



Form **990-PF** 

## **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.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www irs.gov/form990pf. Open to Public Inspection

OMB No 1545-0052

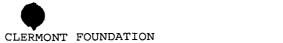
CLERKONT FOUNDATION   District Foundation		For calendar year 2016 or tax year beginning , 2016, and ending , 20								
Number and street (or P O to be number if mail is not detivered to street address)   B Telephone number (see instructions)		Name of foundation CLERMONT FOUNDATION						• •		
C/O HOWARD COX, 200 SEAPORT BLVD  City or loan, state or province, county, and 2iP or foreign potal code  BOSTON, MA 02210  G Check all that apply   Initial return   Amended re										
City or town, state or province, country, and 2iP or foreign postal code	1	lumbe	r and street (or P O box number if mail is not delivered	to street address)		Room/suite		B Telephone numb	per (see instructions)	
BOSTON, MA 02210  G Check all that apply   Initial return   Initial return of a former public chanty   Produce of the production   Produc		<del></del>					_	(617) 56	53-1900	
BOSTON, MA 02210  G Check all that apply   Initial return   Address change   Initial return   Amended return   Amended return   Amended return   Name change   Programation   Programation   Section 4947 (a)(1) nonexempt characteristic   Section 501 (c)(3) exempt private foundation   Section 4947 (a)(1) nonexempt characteristic   Section 4947 (a)(1) none	(	ity or	town, state or province, country, and ZIP or foreign pos	tal code			- [.	C If avamation applies	ation in	
Final return   Amended return   Amende		BOST	TON, MA 02210					pending, check here	ation is	
Final return   Amended return   Amende	G	Che	ck all that apply Initial return	Initial return o	of a former p	ublic chari	ty	D 1 Foreign organiza	itions check here	
H Check type of organization   X   Section 501(c)(2) exempt private foundation			Final return	Amended ret	urn		1	• •		
Excitor Add (1)   Account   Accoun			Address change	Name change	<del>)</del>		- {			
Section 4947(a)(1) nonexempt charatable trust   Other (aspectry)	H	Che	ck type of organization X Section 501(	c)(3) exempt private for	oundation			E if assumb foundation		
Aralysis of Revenue and Expenses (The respect to flux (s)   (a)   (b)   (b)   (c)	$\perp$	s				tion	'		L L	
## doi:	ı	Fair	market value of all assets at JAcco	unting method X Ca	ish Acc	rual	- 1,	F If the foundation is	s in a 60-month termination	
Aralysis of Revenue and Expenses (The total of amounts in column (b) (a) and (d) expenses (price and expenses per books   (b) Net investment income   (c) Adjusted net income   (c) Adjusted net income   (d) Disbursements proclumn (d) (ase instructions)   (d) (ase instructions)   (d) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a		end	of year (from Part II, col (c), line O	ther (specify)			_	under section 507(b	o)(1)(B), check here . ►	
total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (e) (see instructions)   1. Combinations gats grants, exceeded (tasks schedule)   2. Check ▶	_	16)	▶ \$ 13,432,636. (Part I, c	olumn (d) must be on cas	h basis )				<del></del>	
Countbacks   Countback   Co	F	art		(a) Revenue and	(b) Net inve	estment	10	Adjusted not		
Combinations gith; parts & creaved datisch schedule)   Cash basis only)							(0,			
2 Officex ▶ ■ aftato Sch B	_		column (a) (see instructions) )						(cash basis only)	
A counting fees (attach schedule)   10   10   10   10   10   10   10   1			if the foundation is not required to	3,851,400.					<del> </del>	
## Dividends and interest from securibles		2							ļ	
Social Content		3	Interest on savings and temporary cash investments.	04.052	<del></del>					
b Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 3, 851, 670 7 Capital gain net income (from Part IV, line 2). 8 Net short-term capital gain. 9 Income modifications 10 a Gross sales isse returns 10 a local lowances. 10 Less Cost of goods sold 11 Other income (attach schedule) 12 Total. Add lines 1 through 11. 13 Compensation of officers, directors, inustees, etc. 14 Other employee saleanes and wages. 15 Pension plans, employee benefits 16 Legal fees (attach schedule). 17 Interest. 18 Taxes (attach schedule) (see instructions) [4]. 19 Depreciation (attach schedule) and depletion. 10 Occupancy. 11 Other expenses and meetings. 21 Total Add lines 3 through 23. 22 Printing and publications. 23 Other expenses (attach schedule) ATCH 5. 24 Total coperating and administrative expenses. 25 Add lines 13 through 23. 26 Contributions, grits, grants paid. 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements. 28 Excess of revenue over expenses and disbursements. 29 Excess of revenue over expenses and disbursements. 20 Net investment income (if negative, enter -0). 20 Adjusted net income (if negative, enter -0).		4		84,953.		4,953.			ATCH 1	
Be Net gain or (lose) from sale of assets not on line 10 3, 838, 857.    Capital gain net income (from Part IV, line 2) 3, 838, 857.    Ret short-term capital gain		5a	Gross rents	<del></del>					<del> </del>	
Section   Sect		þ	Net rental income or (loss)	2 020 057	<del> </del>	<del></del> -			<del> </del>	
Net short-term capital gain.	ne			3,838,857.	<del></del>	<del></del>			<del></del>	
Net short-term capital gain.	/en	_	assets on line 6a		2 02	0 057			<del> </del>	
Net short-term capital gain.	è	7	, ,		3,83	8,857.		<del></del>	<del> </del>	
10   10   10   10   10   10   10   10	-	8		r				(2) (2) (2)		
and allowances	1			<del></del>						
Compensation of officers, directors, trustees, etc.	i		and allowances						(-1	
11 Other income (attach schedule)   12   Total. Add lines 1 through 11   7,775,210   3,923,810   7   1   1   1   1   1   1   1   1   1	i		-		<del></del>				<del></del>	
12 Total. Add lines 1 through 11. 7,775,210. 3,923,810. (1)  13 Compensation of officers, directors, trustees, etc. 0. (1)  14 Other employee salaries and wages			, , , , , , , , , , , , , , , , , , , ,				:			
13   Compensation of officers, directors, trustees, etc.   0				7,775,210.	3,92	3,810.		<del></del>		
14 Other employee salaries and wages	_				<del></del>		i		<del> </del>	
16a Legal fees (attach schedule)	es				<del></del>	<del></del>			w.	
16a Legal fees (attach schedule)	S	ľ							<del> </del>	
26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	çpe									
26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	ũ	ь		2,840.					2,840.	
26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	<u>×</u>	c		25,000.	2	5,000.				
26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	rat	17	(							
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26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	në.	19								
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26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	þ	21	Travel, conferences, and meetings							
26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	an	22	Printing and publications	- <del></del> -				<del></del>		
26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	bu	23	Other expenses (attach schedule) ATCH .5	500.					500.	
26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	ati	24		117 05	_	- aaa				
26 Total expenses and disbursements Add lines 24 and 25 2,736,679. 25,000. 0. 2,622,665.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . 5,038,531. b Net investment income (if negative, enter -0-) 3,898,810. c Adjusted net income (if negative, enter -0-).	ber	1	<u> </u>		2	5,000.			+	
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements	Ō					<del></del>				
a Excess of revenue over expenses and disbursements	_			2,736,679.	2	5,000.		0.	2,622,665.	
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).		1		5 020 521						
c Adjusted net income (if negative, enter -0-).		<b>!</b>		3,030,331.	3 00	R R10			<del> </del>	
		(	• •		3,09	5,010.	_	<del></del>	<del> </del>	
rum Bau-ri izmai	F		perwork Reduction Act Notice, see instructions						Form <b>990-PF</b> (2016)	

