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Form 990-PF

EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

OMB No 1545-0052

-		,	>		social security numbers on			de public.	ZU IO
Intern	<u>al Re</u> ي	t of the Treasury venue Service			n 990-PF and its separate			.gov/form990pf.	Open to Public Inspection
Ford	alen	dar year 2016 (or tax year beginning			, and ending			
		foundation			770 1			A Employer identification	number
			RD FAMILY	FOUNDA	TION			22 2025004	
		RITABLE						22-3025894	
			ox number if mail is not d			Hoo	m/suite	B Telephone number	C 4 C O
			P. CONRAD,	_	AR ROAD			(781) 899-	
•			ovince, country, and Z	IP or foreign p	ostal code			C If exemption application is pe	ending, check here
	_	TON, MA	02493		Instal return of a fe	ermar public abarit		D 1. Foreign organizations	obsolv boro
G	neck	all that apply:	Final return		Initial return of a fo	armer public cham	у	i. Foreigh organizations	, check here
			Address cl		Name change			Foreign organizations med check here and attach col	eting the 85% test,
<u> </u>	hack	type of organiz			empt private foundation		-		
	_		nonexempt charitable		Other taxable private founda	ition		E If private foundation stat under section 507(b)(1)	
L Fa			assets at end of year	1		Accrual			
		Part II, col (c),	-	. —	her (specify)			F If the foundation is in a 6 under section 507(b)(1)	
\.		1	7,371,325		mn (d) must be on cash b	basis)			(2),, 4.1.001.11.01.0
Pa	rt I		evenue and Expenses ounts in columns (b), (c), all if the amounts in column ((a) Revenue and	(b) Net investi	ment	(c) Adjusted net	(d) Disbursements
		necessarily equa	iunts in columns (b), (c), a il the amounts in column (no (a) may not (a))	expenses per books	income		income	for charitable purposes (cash basis only)
	1	Contributions,	gifts, grants, etc., rece	eived	5,562,673.	•		N/A	
	2		of the foundation is not required	to attach Sch B					
	3	Interest on saving cash investments	s and temporary						
	4	Dividends and	interest from securitie	s s	352,543.	326,	<u>515.</u>		STATEMENT 2
	5a	Gross rents				<u> </u>		<u> </u>	******
	b	Net rental income	or (loss)						
<u>o</u>	6a	Net gain or (loss) Gross sales price	from sale of assets not on		119,466.				STATEMENT 1
Revenue	b	assets on line 6a	043	9,421.		540	710		
ě	7	· -	come (from Part IV, line 2)		540,	712.	DEARNE	
_	8	Net short-term	, -		}- 			L COUNTY	1)
	40-	Income modifications						B NOW 20 20	5) [6]
	10a							<u> [물] 1504 ~ 3 36</u>	
		Gross profit or		_				OGDEN II	<u> </u>
	11	Other income	(1033)		<42,064.	> <42,	064		STATEMENT 3
	12		s 1 through 11		5,992,618.	825,			DIZIT DIZIDIVI 5
	13	•	officers, directors, trustee	es etc	0.	0231	0.		0.
	14	•	e salaries and wages			, ,,,,			
			employee benefits						
ses	16a	Legal fees		rmt 4	6,193.		0.		0.
Expenses	b	Accounting fee	S						
Ä	C	Other profession	nal fees						
Š	17	Interest .							
Administrative	18	Taxes	<u>s</u> n	rmr 5	719.		0.		0.
nist	19	Depreciation as	nd depletion						
Ē	20	Occupancy							
ΪĀĊ	21		nces, and meetings						
and	22	Printing and pu							
ing	23	Other expenses	_	rmt 6	6,087.		0.		0.
rati	24	-	g and administrative		10 000		_		_
Operating		-	l lines 13 through 23		12,999.		0.		0.
•	25		gifts, grants paid		489,600.				489,600.
	26	-	s and disbursements		502,599.		0.		489,600.
	ı	Add lines 24 ai	IU Z J		1 304,333.		υ.		<u> 407,</u> 000.

5,490,019

823501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

3 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

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825,163.

