>         |
| 4 Qualifying distributions for 2015 from                                                                                                                                       |                     |
| Part XII, line 4: ►\$ 571,578.                                                                                                                                                 |                     |
| a Applied to 2014, but not more than line 2a 569,970.                                                                                                                          |                     |
| <b>b</b> Applied to undistributed income of prior                                                                                                                              |                     |
| years (Election required - see instructions)                                                                                                                                   |                     |
| c Treated as distributions out of corpus                                                                                                                                       |                     |
| (Election required - see instructions)                                                                                                                                         |                     |
| d Applied to 2015 distributable amount                                                                                                                                         | 1,608.              |
| e Remaining amount distributed out of corpus                                                                                                                                   |                     |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount                                                                          | 0.                  |
| must be shown in column (a))  6 Enter the net total of each column as                                                                                                          |                     |
| indicated below:                                                                                                                                                               |                     |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                              |                     |
| b Prior years' undistributed income. Subtract                                                                                                                                  |                     |
| line 4b from line 2b                                                                                                                                                           |                     |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed  0. |                     |
|                                                                                                                                                                                |                     |
| d Subtract line 6c from line 6b. Taxable                                                                                                                                       |                     |
| amount - see instructions 0.                                                                                                                                                   |                     |
| e Undistributed income for 2014. Subtract line                                                                                                                                 |                     |
| 4a from line 2a. Taxable amount - see instr.                                                                                                                                   | <del></del>         |
| f Undistributed income for 2015. Subtract                                                                                                                                      |                     |
| lines 4d and 5 from line 1. This amount must                                                                                                                                   | 014 110             |
| be distributed in 2016                                                                                                                                                         | 814,110.            |
| 7 Amounts treated as distributions out of                                                                                                                                      |                     |
| corpus to satisfy requirements imposed by                                                                                                                                      |                     |
| section 170(b)(1)(F) or 4942(g)(3) (Election                                                                                                                                   |                     |
| may be required - see instructions) 0.                                                                                                                                         |                     |
| 8 Excess distributions carryover from 2010                                                                                                                                     |                     |
| not applied on line 5 or line 7                                                                                                                                                |                     |
| 9 Excess distributions carryover to 2016.                                                                                                                                      |                     |
| Subtract lines 7 and 8 from line 6a                                                                                                                                            |                     |
| 10 Analysis of line 9:                                                                                                                                                         |                     |
| a Excess from 2011                                                                                                                                                             |                     |
| b Excess from 2012                                                                                                                                                             |                     |
| c Excess from 2013                                                                                                                                                             |                     |
| d Excess from 2014                                                                                                                                                             |                     |
| e Excess from 2015                                                                                                                                                             | F 000 PE (0045)     |