JSA For Paperwork Reduction Act Notice, see instructions.

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Attached schedules and amounts in the Beginning of year Er  Part II Balance Sheets description column should be for end-of-year (a) Book Value (b) Book Value	nd of year
Part II Balance Sheets description column should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value	(c) Fair Market Value
1. Cash - non-interest-bearing	
2 Savings and temporary cash investments	6. 12,982,636.
3 Accounts receivable ▶	
Less allowance for doubtful accounts ▶	
4 Pledges receivable ▶	
Less allowance for doubtful accounts ▶	
5 Grants receivable	
6 Receivables due from officers, directors, trustees, and other	
disqualified persons (attach schedule) (see instructions)	
7 Other notes and loans receivable (attach schedule)	,
Less allowance for doubtful accounts ▶	
9 Prepaid expenses and deferred charges	
	00. 450,000.
& investments of perate death (attach seriodals)	
and equipment basis  Less accumulated depreciation	
(attach schedule)	
12 Investments - mortgage loans	
14 Land, buildings, and	<u> </u>
equipment basis	
(attach schedule)	
15 Other assets (describe ►)	
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item!)	13,432,636.
	13,432,030
17 Accounts payable and accrued expenses	<del>-</del>
18 Grants payable	<b></b>   !
19 Deferred revenue	
20 Loans from officers, directors, trustees, and other disqualified persons	
19 Deferred revenue	
22 Other liabilities (describe >)	<del></del>
23 Total liabilities (add lines 17 through 22)	0.
Foundations that follow SFAS 117, check here .  and complete lines 24 through 26 and lines 30 and 31.  Unrestricted	
24 Unrestricted	
© 25 Temporarily restricted	
Permanently restricted	
Foundations that do not follow SFAS 117,	
check here and complete lines 27 through 31.	, ;=
27 Capital stock, trust principal, or current funds	36.
27 Capital stock, trust principal, or current funds	
9 Retained earnings, accumulated income, endowment, or other funds	
Total net assets or fund balances (see instructions)	36.
31 Total liabilities and net assets/fund balances (see	-
instructions)	36.
Part III Analysis of Changes in Net Assets or Fund Balances	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with	
	1 11,887,692
	2 5,038,531
	3
	4 16,926,223
	5 3,838,587
	6 13,087,636

Page 3

Pa		and Losses for Tax on Inve		(b) How		
	•	d describe the kind(s) of property sold ( rick warehouse, or common stock, 200 :	àcquired P - Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a	SEE PART IV SCHE	OULE		D - Donation		
b						
<u>c</u>						
<u>d</u>						<del> </del>
<u>e</u>		<del></del>		ļ <u> </u>	L	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>						
_ <u>b</u>						
c			<del></del>	-	<del></del>	
<u>u</u>						
<u>_</u>		showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ein minite
(	i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) <b>or</b>
a						
b						
d						
е						
2	Capital gain net income		ain, also enter in Part I, line 7 bss), enter -0- in Part I, line 7	2	3,	838,857.
3		gain or (loss) as defined in sections				
	•	Part I, line 8, column (c) (see ins		}		
		Under Section 4940(e) for Rec		3		0.
Was		leave this part blank the section 4942 tax on the distrib not qualify under section 4940(e)		ase period	d?	Yes X No
1		mount in each column for each year		ng anv er	itries	<del></del>
	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	, <u>g                                   </u>	(d) Distribution ra (col (b) divided by	
	2015	2,619,045.	9,023,356.			0.290252
~	2014	2,194,560.	5,333,255.			0.411486
	2013	1,439,250.	2,381,329.			0.604389
	2012	1,853,938.	1,826,918.			1.014790
	2011	2,227,953.	712,965.			3.124912
2	Total of line 1, column	(d)		2		5.445829
3	•	io for the 5-year base period - divi				
	number of years the for	undation has been in existence if le	ss than 5 years	3		1.089166
4	Enter the net value of n	oncharitable-use assets for 2016 f	rom Part X, line 5	4	11,	739,291.
5	Multiply line 4 by line 3			5	12,	786,037.
6	Enter 1% of net investo	nent income (1% of Part I, line 27b)		6	<del></del>	38,988.
7	Add lines 5 and 6			7	12,	825,025.
8		tions from Part XII, line 4 greater than line 7, check the box		that part		622,665. ox rate See the