Add lines 24 and 25 27 Subtract line 26 from line 12:

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	9,834,806.
2	Enter amount from Part I, line 27a	2	5,490,019.
3	Other increases not included in line 2 (itemize) BASIS ADJUSTMENT FOR GAAP	3	88,855.
4	Add lines 1, 2, and 3	4	15,413,680.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	15,413,680.

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CHARITABLE TRUST		22-30	DEOGA D	AGE 1	OF 1
	osses for Tax on Investment Income	22-30	<u> 25694 P</u>	AGE 1	<u>OF 1</u>
• (a) List and	d describe the kind(s) of property sol brick warehouse; or common stock, 2	d, e.g., real estate,	(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
	- AGGREGATE LONG		D - Donation	(, , , , , , , , , , , , , , , , , , ,	(, 12), 7,
	- AGGREGATE LONG				
c STOCKBRIDGE CO		THROUGH STCL	P P		 -
d STOCKBRIDGE CO		THROUGH LTCG	P		
	PASSTHROUGH	THROUGH DICG	P		
	PASSTHROUGH		P		
g BERKSHIRE STAR		CMIDOUGII	P		
h BERKSHIRE STAR		STHROUGH	P		
		STHROUGH			
GOLDMAN SACHS	AGGREGATE LONGAGGREGATE LONG	TERM CAPITAL GA			
	- AGGREGATE LONG	TERM CAPITAL GA	тир п	_	
<u>k</u>			-		
					
<u>m</u>					
<u>n</u>					
0	(f) Depreciation allowed	(g) Cost or other basis		Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale		lus (f) minus (g)	
a	, , , , , , , , , , , , , , , , , , , ,				130,666.
b					113,401.
C					32.
d					560.
e			-		$\frac{300.}{17,755.}$
f					47,966.
					24,406.
<u>g</u> h					$\frac{24,400.}{2,912.}$
333,020.		138,812.	***		$\frac{2,912.}{194,208.}$
316,401.		80,793.			$\frac{134,208.}{235,608.}$
k 310,401.		80,793.			233,000.
<u> </u>					
	 				
<u>m</u>					
<u>n</u>	1				
Complete only for assets show	II	the foundation on 12/31/69	(1) 1 00	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain over of less than "-0-")	col. (k),
a		<i>W</i> = 0			130,666.
<u>a</u> b	 				$\frac{130,000.}{113,401.}$
C			 -		32.
d					560.
					17,755.
t e	1			 -	47,966.
			-		24,406.
<u>9</u>			· · · · · · · · · · · · · · · · · · ·		$\frac{24,406.}{2,912.}$
<u>h</u>	 				$\frac{2,912.}{194,208.}$
<u> </u>					
1	 				<u>235,608.</u>
<u>k</u>					
<u>m</u>					
<u>n</u>					
0	1				

 $\{\begin{array}{c} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$

N/A

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

	nd Losses for Tax on I		Income	(h) L	ow acquired	1 () 5 :		405
	be the kind(s) of property sold (e. ehouse; or common stock, 200 sh			P -	Purchase Donation	(c) Date a	acquired ay, yr.)	(d) Date sold (mo , day, yr)
<u> 1a</u>				 		ļ		
	STATEMENT					 		
<u>c</u>				┼─		<u> </u>	·	
е		- -		\dagger				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss s (f) minus	
<u>a</u>		 					·	
<u>b</u>		-						
d d		 		$\neg \uparrow$				
e 649,421.			219,60)5.				540,712.
	gain in column (h) and owned by	the foundation				(I) Gains (C	ol. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			col. (k), but r	not less that (from col. (n -0-) or
a		ļ	<u></u> .					
<u>b</u>		 						· · · · · · · · · · · · · · · · · · ·
<u>c</u>		 						
<u>d</u>		 		-				E40 712
<u>e</u>		<u> </u>		$\overline{}$			*	540,712.
2 Capital gain net income or (net cap	((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 7	}	2			540,712.
3 Net short-term capital gain or (loss		and (6):			ļ			
If gain, also enter in Part I, line 8, o If (loss), enter -0- in Part I, line 8	column (c).				3		N/A	
Part V Qualification Ur	nder Section 4940(e) fo	r Reduced	Tax on Net	Inve	estment li	ncome	-1/11	·
(For optional use by domestic private If section 4940(d)(2) applies, leave thi Was the foundation liable for the secti	is part blank.				,			Yes X No
If "Yes," the foundation does not qualit				1100				100 (22) 110
	ach column for each year; see the			entries.				
(a) Base period years Calendar year (or tax year beginnin			Net value of no	(c) onchari	table-use asse	ets	Distrit (col. (b) div	(d) oution ratio vided by col. (c))
2015		12,591.			<u>756,09</u>			.077627
2014		68,500.			807,04			.043351
2013		46,200.			266,02			.026570
2012		12,200.			, 625, 59			.040941
2011		89,250.	.	4_	<u>,978,80</u>	18.		.038011
2 Total of line 1, column (d)						2		.226500
3 Average distribution ratio for the 5 the foundation has been in existen	ce if lace than 5 years	on line 2 by 5,	oi by the number	oi yea		3		.045300
4 Enter the net value of noncharitable	e-use assets for 2016 from Part X	, line 5				4	1	2,550,245.
5 Multiply line 4 by line 3						5	_	568,526.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		8,252
7 Add lines 5 and 6						7		576,778
8 Enter qualifying distributions from	Part XII, line 4					8		489,600.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	ng a 1%	tax rate.			
823521 11 22-18								orm 990-PF (2016