|                                                                                     | ISIBLE HAND                 |                              |                           |                             | 50110 Page 10             |
|-------------------------------------------------------------------------------------|-----------------------------|------------------------------|---------------------------|-----------------------------|---------------------------|
| Part XIV Private Operating For                                                      | <del></del>                 |                              | -A, question 9)           | N/A                         |                           |
| 1 a If the foundation has received a ruling of                                      |                             |                              |                           |                             |                           |
| foundation, and the ruling is effective for                                         |                             | =                            | ▶ └                       |                             |                           |
| b Check box to indicate whether the found                                           |                             | g foundation described in    |                           | 4942(j)(3) or 49            | 942(j)(5)                 |
| 2 a Enter the lesser of the adjusted net                                            | Tax year                    |                              | Prior 3 years             |                             |                           |
| income from Part I or the minimum                                                   | (a) 2015                    | (b) 2014                     | (c) 2013                  | (d) 2012                    | (e) Total                 |
| investment return from Part X for                                                   | ļ                           |                              | }                         |                             |                           |
| each year listed                                                                    |                             |                              |                           |                             |                           |
| b 85% of line 2a                                                                    |                             |                              |                           |                             |                           |
| c Qualifying distributions from Part XII,                                           |                             |                              |                           |                             |                           |
| line 4 for each year listed                                                         | )                           |                              |                           |                             |                           |
| d Amounts included in line 2c not                                                   |                             |                              |                           |                             |                           |
| used directly for active conduct of                                                 | ĺ                           |                              |                           |                             |                           |
| exempt activities                                                                   |                             |                              | }                         |                             |                           |
| • • • • • • • • • • • • • • • • • • • •                                             |                             |                              | <del> </del>              | <del> </del>                |                           |
| e Qualifying distributions made directly                                            | 1                           |                              |                           |                             |                           |
| for active conduct of exempt activities.                                            | 1                           |                              | 1                         |                             |                           |
| Subtract line 2d from line 2c<br>3 Complete 3a, b, or c for the                     | <del></del>                 | <del> </del>                 | <del> </del>              |                             | <del> </del>              |
| alternative test relied upon:                                                       |                             |                              |                           |                             |                           |
| a "Assets" alternative test - enter:                                                | (                           |                              |                           |                             | 1                         |
| (1) Value of all assets                                                             |                             |                              |                           | <del> </del>                |                           |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                       |                             |                              |                           |                             |                           |
| b "Endowment" alternative test - enter                                              |                             |                              |                           |                             |                           |
| 2/3 of minimum investment return<br>shown in Part X, line 6 for each year<br>listed |                             |                              |                           |                             |                           |
| c "Support" alternative test - enter:                                               |                             | <del></del>                  |                           |                             | <del> </del>              |
| (1) Total support other than gross                                                  |                             |                              |                           |                             |                           |
| investment income (interest,                                                        |                             | 1                            | ]                         |                             |                           |
| dividends, rents, payments on                                                       |                             |                              |                           |                             |                           |
| securities loans (section                                                           |                             |                              | 1                         |                             |                           |
| 512(a)(5)), or royalties)                                                           |                             |                              |                           |                             | <u> </u>                  |
| (2) Support from general public<br>and 5 or more exempt                             |                             |                              |                           |                             |                           |
| organizations as provided in                                                        |                             |                              |                           |                             |                           |
| section 4942(j)(3)(B)(iii)                                                          |                             |                              |                           | -l                          |                           |
| (3) Largest amount of support from                                                  | ]                           |                              |                           |                             |                           |
| an exempt organization                                                              | <u> </u>                    |                              |                           |                             |                           |
| (4) Gross investment income                                                         | <u> </u>                    |                              | <u> </u>                  | <u> </u>                    | <u> </u>                  |
| Part XV Supplementary Info                                                          |                             |                              | if the foundation         | n had \$5,000 or m          | ore in assets             |
| at any time during t                                                                | the year-see instr          | uctions.)                    |                           |                             |                           |
| 1 Information Regarding Foundation                                                  | on Managers:                |                              |                           | ,                           |                           |
| a List any managers of the foundation wh                                            |                             | than 2% of the total cont    | ributions received by th  | e foundation before the clo | se of any tax             |
| year (but only if they have contributed n                                           |                             |                              | •                         |                             | ·                         |
| NONE                                                                                |                             |                              |                           |                             |                           |
| b List any managers of the foundation wh                                            |                             |                              | (or an equally large port | ion of the ownership of a p | partnership or            |
| other entity) of which the foundation ha                                            | Sa 1070 OF GEORGE HILETES   | ou.                          |                           |                             |                           |
| NONE                                                                                |                             |                              |                           |                             |                           |
| 2 Information Regarding Contribut                                                   |                             |                              |                           |                             |                           |
| Check here 🕨 🗶 if the foundation of                                                 |                             |                              |                           |                             |                           |
| the foundation makes gifts, grants, etc.                                            | (see instructions) to indiv | riduals or organizations u   | inder other conditions, o | complete items 2a, b, c, an | <u>d d</u>                |
| a The name, address, and telephone num                                              | ber or e-mail address of t  | he person to whom appli      | ications should be addre  | essed:                      |                           |
|                                                                                     |                             |                              |                           |                             |                           |
|                                                                                     |                             |                              |                           | ·                           |                           |
| b The form in which applications should b                                           | oe submitted and informa    | tion and materials they sl   | hould include:            |                             | ····                      |
| c Any submission deadlines:                                                         |                             |                              |                           |                             |                           |
| d Any restrictions or limitations on award                                          | s, such as by geographica   | al areas, charitable fields, | kinds of institutions, or | other factors:              |                           |
|                                                                                     |                             |                              |                           |                             |                           |
| 523601 11-24-15                                                                     | <del></del>                 | <del></del>                  | <del></del>               |                             | Form <b>990-PF</b> (2015) |