Form 990-PF (2016)

vm 990-PF (2016)	CLERMONT	FOU

Form 9	990-PF (2016) CLERMONT FOUNDATION 04	-677267	1	Page 4
Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-s	see instri	uctions	3)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary - see Instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check		77,	976.
	here  and enter 1% of Part I, line 27b			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
	Add lines 1 and 2		<u> </u>	976.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		7.7	0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			976.
6	Credits/Payments 2016 estimated tax payments and 2015 overpayment credited to 2016. 6a 72,000.			
	20 To definitated tax payments and 20 To overpayment ordated to 20 To			
	Exempt foreign organizations - tax withheld at source			
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		72.	000.
	Enter any penalty for underpayment of estimated tax Check here If Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		5,	976.
-	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶ 11			•
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or di	id it	Yes	No
	participate or intervene in any political campaign?			X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	(see		
	Instructions for the definition)?			X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	erials		
	published or distributed by the foundation in connection with the activities			١.,
	Did the foundation file Form 1120-POL for this year?	1c	<del></del>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation  \$ (2) On foundation managers  \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose	,0		}
2	on foundation managers  \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
-	If "Yes," attach a detailed description of the activities	• • •		<del>                                     </del>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article:	es of		
-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			Х
	If "Yes," has it filed a tax return on Form 990-T for this year?			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	I	ļ	X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or		1	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions	1	5	
	conflict with the state law remain in the governing instrument?		X	├
	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	t XV 7	+^	├
	Enter the states to which the foundation reports or with which it is registered (see instructions)  MA,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger	ſ	x	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		+^-	<del> </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		1	1
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "New York Part XIV)	I		x
4.0	complete Part XIV		1	<del>                                     </del>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing to names and addresses	I	$\perp$	х
_				

Pa	rt VII-A. Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions),	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ BROWN ADVISORY CORP Telephone no ▶ 857-244	-220.	2	
	Located at ▶ 100 HIGH STREET, 27TH FLOOR BOSTON, MA ZIP+4 ▶ 02110			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fieu of Form 1041 - Check here		▶	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 if "Yes," enter the name of		,,	
			Ì	- 1
Pa	the foreign country ►  It VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
, α	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
4.	During the year did the foundation (either directly or indirectly)		4	
,,	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		` `	-
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	` ` `		
	)     v	*	3.4	- {
	disqualified person?			i
	(3) Further goods, services, or racinities to (or accept them from) a disqualified personnel.			
	(4) Fay compensation to, or pay or reimbaroe the expenses of, a disquartice person.		· .	Ì
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		÷ c	
				'
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		٠,	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)		F	
,	of If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			
	Organizations relying on a current notice regarding disaster assistance check here		'	-
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		X
	were not corrected before the first day of the tax year beginning in 2016?			. 1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			1
•	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			1
	If "Yes," list the years			į
	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			ĺ
	all years listed, answer "No" and attach statement - see instructions)	2b		
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		٠,	
	Title provisions of section 4942(a)(2) are being applied to any of the years noted in 2a, list the years note			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			,
	at any time during the year?			i
	b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		-	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016 )	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			اــــا
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X
	En	aa	n_DC	(2016)

Form 990-PF (2016)	CLERMONT FOUNDATION	04-6772671	Page 6

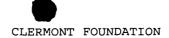
Pai	rt VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (cont	nued)			
5a	During the year did the foundation pay or incur any amo	unt to						
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	1 4945(e))?	. Yes	X No	1 1		
	(2) Influence the outcome of any specific public ele	ection (see section 4	955), or to carry or	1,		1 1		
	directly or indirectly, any voter registration drive?			. Yes	X No			
	(3) Provide a grant to an individual for travel, study, or o			1 1	X No	, ,		
	(4) Provide a grant to an organization other than a							
	section 4945(d)(4)(A)? (see instructions)							
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational							
	purposes, or for the prevention of cruelty to children or animals? Yes X No							
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				cribed in			
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce (see instructions)?			5b	Ì	
	Organizations relying on a current notice regarding disa							
С	If the answer is "Yes" to question 5a(4), does the					-		
•	because it maintained expenditure responsibility for the		•		No			
	If "Yes," attach the statement required by Regulations se	-						
6a	Did the foundation, during the year, receive any fur	, , ,	actly to hav bremiur	ne		1		
ou.	on a personal benefit contract?			F 1	X No			
ь	Did the foundation, during the year, pay premiums, dire					66	l x	
٥	If "Yes" to 6b, file Form 8870	colly of moncolly, on a	personal benefit contre			100	<del>-   - :-</del>	
7 a		arty to a prohibited tax	shelter transaction?	Vos	X No			
, b		•	-			7b		
	rt VIII Information About Officers, Directo							
	and Contractors							
_1_	List all officers, directors, trustees, foundation r	nanagers and their (b) Title, and average	(c) Compensation (see	(d) Contributi				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred com	fit plans	e) Expense other allo		
		devoted to position	011101 -0-7	and deterined con-	pensation			
ATC	H 8		0.		0.		0.	
	<del></del>				}			
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	<del></del>							
			<del></del>		_	_	<del></del>	
			<del></del>			<u>.</u>	<del></del>	
	Compensation of five highest-paid employees	(other than thos	e included on line	1 - see ii	estructions	). If no	ne ente	
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line	e 1 - see ii	nstructions	). If no	ne, ente	
	"NONE."	(b) Title, and average		(d) Contribut	ons to			
		· 	e included on line (c) Compensation	(d) Contribut employee b plans and de	ons to enefit (efferred	). If no	account,	
	"NONE."	(b) Title, and average hours per week		(d) Contribut employee b	ons to enefit (efferred	) Expense	account,	
	"NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribut employee b plans and de	ons to enefit (efferred	) Expense	account,	
	"NONE."	(b) Title, and average hours per week		(d) Contribut employee b plans and de	ons to enefit (efferred	) Expense	account,	
	"NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribut employee b plans and de	ons to enefit (efferred	) Expense	account,	
	"NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribut employee b plans and de	ons to enefit (efferred	) Expense	account,	
	"NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribut employee b plans and de	ons to enefit (efferred	) Expense	account,	
	"NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribut employee b plans and de	ons to enefit (efferred	) Expense	account,	
	"NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribut employee b plans and de	ons to enefit (efferred	) Expense	account,	
	"NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribut employee b plans and de	ons to enefit (efferred	) Expense	account,	
	"NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribut employee b plans and de	ons to enefit (efferred	) Expense	account,	
(a	"NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contribut employee b plans and de compensa	ons to enefit ferred tion	) Expense	account,	



Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see	instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
<del></del>	-	
	-	
	_	
Total number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state organizations and other beneficiaries served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2	Amount
1 NONE		
2		
The state of the s		
All other program-related investments See instructions		
3 NONE		
		1
Total. Add lines 1 through 3	<u> </u>	

CLERMONT FOUNDATION

Form 9	90-PF (2016)		Page <b>8</b>
Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn founda	tions,
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	450,000.
	Average of monthly cash balances	1b	11,468,062.
С	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	11,918,062.
е	Reduction claimed for blockage or other factors reported on lines 1a and	}	
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	11,918,062.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	178,771.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,739,291.
6	Minimum investment return. Enter 5% of line 5	6	586,965.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	586,965.
2 a	Tax on investment income for 2016 from Part VI, line 5 2a 77,976.		
b	Income tax for 2016 (This does not include the tax from Part VI) 2b	]	
C	Add lines 2a and 2b	2c	77,976.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	508,989.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4, , , , , , , , , , , , , , , , , , ,	5	508,989.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		· · · · · · · · · · · · · · · · · · ·
	line 1	7	508,989.
Par	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	2,622,665.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,622,665.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,622,665.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating v	
	qualifies for the section 4940(e) reduction of tax in those years	•	



Form 990-PF (2016)

Page **9** 

Part XIII Undistributed Income (see instru	ctions)			Page \$
1 Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
line 7				508,989.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
b Total for prior years 20 14 ,20 13 ,20 12				
3 Excess distributions carryover, if any, to 2016				
a From 2011 2,211,723.				
<b>b</b> From 2012 1,815,518.				
c From 2013 1,387,519.	·			1
d From 2014 2,009,408.				
e From 2015 2,343,575.				1
f Total of lines 3a through e	9,767,743.			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 2,622,665.				
a Applied to 2015, but not more than line 2a				
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 2016 distributable amount				508,989.
e Remaining amount distributed out of corpus	2,113,676.			
5 Excess distributions carryover applied to 2016 .				
(If an amount appears in column (d), the same				
amount must be shown in column (a) ) 6 Enter the net total of each column as				
indicated below:	11,881,419.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,002,123.			
b Prior years' undistributed income Subtract				
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				
d Subtract line 6c from line 6b Taxable				
e Undistributed income for 2015 Subtract line				
4a from line 2a Taxable amount - see instructions			<del></del>	
f Undistributed income for 2016 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2017				
7 Amounts treated as distributions out of corpus				1
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)		<del></del>		
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	2,211,723.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	9,669,696.			
10 Analysis of line 9				-
a Excess from 2012 1,815,518.				
b Excess from 2013 1,387,519.				
c Excess from 2014 2,009,408.				•
d Excess from 2015 2,343,575.				
e Excess from 2016 2,113,676.				

orm	990-PF (2016)	CLERMONT	FOUNDATION		04	-6772671 Page <b>10</b>
Рa	rt XIV Private Op	erating Foundations	(see instructions ai	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	t it is a private opera	ating	
	foundation, and the ruling	<del>-</del>		•	- I	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942	(j)(3) or 4942(j)(5)
		Tax year		Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	I or the minimum investment		<del>````</del>	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	return from Part X for each year listed					
<b>h</b>	85% of line 2a					
				-		
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct					
_	of exempt activities					<del> </del>
e	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c					<del>- </del>
	alternative test relied upon					
а	"Assets" alternative test - enter					
	<ol> <li>(1) Value of all assets</li> <li>(2) Value of assets qualifying</li> </ol>					<del> </del>
	under section					
h	4942(j)(3)(8)(i) Endowment" alternative test-	<del></del>		<del></del>	<del> </del>	<del> </del>
D	enter 2/3 of minimum invest-					
	ment return shown in Part X					
_	line 6 for each year listed					<del></del>
C	"Support" alternative test - enter  (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general					<del> </del>
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(III)				<u> </u>	<del> </del>
	<li>(3) Largest amount of sup- port from an exempt</li>					
	organization (4) Gross investment income .		<u> </u>	<del> </del>	<del> </del>	<del> </del>
P۵	· · ·	ntary Information (	Complete this part	only if the founda	tion had \$5 000 o	or more in assets at
·		uring the year - see		omy in the rounds	don naa pojoco (	or more in decem at
1						
а	List any managers of	•		e than 2% of the tota	al contributions rece	ived by the foundation
	before the close of any	y tax year (but only if th	ney have contributed r	nore than \$5,000) (S	ee section 507(d)(2)	)
	HOWARD E. C	OX JR				
b	List any managers of					lly large portion of the
	ownership of a partne	rship or other entity) of	f which the foundatior	n has a 10% or greater	interest	
	NONE				<u> </u>	
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ► X If	the foundation only	makes contributions	to preselected char	itable organizations	and does not accept
				ants, etc (see instruc	tions) to individuals	or organizations under
		plete items 2a, b, c, an		<del></del>		
а	The name, address, a	ind telephone number	or e-mail address of	the person to whom ap	plications should be a	ddressed
	The form in which app	dications should be see	hmitted and information	on and materials they	should include	
IJ	The form in which app	meations should be su	Difficted and information	on and materials they	SHOULD HICKUSE	
С	: Any submission deadl	ines			<del></del>	
	I Anic pontention 1	mulahaan an awa sila	auch as hir sacas	anhigal areas about	able fields liveds 14	I makiki iki awa awa aki
a	Any restrictions or I factors	imitations on awards	, such as by geogr	apriicai areas, charita	avie lielūs, KINOS 01	msututions, or other



Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment
Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor or substantial contributor.

Name and address (home or business) Purpose of grant contributor or substantial contributor. Purpose of grant or contribution Amount a Paid during the year ATCH 9 2,619,325. **b** Approved for future payment Total

JSA 6E1491 1 000

Form 990-PF (2016)

Page **12** 

CLERMONT FOUNDATION

Part XVI-A Analysis of Income-Prod Enter gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a		<del></del>			(000
b				· -	
c					
d		_			
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities			14	84,953.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					<del></del>
b Not debt-financed property			ļ		
6 Net rental income or (loss) from personal property			<u> </u>		
7 Other investment income				2 020 057	
8 Gain or (loss) from sales of assets other than inventory			18	3,838,857.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			-		<del></del>
1 Other revenue a					
b				<u> </u>	
c			<del>                                     </del>		
d			+		
e			1	3,923,810.	*
2 Subtotal Add columns (b), (d), and (e)			_l		3,923,810.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc	· · · · · ·				0,720,020.
Part XVI-B Relationship of Activities		ccomplishment of E	xempt Pur	poses	
Explain below how each activi accomplishment of the foundati					
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	·				····
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### Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

		шжен -	<del> </del>														_
		e organization	•													Yes	No
		ion 501(c) of	the Coc	le (other th	an section	on 501(c)(	3) organizatio	ns) or	ın sec	tion 52	?7, ref	latıng	to p	olitical			
	-	zations?							_								ĺ
		ers from the re	-												l		
	, . ,	sh															X
	,	ner assets						• • •	• • •				• • •	• • • •	1a(2)		
		transactions													46(4)		х
		les of assets t															x
		rchases of ass															X
		ntal of facilities															X
		imbursement : ans or loan gua															X
		rformance of s															Х
		g of facilities,															Х
		answer to an			-											fair m	arket
		of the goods,															
	value i	in any transac	tion or	sharing ar	rangeme	nt, show i	n column (d)	the va	lue of	the go	ods,	other	asse	ts, or	service	s rece	∍ıved
(a) Lir	ne no	(b) Amount invo	olved	(c) Name	of noncha	ritable exemp	ot organization	(d)	Descri	ption of t	ransfers	s, trans	actions	, and sh	arıng arra	angeme	nts
	[	N/A						N/	'A								
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b		s," complete th				man scono	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 111 30	011011					• • •			,
		(a) Name of or				<b>(b)</b> Typ	e of organization				(c)	Desc	ription	of relation	nship		
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		er penalties of penul ectrand complete Dec		re that I have preparer (other			ding accompanying Lintor <del>ma</del> tion of whic					the be	st of m	y knowle	dge and b	oelief, it	is true,
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	3/19	nature of officer of	rtfuste			Date /	,	Title					(se	instructio	ns)? X	Yes	No
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### Schedule B (Form 990, 990-EZ, or 990-PF)

(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.irs.gov/form990

2016

OMB No 1545-0047

Name of the organization		Employer identification number				
CLERMONT FOUNDATION		04-6772671				
Organization type (check or	ne)	04-0772071				
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
4947(a)(1) nonexempt charitable trust not 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	e foundation				
	501(c)(3) taxable private foundation					
instructions General Rule						
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, y or property) from any one contributor. Complete Parts I and II. See	<del>-</del>				
contributor's total	contributions					
Special Rules						
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met is sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Found that received from any one contributor, during the year, total cont of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ,	orm 990 or 990-EZ), Part II, line ributions of the greater of (1)				
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-tigg the year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals	gious, charitable, scientific,				
contributor, during contributions tota during the year fo General Rule app	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't just answer "No" on Part IV, line 2, of its Form 990, or check the box to certify that it doesn't meet the filing requirements of Schedule B (Fig. 1).	on line H of its Form 990-EZ or on its				

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) (2016)

Schedul	e R	(Form	990	990-EZ	or 990-PF	(2016)

Page 2

Name of c	organization CLERMONT FOUNDATION		Employer identification number
Part I	Contributors (See instructions). Use duplicate cop	ies of Part I if additional space is r	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	HOWARD E COX JR  200 SEAPORT BLVD., S7A  BOSTON, MA 02210	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions)

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	20,000 SHS LINKEDIN CORP COM		
		\$ 3,851,400.	09/15/2016
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>.</u>			
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Employer identification number