THE CLIFFORD FAMILY FOUNDATION

	990-PF (2016) CHARITABLE TRUST † VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	(e) or 4	22-	3025	894	- -tion	age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940 Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)		300 11	100.0	, (101	
	Date of ruling or determination letter:						
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	,	1	1	16	5,5	03.
	of Part I, line 27b						<u> </u>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	J					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
	Add lines 1 and 2		3		16	5,5	03.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		16	5,5	03.
-	Credits/Payments:						
		,091.					
	Exempt foreign organizations - tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868)	449.	_]				
d	Backup withholding erroneously withheld 6d		_				
7	Total credits and payments. Add lines 6a through 6d		7		16	5,5	<u>40.</u>
8	Enter any penalty for underpayment of estimated tax. Check here X 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				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	>	10				37.
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	unded ►	11	<u> </u>			0.
Pa	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	or interveni	e in			Yes	No
	any political campaign?				1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the	ne definitioi	1)?		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater	ials publis	hed or	•			
	distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?				1c		<u>X</u>
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. ▶ \$	0.	<u>.</u>				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	dation					
	managers. ► \$ 0 .					ļ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		<u>X</u>
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of income	rporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		_X_
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		<u>X</u>
	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:					- 1	
	By language in the governing instrument, or						
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict w	ith the stat	e law				
	remain in the governing instrument?				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), a	nd Part X	V		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	<u>MA</u>						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design	nate)				,,	
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	
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			ļ	
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	_	, m.,	. ^	9	 _	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and additional and the schedule listing the schedule listing their names and additional and the schedule listing their names and additional and the schedule listing the	esses S	<u> PMT</u>		10	X	(00.40)
				For	m 990		(2016)

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4a

X

N/A

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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.

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

during the year?

2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
				-
	4			
			ļ — i	
	4			
	 			
	7			
Total number of other employees paid over \$50,000		<u> </u>		

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3 Five highest-paid independent contractors for professional services. If none, enter "l	NONE."	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
otal number of others receiving over \$50,000 for professional services) (
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica	I information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produc	ed, etc.	Expenses
NONE		
270214		
		0.
· · · · · · · · · · · · · · · · · · ·	**	<u></u>
3		
814 10 Wells		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	os 1 and 2	Amount
NONE	55 1 4110 2.	Alliount
NONE		
		0
		0.
2		
All other constraints of the description of the des		·
All other program-related investments. See instructions.		
NONE		
		0.
Total. Add lines 1 through 3	<u> </u>	0.
		Form 990-PF (201

Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

22-3025894 Form 990-PF (2016) CHARITABLE TRUST Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: <u>8,874,594.</u> a Average monthly fair market value of securities 1a 8<u>23,416.</u> b Average of monthly cash balances 1b c Fair market value of all other assets 1c 3,043,355. 12,741,365. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 365. 3 Subtract line 2 from line 1d 191,120. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 12,550,245. 5 627.512 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) 627,512. Minimum investment return from Part X, line 6 16,503. 2a Tax on investment income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2¢ 16,503. 611,009. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 009. 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 009. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 489,600. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 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: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule)

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

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489,600.