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to **Amount** any foundation manager Name and address (home or business) or substantial contributor a Paid during the year BROWN UNIVERSITY NONE PUBLIC CHARITY EDUCATIONAL MAIN CAMPUS PROVIDENCE RI 02912 571,578, ➤ 3a Total 571 578. b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

|                                                                                            | Unrelated h          | usiness income                        | Evoluted b                    | y section 512, 513, or 514 |                                       |
|--------------------------------------------------------------------------------------------|----------------------|---------------------------------------|-------------------------------|----------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated.                                            | (a)<br>Business      | (b) Amount                            | (C)<br>Exclu-<br>sion<br>code | (d)<br>Amount              | (e) Related or exempt function income |
| 1 Program service revenue:<br>a                                                            | code                 |                                       | ade                           |                            |                                       |
| a<br>b                                                                                     |                      |                                       |                               |                            |                                       |
| С                                                                                          |                      | · · · · · · · · · · · · · · · · · · · |                               |                            |                                       |
| d                                                                                          |                      |                                       |                               |                            |                                       |
| e                                                                                          | 1 1                  |                                       |                               |                            |                                       |
| 1                                                                                          |                      |                                       |                               |                            |                                       |
| g Fees and contracts from government agencies                                              |                      |                                       |                               |                            |                                       |
| 2 Membership dues and assessments                                                          |                      |                                       |                               |                            |                                       |
| 3 Interest on savings and temporary cash                                                   | ] ]                  |                                       |                               |                            |                                       |
| investments                                                                                | \ <u>-</u> -         |                                       | 01                            | 3.                         |                                       |
| 4 Dividends and interest from securities                                                   |                      |                                       | 14                            | 370,233.                   | <del></del>                           |
| 5 Net rental income or (loss) from real estate:                                            |                      | ·                                     |                               |                            | <del></del>                           |
| a Debt-financed property                                                                   |                      |                                       |                               |                            |                                       |
| b Not debt-financed property                                                               |                      |                                       |                               |                            |                                       |
| 6 Net rental income or (loss) from personal                                                |                      |                                       |                               |                            |                                       |
| property .                                                                                 |                      |                                       |                               |                            |                                       |
| 7 Other investment income                                                                  |                      | <del></del>                           |                               | <del></del>                | <del></del>                           |
| 8 Gain or (loss) from sales of assets other than inventory                                 | 1                    |                                       |                               |                            |                                       |
| 9 Net income or (loss) from special events                                                 |                      |                                       |                               |                            |                                       |
| 10 Gross profit or (loss) from sales of inventory                                          |                      |                                       |                               |                            |                                       |
| 11 Other revenue:                                                                          |                      | <del></del>                           |                               |                            |                                       |
| a                                                                                          |                      |                                       |                               |                            |                                       |
| b                                                                                          | 1                    |                                       |                               |                            |                                       |
| c                                                                                          | 1 1                  |                                       |                               |                            |                                       |
| d                                                                                          |                      |                                       |                               |                            |                                       |
| e                                                                                          |                      |                                       |                               |                            |                                       |
| 12 Subtotal. Add columns (b), (d), and (e)                                                 |                      | (                                     | <u> </u>                      | 370,236.                   | 0.                                    |
| 13 Total. Add line 12, columns (b), (d), and (e)                                           |                      |                                       |                               | 13                         | 370,236.                              |
| (See worksheet in line 13 instructions to verify calculations.)                            |                      |                                       | <del> </del>                  |                            |                                       |
| Part XVI-B Relationship of Activities                                                      | to the Accom         | plishment of                          | Exempt P                      | urposes                    |                                       |
| Line No. Explain below how each activity for which inc                                     | ome in reported in a | alumn (a) of Bort VV                  | L A contributor               | Lumportantly to the secon  | unlighment of                         |
| Explain below how each activity for which inc the foundation's exempt purposes (other than |                      |                                       |                               | importantly to the accom   | ipiisiineitt oi                       |
| and rearration a system of purposes (enter that                                            | n by provious to not | To Such purposes                      | ·                             |                            |                                       |
|                                                                                            |                      |                                       | ·                             |                            |                                       |
|                                                                                            |                      |                                       |                               | · •••                      |                                       |
|                                                                                            |                      |                                       | -                             |                            |                                       |
|                                                                                            |                      |                                       |                               | <del></del>                |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            | <del> </del>         |                                       |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            |                      | <del> </del>                          |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |
|                                                                                            |                      |                                       |                               |                            |                                       |