(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of  (b) Purpose of gift  (c) Use of gift  (d) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of  (e) Transfer of gift  (f) Transfer of gift  (e) Transfer of gift  (f) Transfer of gift  (h) Purpose of gi	n section 501(c)(7), (8), or ete columns (a) through (e) a usively religious, charitable, eructions ) ▶\$
(a) No. Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (d) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (f) Use of gift  (g) Transfer of gift  (h) Purpose of gift	l) Description of how gift is held
(a) No. (b) Purpose of gift  (c) Use of gift  (d) Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (c) Use of gift  (d) No. (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (a) No. (b) Purpose of gift  (c) Use of gift  (d) Transfer of gift  (e) Transfer of gift  (f) Use of gift  (g) No. (g) No. (g) No. (g) No. (g) No. (g) No. (g) Transfer of gift (g) Use of gift	
(a) No. (b) Purpose of gift  (c) Use of gift  (d) Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (c) Use of gift  (d) No. (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (f) Use of gift  (g) Transfer of gift  (h) Purpose of gift  (o) Use of gift	
(a) No. from Part I  (b) Purpose of gift (c) Use of gift (d)  (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (e) Transfer of	transferor to transferee
(a) No. from Part I  (b) Purpose of gift (c) Use of gift (d)  (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (e) Transfer of	
Transferee's name, address, and ZIP + 4  Relationship of  (a) No. from Part I  (b) Purpose of gift (c) Use of gift (c)  Transferee's name, address, and ZIP + 4  Relationship of  (a) No. from Part I  (b) Purpose of gift (c) Use of gift (c)  (c) Use of gift (c)  (d) No. from Part I  (e) Transfer of gift (c)  (e) Transfer of gift (c)	l) Description of how gift is held
Transferee's name, address, and ZIP + 4  Relationship of  (a) No. from Part I  (b) Purpose of gift (c) Use of gift (c)  (e) Transfer of gift Relationship of  (a) No. from Part I  (b) Purpose of gift (c) Use of gift (c)  (c) Use of gift (c)  (d) No. from Part I  (e) Transfer of gift (c)  (e) Transfer of gift (c)	
(a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of from Part I  (b) Purpose of gift  (c) Use of gift  (d) No. from Part I  (e) Transfer of gift  (c) Use of gift  (d) Use of gift	
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of  (a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (c) Use of gift  (d) Transfer of gift  (e) Transfer of gift  (f) Use of gift  (f) Use of gift  (g) Use of gift  (g) Use of gift	transferor to transferee
from Part I (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of (c) Use of gift	
Transferee's name, address, and ZIP + 4  Relationship of  (a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Purpose of gift  (e) Transfer of gift	d) Description of how gift is held
Transferee's name, address, and ZIP + 4  Relationship of  (a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Purpose of gift  (e) Transfer of gift	
a) No. from Part I (c) Use of gift (c) Use of	
Part I  (e) Transfer of gift	f transferor to transferee
Part I  (e) Transfer of gift	
	d) Description of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of	
	f transferor to transferee



FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F	Kind of Property		Description			or P	Date	Date sold
Gross sale	Depreciation	Cost or	FM∨	Adj basis	Excess of	۲	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (loss)	
		20,000 SHS I					VARIOUS	VAF
3,851,670.		12,813.	IINKEDIN CON	.F COM			3,838,857.	VAI
3,002,0,0		12,023.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
rotal gain(L	255)	]					3,838,857.	
OTAL GAIN(L	7557	1					<u> </u>	
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# FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	24,800. 60,153.	84,953.
REVENUE AND EXPENSES PER BOOKS	24,800. 60,153.	84,953.
DESCRIPTION	MEDICAL INFORMATION TECHNOLOGY, INC FIDELITY - DIVIDENDS	TOTAL

ATTACHMENT 2

	CHARITABLE	2,840.	2,840.
	ADJUSTED NET INCOME		
	NET INVESTMENT INCOME		
1	REVENUE AND EXPENSES PER BOOKS	2,840.	2,840.
ACCOUNTING FEES			TOTALS
FORM 990PF, PART I - ACCOUNTING FEES	DESCRIPTION	TAX PREPARATION FEES	

ATTACHMENT

- OTHER PROFESSIONAL FEES FORM 990PF, PART I

INVESTMENT EXPENSES PER BOOKS REVENUE AND DESCRIPTION

25,000.

25,000.

25,000.

TOTALS

FIDELITY MANAGEMENT FEES

25,000.

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ATTACHMENT 3

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ATTACHMENT 4

# FORM 990PF, PART I - TAXES

		REVENUE AND EXPENSES
DESCRIPTION		PER BOOKS
2015 FEDERAL PAYMENT FEDERAL Q1 PAYMENT FEDERAL Q4 PAYMENT		17,014. 2,000. 70,000.
	TOTALS	89,014.

FORM 990PF, PART I - OTHER EXPENSES

ATTACHMENT 5

REVENUE AND

EXPENSES
PER BOOKS
500.

CHARITABLE PURPOSES 500.

500.

TOTALS

DESCRIPTION STATE AG FEES

500.

ATTACHMENT 5

ATTACHMENT 6		ENDING ENDING BOOK VALUE FMV		105,000.
	FORM 990PF, PART II - CORPORATE STOCK	DESCRIPTION	MEDICAL INFORMATION TECHNOLOGY	TOTALS

ATTACHMENT 7

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

TUUOMA

EXCESS FMV OVER COST BASIS CONTRIBUTED

3,838,587.

TOTAL

3,838,587.