4

6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

(a) (b) (c) (d) Years prior to 2015 2016 Corpus Years prior to 2015 2016 Form 2012					
1 Distributable amount for 2016 from Part XI, line 7 2 Undestrobuted momen, if any, as of the end of 2016 2 Enter amount for 2015 only 3 Excess distributions carryover, if any, to 2018; 4 From 2011 5 From 2011 6 From 2013 6 From 2013 6 From 2014 6 From 2015 7 Total of lines 3 attrough e 4 Qualifying distributions for 2016 from Part XII, line 4: The 3 A B 9, 60 O. 4 Applied to 2015, but not more than line 2a 5 Applied to 2015, but not more than line 2a 5 Applied to 2016 stirbutions more of prior years (Election required - see instructions) 6 Treated as distribution on column (a) 7 O. 8 Corpus Add lines 4: A See And e Subtract line 5 8 Prior years undistributed out of corpus 1 (first energy and siles 4), 4, and 4e Subtract line 5 8 Prior years undistributed momes of descriptions and the section 49(2) as x has been previously assessed 8 Captas Add lines 4), 4, and 4e Subtract line 5 8 Prior years undistributed mome for prior years (and stribution dome for years) 1 O. 8 Enter the entitual of each column as indicated below: 9 Captas Add lines 4), 4, and 4e Subtract line 5 9 Prior years' undistributed encome for years' 1 undistributed mome for 2015. Subtract line 4) from line 2b 9 Captas Add lines 4), 4, and 4e Subtract line 5 9 Prior years' undistributed momen for 2015. Subtract line 4 from line 2b 1 Captas Add lines 4), 4, and 4e Subtract line 5 1 O. 9 Captas Add lines 4), 4, and 4e Subtract line 5 1 O. 9 Captas Add lines 5), 4, and 4e Subtract line 6 1 Captas Add lines 6), 4, and 4e Subtract line 6 1 Captas Add lines 6), 4, and 4e Subtract line 6 1 Captas Add lines 6), 4, and 4e Subtract line 6 1 Captas Add lines 6), 4, and 4e Subtract line 6 1 Captas Add lines 6), 4, and 4e Subtract line 6 1 Captas Add lines 6), 4, and 4e Subtract line 6 1 Captas Add lines 6), 4, and 4e Subtract line 6 1 Captas Add lines 6), 4, and 4e Subtract line 6 1 Captas Add lines 6, 4, and 4e Subtract line 6 1 Captas Add lines 6, 4, and 4e Subtract line 6 1 Captas Add lines 6, 4, and 4e Subtract line 6 1 Captas Add lines 6 1 Captas Add line					
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be distributed in 2017					
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by					0.
corpus to satisfy requirements imposed by					
200mm	•				
may be required - see instructions) 0 .		0.1			
8 Excess distributions carryover from 2011	· · · · · ·				
not applied on line 7 O .		0.1			
9 Excess distributions carryover to 2017.					
Subtract lines 7 and 8 from line 6a 211, 195.		211.195.			
10 Analysis of line 9:					
a Excess from 2012					
b Excess from 2013	-				
c Excess from 2014					
d Excess from 2015 211, 195.					
e Excess from 2016					

623581 11-23-16

Form **990-PF** (2016)