| orm | 990-PF (2015) <u> </u>     | <u>'HE INVISIBLE</u>            | HAND         | FOUNDATION                        | 46-1550                           | 110    |
|-----|----------------------------|---------------------------------|--------------|-----------------------------------|-----------------------------------|--------|
| Pai | t XVII Informa             | tion Regarding Trai             | nsfers T     | o and Transactions a              | and Relationships With Nonchar    | itable |
|     | Exempt                     | Organizations                   |              |                                   |                                   |        |
| 1   | Did the organization direc | tly or indirectly engage in any | of the follo | owing with any other organization | on described in section 501(c) of | Y      |
|     | tha Cada (athar than and   | F04/-\/0\\                      |              | - FOZlatina to nalitical accoun   |                                   | 1 1    |

|                | Exempt Organ                     | izations                                                             |                                                    |           |        |          |
|----------------|----------------------------------|----------------------------------------------------------------------|----------------------------------------------------|-----------|--------|----------|
| Did            | he organization directly or indi | rectly engage in any of the following with any other organization    | described in section 501(c) of                     |           | Yes    | No       |
| the (          | Code (other than section 501(c)  | (3) organizations) or in section 527, relating to political organiza | ations?                                            |           |        |          |
| a Trar         | sfers from the reporting found   | ation to a noncharitable exempt organization of:                     |                                                    |           | . 1    |          |
| (1)            | Cash                             |                                                                      |                                                    | 1a(1)     |        | _X_      |
| (2)            | Other assets                     |                                                                      |                                                    | 1a(2)     |        | <u>X</u> |
| <b>b</b> Othe  | r transactions:                  |                                                                      |                                                    |           |        |          |
| (1)            | Sales of assets to a noncharita  | ble exempt organization                                              |                                                    | 1b(1)     |        | X        |
| (2)            | Purchases of assets from a no    | ncharitable exempt organization                                      |                                                    | 1b(2)     |        | <u>X</u> |
| (3)            | Rental of facilities, equipment, | or other assets                                                      |                                                    | 1b(3)     |        | X        |
| (4)            | Reimbursement arrangements       |                                                                      |                                                    | 1b(4)     |        | X        |
| (5)            | Loans or loan guarantees         |                                                                      |                                                    | 1b(5)     |        | X        |
| (6)            | Performance of services or me    | mbership or fundraising solicitations                                |                                                    | 1b(6)     |        | <u>X</u> |
| c Sha          | ing of facilities, equipment, ma | iling lists, other assets, or paid employees                         |                                                    | 1c_       |        | _ X      |
| <b>d</b> If th | answer to any of the above is    | "Yes," complete the following schedule. Column (b) should alwa       | ys show the fair market value of the goods, of     | her ass   | ets,   |          |
| or s           | ervices given by the reporting f | oundation. If the foundation received less than fair market value    | in any transaction or sharing arrangement, sh      | ow in     |        |          |
| colu           | mn (d) the value of the goods,   | other assets, or services received.                                  |                                                    |           |        |          |
| Line no        | (b) Amount involved              | (c) Name of noncharitable exempt organization                        | (d) Description of transfers, transactions, and sl | naring an | angeme | nts      |
|                |                                  | NT / N                                                               |                                                    |           |        |          |