FORM 990PF,

2016 FORM 990-PF

EXPENSE ACCT AND OTHER ALLOWANCES ATTACHMENT 8 TO EMPLOYEE BENEFIT PLANS CONTRIBUTIONS COMPENSATION TITLE AND AVERAGE HOURS PER PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES WEEK DEVOTED TO POSITION

GRAND TOTALS

2.00

200 SEAPORT BLVD., S7A

HOWARD E. COX JR

NAME AND ADDRESS

BOSTON, MA 02210

TRUSTEE

ATTACHMENT 8

COUNDATION	
CLERMONT FO	

2016 FORM 990-PF

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2,500. 1,000 20,000 55, 500 1,000 143,925 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR  $^{PC}$ 2 PC  $^{PC}$  $^{\rm P}$ 2 REHAB CENTER FOR CHILDREN AND ADULTS HARVARD SCHOOL OF PUBLIC HEALTH THE SOCIETY OF THE CINCINNATI RECIPIENT NAME AND ADDRESS MUSEUM OF FINE ARTS BOSTON MIDDLE EAST CHILDRENS INST 118 W 72ND ST NO 279 PALM BEACH, FL 33480 QUEENSTOWN, MD 21658 THE ASPEN INSTITUTE NEW YORK, NY 10023 300 ROYAL PALM WAY 677 HUNTINGTON AVE 465 HUNTINGTON AVE BOSTON, MA 02115 BOSTON, MA 02115

2118 MASSACHUSETTS AVE, NW

PO BOX 222

WASHINGTON, DC 20008

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2016 FORM 990-PF

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

100,000

AMOUNT

50,000

6,050

210,000

	PURPOSE OF GRANT OR CONTRIBUTION	GENERAL OPERATING	GENERAL OPERATING	GENERAL OPERATING	GENERAL OPERATING	GENERAL OPERATING	GENERAL OPERATING
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	PC	Sd.	PC	PC	5	PC
	RECIPIENT NAME AND ADDRESS	HARVARD MEDICAL SCHOOL 25 SHATTUCK ST BOSTON, MA 02115	CURE ALZHEIMERS FUND 34 WASHINGTON STREET SUITE 200 WELLESLEY HILLS, MA 02481	PRINCETON UNIVERSITY 200 ELM DRIVE PRINCETON, NJ 08544	DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02115	HARVARD BUSINESS SCHOOL CLUB OF NEW YORK 350 5TH AVENUE, #4811 NEW YORK, NY 10118	EAST END HOSPICE 481 COUNTY ROAD 31 WESTHAMPTON BEACH, NY 11978

1,200

5,000

FORM 990-PF
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FORM 990DE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
Consider the first minimum	AND FOURTHAILS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RECIPIENT NAME AND ADDRESS	יייים ביובים אין הייים מייים מיים מייים מייים מייים מייים מייים מייים מייים מייים מייים מי		
BUSINESS EXECUTIVES FOR NATIONAL SECURITY	P.C.	GENERAL OPERATING	20,000
1030 15TH ST NW SUITE 200 EAST			
WASHINGTON, DC 20005			
			ć
FRIENDS OF WESTHAMPTON AMBULANCE	PC	GENERAL OPERATING	200
3 HAZELWOOD AVENUE			
WESTHAMPTON BEACH, NY 11978			
THE BROOKINGS INSTITUTION	PC	GENERAL OPERATING	200,000
1775 MASSACHUSETTS AVE NW			
WASHINGTON, DC 20036			
		:	•
THE ORDER OF ST JOHN	PC	GENERAL OPERATING	1,000
1850 M STREET SUITE 1070			
WASHINGTON, DC 20036			
ST ANDREWS DUNE CHURCH	PC	GENERAL OPERATING	2, 500
12 GIN LANE			
SOUTHAMPTON, NY 11968			
SOUTHAMPTON HOSPITAL FOUNDATION	PC	GENERAL OPERATING	9,500.
240 MEETING HOUSE LN			
SOUTHAMPTON, NY 11968			

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVE, 5TH FLOOR BOSTON, MA 02116	PC	GENERAL OPERATING	20,000
POLICE ATHLETIC LEAGUE 34 1/2 EAST 12TH STREET NEW YORK, NY 10003	PC	GENERAL OPERATING	1,000
THE SHINNECOCK HILLS EDUCATIONAL FUND 200 TUChAHOE ROAD SOUTHAMPTON, NY 11968	PC	GENERAL OPERATING	1,000
QUOGUE JUNIOR THEATER TROUPE BOX 427 QUOGUE, NY 11959	PC	GENERAL OPERATING	2,500
THE PRESERVATION FOUNDATION 311 PERUVIAN AVENUE PALM BEACH, FL 33480	PC	GENERAL OPERATING	4,900
PIONEER INSTITUTE 185 DEVONSHIRE ST STE 1101 BOSTON, MA 02110	PC	GENERAL OPERATING	200

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2016 FORM 990-PF

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.	INS PAID DURING THE YEAR.		ATTACHMENT 9 (CONT. D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
INNER-CITY SCHOLARSHIP FUND 1011 FIRST AVE STE 1800 NEW YORK, NY 10022	PC	GENERAL OPERATING	5,000
WESTHAMPTON BEACH POLICE B A 165 MILL ROAD WESTHAMPTON BEACH, NY 11978	PC	GENERAL OFERATING	900
ST MARKS CHURCH 3395 BURNS ROAD PALM BEACH GARDENS, FL 33410	PC	GENERAL OPERATING	2,000.
COUNCIL ON FOREIGN RELATIONS 58 E 68TH STREET NEW YORK, NY 10065	PC	GENERAL OPERATING	50,000
HARVARD BUSINESS SCHOOL SOLDIERS FIELD BOSTON, MA 02163	PC	GENERAL OPERATING	1,000,000
NORTON MUSEUM OF ART 1451 S OLIVE AVE WEST PALM BEACH, FL 33401	PC	GENERAL OPERATING	140,000

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DIBING THE YEAR

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2016 FORM 990-PF

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GLADES ACADEMY FOUNDATION

WASHINGTON, DC 20006

1725 I ST NW#300

WEST PALM BEACH, FL 33401 1 N CLEMATIS ST STE 200

2,500

GENERAL OPERATING

2,500

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

 $^{5}$ 

NEW ENGLAND HISTORIC GENEALOGICAL SOCIETY

99-101 NEWBURY STREET

BOSTON, MA 02116

RECIPIENT NAME AND ADDRESS

 $^{PC}$ 

FOUNDATION FOR ART PRESERVATION

GENERAL OPERATING

ATTACHMENT 9 (CONT'D)

5,000

GENERAL OPERATING

275,000

GENERAL OPERATING

S.