THE CLIFFORD FAMILY FOUNDATION

	BLE TRUST			22-	3025894	Page 1
Part XIV Private Operating F	oundations (see ins	structions and Part V	(II-A, question 9)	N/A		
1 a If the (oundation has received a ruling o	r determination letter that	t it is a private operating				
foundation, and the ruling is effective fo		•	▶ <u> </u>			
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Tota	<u> </u>
investment return from Part X for						
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						
exempt activities						
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c				-		
3 Complete 3a, b, or c for the			-			
alternative test relied upon:						
a "Assets" alternative test - enter:(1) Value of all assets						
• •						
(2) Value of assets qualifying under section 4942(i)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return	<u> </u>					
shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:	!			İ		
(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 public						
and 5 or more exempt						
organizations as provided in section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from				-	-	
an exempt organization						
(4) Gross investment income			 	-		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or	more in accet	-
at any time during t	he vear-see instr	uctions.)	ii die iodiidadio	711 Had \$0,000 01	more in asset	.5
1 Information Regarding Foundation						
a List any managers of the foundation wh	•	than 2% of the total cor	stributions received by th	na foundation hafara th	a aloca of any toy	
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)	inibutions received by ti	ie iouitaation belote tii	s close of ally lax	
J. CHRISTOPHER CLIFF	. , ,	(// //				
b List any managers of the foundation wh		e stock of a cornoration	/or an equally large por	tion of the ownerchin o	of a partnership or	
other entity) of which the foundation has	s a 10% or greater interes	e stock of a corporation	(or all equally large por	tion of the ownership o	r a partitership of	
NONE	·					
	ion Cront Cift Loon	Cabalayahin sta D				
2 Information Regarding Contribution Check here ► X if the foundation o						
the foundation makes gifts, grants, etc.	THY THAKES CONTRIBUTIONS I	io preselecteo charitable	organizations and does	s not accept unsolicited	requests for funds. If	
					, and u.	
a The name, address, and telephone num	per or e-mail address of th	ne person to whom app	iications should be addr	essed:		
The first of the section of the latest of the section of the secti						
b The form in which applications should b	e submitted and informat	ion and materials they s	should include:			
c Any submission deadlines:						
			_			
d Any restrictions or limitations on awards	s, such as by geographica	Il areas, charitable fields	, kinds of institutions, o	r other factors:		
623601 11-23-16					Earm QQA_DE	(2016)

Form 990-PF (2016) Supplementary Information (continued) Part XV

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PUBLIC CHARITY GENERAL CHARITABLE BELMONT HILL SCHOOL 350 PROSPECT STREET BELMONT, MA 02478 1,000. PUBLIC CHARITY PARTIAL FUNDING OF BOWDOIN COLLEGE NONE 4100 COLLEGE STATION CLIFFORD FAMILY BRUNSWICK ME 04011 SCHOLARSHIP 30,000. BOYS AND GIRLS CLUB OF INDIAN RIVER NONE PUBLIC CHARITY GENERAL CHARITABLE COUNTY 1729 17TH AVENUE VERO BEACH, FL 32960 2,000. CEDARS SINAI MEDICAL CENTER NONE PUBLIC CHARITY GENERAL CHARITABLE 8700 BEVERLY BOULEVARD LOS ANGELES CA 90048 50,000. CENTER FOR URBAN EDUCATION ABOUT PUBLIC CHARITY GENERAL CHARITABLE NONE SUSTAINABLE AGRICULTURE 1 FERRY FUILDING #50 SAN FRANCISCO CA 94111 2 500. SEE CONTINUATION SHEET(S ▶ 3a 489 600 b Approved for future payment NONE Total

3 Grants and Contributions Paid During the Y	ear (Continuation)			
. Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
		:		
ENVIRONMENTAL LEARNING CENTER	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
255 LIVE OAK DRIVE				
VERO BEACH, FL 32963				1,000
GIFFORD YOUTH ACTIVITY CENTER	NONE		OUNDAY OWADANAS	
4875 43RD AVENUE	NONE	PUBLIC CHARITI	GENERAL CHARITABLE	
VERO BEACH, FL 32967				2,50
				•
HIBISCUS CHILDREN'S CENTER	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
1145 12TH STREET				
VERO BEACH, FL 32960				1,00
INDIAN RIVER HABITAT FOR HUMANITY	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
4568 N. US HIGHWAY 1				
VERO BEACH, FL 32967		-		2,00
INDIAN RIVER LAND TRUST 30 ROYAL PALM POINT, STE 301	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
VERO BEACH, FL 32960				5,00
AND AND ADDION OF THE PROPERTY				
INDIAN RIVER MEDICAL CENTER FOUNDATION	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
1000 37TH PLACE, SUITE 101				
VERO BEACH, FL 32960				52,50
INDIAN RIVER STATE COLLEGE FOUNDATION	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
3209 VIRGINIA AVENUE FORT PIERCE FL 34981				
ORT PIERCE, FL 34901		 		2,00
				10
JUMPSTART FOR CHILDREN 308 CONGRESS STREET, 6TH FLOOR	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
BOSTON, MA 02210				20,00
LAKE FOREST ACADEMY	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
1500 W. KENNEDY ROAD				
LAKE FOREST IL 60045				1,500
MENTAL HEALTH ASSOCIATION OF INDIAN	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
RIVER COUNTY				
820 37TH PLACE				
VERO BEACH, FL 32960	L		ļ	1,000
Total from continuation sheets				404 10