| columi        | n (d) the value of the goods, of                                                | ther assets, or services received    | l <b>.</b>               |                                                  |                      |
|---------------|---------------------------------------------------------------------------------|--------------------------------------|--------------------------|--------------------------------------------------|----------------------|
| (a) Line no   | (b) Amount involved                                                             | (c) Name of noncharitab              | le exempt organization   | (d) Description of transfers, transactions, and  | sharing arrangements |
|               |                                                                                 | N/A                                  |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  | <del></del>          |
|               |                                                                                 | <u>-</u>                             |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 | <del>-</del>                         |                          | <del>                                     </del> |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 |                                      |                          |                                                  |                      |
|               |                                                                                 | y affiliated with, or related to, on |                          | _                                                | Yes X No             |
|               |                                                                                 | than section 501(c)(3)) or in se     | CHOH SZ1 *               | L                                                | 169 [2] 110          |
| וו עם וויים ע | complete the following scheme," complete the following scheme. (a) Name of orga |                                      | (b) Type of organization | (c) Description of relations                     | ship                 |
|               | N/A                                                                             |                                      | (-) //-                  |                                                  | <del></del>          |
|               |                                                                                 |                                      | <del></del>              |                                                  |                      |

| ın :          | section | 501(c) of the Code (other than section 50 mplete the following schedule. | l(c)(3)) or in section 527?                                                                            | izations described |                         | Yes X No                                                                              |
|---------------|---------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------|-------------------------|---------------------------------------------------------------------------------------|
| _ <del></del> | 100, 00 | (a) Name of organization                                                 | (b) Type of organization                                                                               |                    | (c) Description of re   | elationship                                                                           |
|               |         | N/A                                                                      |                                                                                                        |                    |                         |                                                                                       |
|               |         |                                                                          |                                                                                                        |                    |                         |                                                                                       |
|               |         |                                                                          |                                                                                                        | ļ                  |                         |                                                                                       |
|               | _       |                                                                          |                                                                                                        | <del>-</del>       |                         |                                                                                       |
| Sign<br>Here  | and be  |                                                                          | this return, including accompanying schedules and preparer (other than taxpayer) is based on all infor | TRUSTE             | has any knowledge       | May the IRS discuss this return with the preparer shown below (see instr.)?  X Yes No |
|               | Joigi   | Print/Type preparer's dame                                               | Preparer's signature                                                                                   | Title<br>Date      | Check if self- employed | PTIN                                                                                  |
| Paid          |         | GARY D. LACHER                                                           | GARY D. LACHER                                                                                         | 05/15/17           | ļ                       | P00192831                                                                             |
| Prep          |         | Firm's name ► SACKS PRESS                                                |                                                                                                        |                    | Firm's EIN ▶ 1          | 3-3050313                                                                             |

Phone no. 212-682-6640 Form **990-PF** (2015)

Firm's address ► 600 THIRD AVENUE

NEW YORK, NY 10016-1901

#### Schedule B (Form 990, 990-EZ,

(Form 990, 990-EZ or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2015

| Name of the organization                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Employer identification number                            |  |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|
|                                                          | HE INVISIBLE HAND FOUNDATION                                                                                                                                                                                                                                                                                                                                                                                                                           | 46-1550110                                                |  |
| Organization type (check                                 | one).                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |  |
| Filers of:                                               | Section:                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |  |
| Form 990 or 990-EZ                                       | 501(c)( ) (enter number) organization                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |  |
|                                                          | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                       |                                                           |  |
|                                                          | 527 political organization                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |  |
| Form 990-PF                                              | X 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |  |
|                                                          | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |  |
|                                                          | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |  |
|                                                          | n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .<br>c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special                                                                                                                                                                                                                                                                                         | Rule See instructions                                     |  |
| General Rule                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |  |
|                                                          | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total<br>ny one contributor. Complete Parts I and II. See instructions for determining a contribu                                                                                                                                                                                                                                                                 |                                                           |  |
| Special Rules                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |  |
| sections 509(a)(<br>any one contribu                     | sion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 stor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the am EZ, line 1. Complete Parts I and II.                                                                                                                                   | 6a, or 16b, and that received from                        |  |
| year, total contri                                       | ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III                                                                                                                                                                                             |                                                           |  |
| year, contributio<br>is checked, ente<br>purpose. Do not | ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled in here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the <b>General Rule</b> applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year | d more than \$1,000. If this box<br>ous, chantable, etc , |  |
| but it must answer "No"                                  | n that is not covered by the General Rule and/or the Special Rules does not file Schedu<br>on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its<br>set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                                                                                                    |                                                           |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