 $^{P}$ 

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BATH AND TENNIS CLUB HISTORIC

PALM BEACH, FL 33480

1170 S OCEAN BLVD

2840 LIBERTY AVENUE SUITE 201

PITTSBURGH, PA 15222

ALBERT SCHWEITZER HOSPITAL

CAMBRIDGE, MA 02138

HARVARD UNIVERSITY MASSACHUSETTS HALL GENERAL OPERATING

1,000

2,500

GENERAL OPERATING

ATTACHMENT 9

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2016 FORM 990-PF

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AID DURING THE YEAR ATTACHMENT 9 (CONT'D).	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	PF GENERAL OPERATING 5,000	PC GENERAL OPERATING 20,000	PC GENERAL OPERATING 500	PC GENERAL OPERATING 2,500	PC GENERAL OPERATING 500	PC GENERAL OPERATING 10,000
PAID DURING THE YEAR.		FOUNDATION STATUS OF RECIPIENT	P.F.	SQ.	PC	PC	20	PC
FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YFAR		RECIPIENT NAME AND ADDRESS	BLENHEIM ART FOUNDATION C/O SACKS 600 THIRD AVENUE NEW YORK, NY 10016	BRIGHAM AND WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	PRINCETON UNIVERSITY 61 PROSPECT AVENUE PRINCETON, NJ 08540	CLEVELAND CLINIC FLORIDA PHARMACY 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331	COLORADO GOLF FOUNDATION 5990 GREENWOOD PLAZA BLVD SUITE 102 GREENWOOD VILLAGE, CO 80111	COLUMBIA LAW SCHOOL 622 WEST 113TH STREET WALL CODE 4524

2016	
FOUNDATION	
CLERMONT	

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2016 FORM 990-PF	
CLERMONT FOUNDATION	

ATTACHMENT 9 (CONT.D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
EPIPHANY SCHOOL 154 CENTRE STREET DORCHESTER, MA 02124	PC	GENERAL OPERATING	1,000
FLORIDA SHERIFFS ASSOCIATION 2617 MAHAN DRIVE TALLAHASSEE, FL 32308	2	GENERAL OPERATING	200
FRIENDS OF CLERMONT 87 CLERMONT AVENUE GERWANTOWN, NY 12526	P.C.	GENERAL OPERATING	2,500
INTERNATIONAL INSTITUTE FOR STRATEGIC STUDIES 2121 K STREET NORTHWEST SUITE 801 WASHINGTON, DC 20037	PC	GENERAL OPERATING	1,000
JACK KEMP FOUNDATION 1200 NEW HAMPSHIRE AVENUE NW SUITE 800 WASHINGTON, DC 20036	2	GENERAL OPERATING	2,500
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	PC	GENERAL OPERATING	1,000

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30,000. 1,000. 5,000 20 20,000 3,000 AMOUNT ATTACHMENT 9 (CONT.D) PURPOSE OF GRANT OR CONTRIBUTION GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DUBING THE YEAR 2  $\Sigma$  $^{PC}$ 2 2 PCWESTHAMPTON COUNTRY CLUB SHEILA MCBRIDE JAMES SCHO SOUTHAMPTON TOWN POLICE ATHLETIC LEAGUE, INC NATIONAL WORLD WAR II MUSEUM SAINT ANN'S EPISCOPAL CHURCH WESTHAMPTON BEACH, NY 11978 RECIPIENT NAME AND ADDRESS WESTHAMPTON BEACH, NY 11978 PROSTATE CANCER FOUNDATION BRIDGEHAMPTON, NY 11932 SANTA MONICA, CA 90401 NEW ORLEANS, LA 70130 PRINCETON UNIVERSITY PRINCETON, NJ 08540 945 MAGAZINE STREET 701 CARNEGIE CENTER 1250 FOURTH STREET 2463 MAIN STREET 35 POTUNK LANE P O BOX 202 SUITE 445

FOUNDATION
CLERMONT

2016 FORM 990-PF

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ATTACHMENT 9 (CONT'D) FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

105,000. 10,000 14,000 1,000 5,000 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT 2 М Я PC S S VILLAGE IMPROVEMENT ASSOCIATION OF SOUTHAMPTON WESTHAMPTON BEACH HISTORICAL SOCIETY WESTHAMPTON CEMETERY ASSOCIATION THE ECONOMIC CLUB OF NEW YORK WESTHAMPTON BEACH, NY 11978 WESTHAMPTON BEACH, NY 11978 RECIPIENT NAME AND ADDRESS SOCIETY OF THE FOUR ARTS SOUTHAMPTON, NY 11969 90 MEETING HOUSE ROAD PALM BEACH, FL 33480 NEW YORK, NY 10118 FOUR ARTS PLAZA 350 5TH AVENUE P O BOX 2273 P O BOX 686 SUITE 4910

TOTAL CONTRIBUTIONS PAID

2,619,325

ATTACHMENT 9

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