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient RIVERSIDE THEATRE NONE PUBLIC CHARITY GENERAL CHARITABLE 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963 5,000, TEACH FOR AMERICA NONE PUBLIC CHARITY GENERAL CHARITABLE 60 CANAL STREET BOSTON, MA 02214 30,000, THE EVERGREEN SCHOOL PUBLIC CHARITY INITIAL FUNDING OF NONE 15201 MERIDIAN AVENUE FINANCIAL NEEDS SHORELINE, WA 98153 SCHOLARSHIPS 20 000, THE FOOD PROJECT NONE PUBLIC CHARITY GENERAL CHARITABLE 10 LEWIS STREET LINCOLN MA 01773 250. TUCK SCHOOL OF BUSINESS NONE PUBLIC CHARITY GENERAL CHARITABLE 100 TUCK HALL HANOVER, NH 03755 1,000. UNITED WAY OF INDIAN RIVER COUNTY NONE PUBLIC CHARITY GENERAL CHARITABLE 1836 14TH AVE VERO BEACH, FL 32960 36,500. VERO BEACH MUSEUM OF ART PUBLIC CHARITY GENERAL CHARITABLE NONE 3001 RIVERSIDE PARK VERO BEACH, FL 32963 1,000. VNA AND HOSPICE FOUNDATION NONE PUBLIC CHARITY GENERAL CHARITABLE 1110 35TH LANE VERO BEACH, FL 32960 1 600. NONE WGBH PUBLIC CHARITY GENERAL CHARITABLE ONE GUEST STREET BOSTON MA 02135 2,500, WHEELOCK COLLEGE NONE PUBLIC CHARITY GENERAL CHARITABLE 200 THE RIVERWAY BOSTON, MA 02215 215,500, Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient WQCS NONE PUBLIC CHARITY GENERAL CHARITABLE 3209 VIRGINIA AVENUE FORT PIERCE, FL 34981 1,000. WXEL NONE PUBLIC CHARITY GENERAL CHARITABLE P. O. BOX 6607 WEST PALM BEACH, FL 33405 1,250. Total from continuation sheets

CHARITABLE TRUST

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
8	-				
b	1 1				
C					
d	-				
e					
f	-				
g Fees and contracts from government agencies	 		- 		
2 Membership dues and assessments			1 - 1		-·
3 Interest on savings and temporary cash					
investments	-		+		250 542
4 Dividends and interest from securities			+ - +		352,543.
5 Net rental income or (loss) from real estate:			- -	· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property					
b Not debt-financed property			+-+		
6 Net rental income or (loss) from personal		•			
property					
7 Other investment income					<42,064.
8 Gain or (loss) from sales of assets other					
than inventory	 				119,466.
9 Net income or (loss) from special events			+		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	-	·-···			
b	- }		+		
C	1		+		
d	_		\perp		
e	_		+		
12 Subtotal. Add columns (b), (d), and (e)		0	•		429,945.
13 Total. Add line 12, columns (b), (d), and (e)				¹³	429,945.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	Exempt	Purposes	
Line No. Explain below how each activity for which inc	come is reported in	column (e) of Part XVI-	-A contribut	ted importantly to the accom	nlishment of
the foundation's exempt purposes (other tha	n by providing fun	ds for such purposes).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , ,
NOT APPLICABLE					
		· · · · · · · · · · · · · · · · · · ·			
					
				-	
					
					