### THE INVISIBLE HAND FOUNDATION

46-1550110

| Part I     | Contributors (see instructions) Use duplicate copies of Part I if ad     | Iditional space is needed |                                                                      |
|------------|--------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------|
| (a)<br>No. | (b) Name, address, and ZIP + 4                                           | (c) Total contributions   | (d) Type of contribution                                             |
| 1          | PROSPECT CAPITAL MANAGEMENT, LP  10 EAST 40TH STREET  NEW YORK, NY 10016 | \$5,000,729.              | Person X Payroll                                                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c) Total contributions   | (d) Type of contribution                                             |
|            |                                                                          | \$                        | Person Payroll Oncash Complete Part II for noncash contributions )   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c) Total contributions   | (d) Type of contribution                                             |
|            |                                                                          | \$                        | Person Payroll Oncash Complete Part II for noncash contributions )   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c) Total contributions   | (d) Type of contribution                                             |
|            |                                                                          | \$                        | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c) Total contributions   | (d) Type of contribution                                             |
|            |                                                                          | \$                        | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c) Total contributions   | (d) Type of contribution                                             |
|            |                                                                          | \$                        | Person Payroll Noncash Complete Part II for noncash contributions )  |

**Employer identification number** 

### THE INVISIBLE HAND FOUNDATION

46-1550110

|                              | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed     |                      |
|------------------------------|-----------------------------------------------------------------|------------------------------------------|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| 1                            | SPDR TR SERIES I - 24982 SHS                                    |                                          |                      |
|                              |                                                                 | \$\$.                                    | 12/18/15             |
| (a)<br>No.<br>rom            | (b) Description of noncash property given                       | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |                                                                 | *                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |                                                                 | \$                                       |                      |
| (a)<br>No.<br>rom<br>Part I  | (b) Description of noncash property given                       | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |                                                                 | *                                        |                      |
| (a)<br>No.<br>rom<br>Part I  | (b) Description of noncash property given                       | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |                                                                 | \$                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |                                                                 |                                          |                      |

|                                                           | )<br>STED<br>NCOME       |
|-----------------------------------------------------------|--------------------------|
|                                                           |                          |
| TOTAL TO PART I, LINE 3 3.                                |                          |
|                                                           |                          |
| FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEM | ENT 2                    |
|                                                           | (C)<br>JUSTED<br>INCOME  |
| MORGAN STANLEY 370,233. 0. 370,233. 370,233.              |                          |
| TO PART I, LINE 4 370,233. 0. 370,233. 370,233.           |                          |
| FORM 990-PF ACCOUNTING FEES STATEM                        | ENT 3                    |
|                                                           | (D)<br>RITABLE<br>RPOSES |
| SACKS PRESS & LACHER 2,000. 2,000.                        | 0.                       |
| TO FORM 990-PF, PG 1, LN 16B 2,000. 2,000.                | 0.                       |
| FORM 990-PF TAXES STATEM                                  | ENT 4                    |
|                                                           | (D)<br>RITABLE<br>RPOSES |
| FEDERAL 990-PF 988. 0.                                    | 0.                       |
| TO FORM 990-PF, PG 1, LN 18 988. 0.                       | 0.                       |

| FORM 990-PF OTHER INCREASES IN NET ASSETS OF                                                                                            | R FUND BALANCES                                   | STATEMENT 5                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| DESCRIPTION                                                                                                                             |                                                   | AMOUNT                                            |
| FMV OVER BOOK VALUE OF CONTRIBUTED ASSETS                                                                                               |                                                   | 191,628.                                          |
| TOTAL TO FORM 990-PF, PART III, LINE 3                                                                                                  |                                                   | 191,628.                                          |
| FORM 990-PF CORPORATE STO                                                                                                               | CK                                                | STATEMENT 6                                       |
| DESCRIPTION                                                                                                                             | BOOK VALUE                                        | FAIR MARKET<br>VALUE                              |
| CENTRAL FUND CANADA 15480 SHS FIRST TRUST SPECIALTY FINANCE 33804 SHS SPDR TRUST SERIES I - 52740 SHS VANGUARD SMALL CAP ETF - 9993 SHS | 325,502.<br>287,186.<br>13,746,342.<br>1,206,158. | 214,264.<br>262,679.<br>16,570,956.<br>1,251,228. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B                                                                                                 | 15,565,188.                                       | 18,299,127.                                       |