623621 11-23-16

Form 99	0-PF (2016) CHAR	ITABLE TR	UST_			22-3025894	Pa	age 13
Part			nsfers To	and Transactions a	and Relationships With	Noncharitable	•	
	Exempt Orga	-						1
					on described in section 501(c) of		Yes	No
	Code (other than section 501)			• •	nizations?			
	insfers from the reporting foun	idation to a nonchar	itable exempt or	rganization of:				
	Cash					1a(1)	<u> </u>	X
	Other assets					1a(2)		_X_
	ner transactions:	4-51	•_				i	
	Sales of assets to a nonchari					1b(1)		X
	Purchases of assets from a r Rental of facilities, equipmen	·	t organization			1b(2)		X
,	Reimbursement arrangemen	•				1b(3)		X
	Loans or loan guarantees	15				1b(4) 1b(5)		X
٠,	Performance of services or n	nemhershin or fundi	aisina saliaitatii	ons		1b(6)		X
	aring of facilities, equipment, n		-			1c		X
					ways show the fair market value o		ets	
					ue in any transaction or sharing ar		,,,,	
	umn (d) the value of the goods				,	,		
(a) Line n	o (b) Amount involved	(c) Name	of noncharitabl	le exempt organization	(d) Description of transfers, tra	insactions, and sharing ar	rangeme	ents
			N/A					
						_		
**								
			_		<u> </u>			
			_					

				·····				
		-						
-		+						
		-				-		
	the force delice of the setting of the				h			
	the foundation directly or indire			· -	zations described		v	٦.,,
	section 501(c) of the Code (oth Yes," complete the following so		(6)(3)) 01 111 586	300 5277		Yes	LA	J No
יי ט	(a) Name of o			(b) Type of organization	(c) Description	n of relationship		
	N/A	<u>ga</u>		(b) type of organization	(O) Docomption	n or rolutionship		
	41/22							
					·			
_								
	Under penalties of perjury, I declar	re that I have examined	this return, include	ng accompanying schedules and	statements, and to the best of my know	viedge May the IRS o	lingues (bio
Sign	and belief, it is true, correct, and c	omplete Declaration of	preparer (other the	an taxpayer) is based on all inform	nation of which preparer has any knowle	return with the	a prepar	er
Here	Clamo	1 and		1119/2117	TRUSTEE	X Yes	()] No
	Signature of officer or truste	ee		Date	Title			
	Print/Type preparer's	name	Preparer's s	signature	Date Check X			
				PI	11 9 317 self- employe	ed		
Paid	FRANK P.			W	11/2017	P01460	888	
Prepa		ANK P. CO	NRAD, E	ESQ.	Firm's EIN	>		
Use (Jiliy							

Form **990-PF** (2016)

Phone no. 781-899-6460

Firm's address ▶ 8 CEDAR ROAD

WESTON, MA 02493

Schedule B (Form 990, 990-EZ,

or 990-PF)

Filers of:

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

Name of the organization

Organization type (check one):

Section:

THE CLIFFORD FAMILY FOUNDATION CHARITABLE TRUST

Employer identification number

22-3025894

501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file 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) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization THE CLIFFORD FAMILY FOUNDATION Employer identification number

<u>CHARI</u>	TABLE TRUST		<u>2-3025894 </u>
Part I	Contributors (See instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	J. CHRISTOPHER CLIFFORD 537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963	\$3,343.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	J. CHRISTOPHER CLIFFORD 537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963	\$ <u>2,356,729</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	J. CHRISTOPHER CLIFFORD 537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963	\$ 640,851.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	J. CHRISTOPHER CLIFFORD 537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963	\$ 2,355,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CLIFFORD CHARITABLE LEAD TRUST C/O DANIEL CARBONNEAU, 200 CLARENDON STREET, 35TH FLOOR BOSTON, MA 02116	\$ 206,740.	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash

(Complete Part II for noncash contributions.) Name of organization

THE CLIFFORD FAMILY FOUNDATION

CHARITABLE TRUST

Employer identification number

22-3025894

Part II	Noncash Property (See instructions) Use duplicate copies of R	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	PUBLICLY-TRADED SECURITIES		
_2			
		\$ 2,356,729.	11/23/16
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Decomption of noneast property given	(See instructions)	Date received
3	PUBLICLY-TRADED SECURITIES		
		\$640,851.	12/22/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
3453 10-18	3-16		0, 990-EZ, or 990-PF) (2

ਕੁਸ਼ਾਨ	CITEFORD	FAMIL.V	FOINDATION

	(Form 990, 990 EZ, or 990 PF) (2016)		Page 4							
Name of orga			Employer identification number							
	IFFORD FAMILY FOUNDATION	ON								
	ABLE TRUST		22-3025894							
Part III	the year from any one contributor. Complete c	Olumns (a) through (a) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for							
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) > \$							
	Use duplicate copies of Part III if additional	al space is needed	· · · · · · · · · · · · · · · · · · ·							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I	(b) Full pose of grit	(c) ose or girt	(d) Description of now gift is need							
,										
-										
		(e) Transfer of gif								
		1710	But the settle of the set of the							
-	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee							
			· · · · · · · · · · · · · · · · · · ·							
			-							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
_										
	(e) Transfer of gift									
	Transferrate name address and 7ID : 4									
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	(e) Transfer of gift									
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
		·								
										
(a) No.	··································									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
- 1 2111										
1										
		(e) Transfer of gif	t							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
		1								

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

FORM 99	0-PF G	AIN OR (LOSS)	FROM SALE	OF 2	ASSETS	5	STATEMENT 1
DESCRIP	(A) TION OF PROPERTY				MANNER CQUIRED	DATE ACQUIRE	ED DATE SOLD
GOLDMAN GAINS -	SACHS - AGGREGA MISC	TE LONG TERM C	APITAL				
	GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C. GÆ	(F) AIN OR LOSS
·	0.	0.		0.		0.	130,666.
	(A) TION OF PROPERTY SACHS - AGGREGA		APITAL		MANNER CQUIRED	DATE ACQUIRE	ED DATE SOLD
DOSSES	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	C. GÆ	(F) AIN OR LOSS
	0.	0.		0.		0.	<113,401.
DESCRIP	(A) TION OF PROPERTY				MANNER CQUIRED	DATE ACQUIRE	ED DATE SOLD
STOCKBR	IDGE COINVESTORS	- PASSTHROUGH	STCL	PUI	RCHASED		
,	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	C. GÆ	(F)
•	0.	0.		0.		0.	32.

(A) DESCRIPTION OF PROPERTY	_			IANNER CQUIRED		TE IRED	DATE SOLD
STOCKBRIDGE COINVESTORS	- PASSTHROUGH	LTCG	PUF	RCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	G.	GATN	(F)
0.	0.		0.		0.		560.
(A) DESCRIPTION OF PROPERTY				IANNER CQUIRED		TE VIRED	DATE SOLD
CRA FUND II - PASSTHROU	GH		PUF	RCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) I OR LOSS
0.	0.		0.		0.		17,755.
(A) DESCRIPTION OF PROPERTY CRA FUND II - PASSTHROU	_		A(MANNER CQUIRED		TE VIRED	DATE SOLD
(B) GROSS	(C) COST OR	(D) EXPENSE		(E)	~	G 2 T 2 2	(F)
SALES PRICE	OTHER BASIS	SALE		DEPRE		GAIN	OR LOSS
0.	0.		0.		0.		47,966.
(A) DESCRIPTION OF PROPERTY	_			MANNER CQUIRED		TE	DATE SOLD
BERKSHIRE STAR INVESTOR	S - PASSTHROUGI	H	PUF	RCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) I OR LOSS
0.	0.	•	0.		0.		24,406.

GROSS COST OR EXPENSE OF SALES PRICE OTHER BASIS SALE DEPREC. GAIN 0. 0. 0. 0. (A) DESCRIPTION OF PROPERTY GOLDMAN SACHS - AGGREGATE LONG TERM CAPITAL GAINS - CELGENE	DATE SOLI
GROSS COST OR EXPENSE OF SALES PRICE OTHER BASIS SALE DEPREC. GAIN 0. 0. 0. 0. (A) DESCRIPTION OF PROPERTY GOLDMAN SACHS - AGGREGATE LONG TERM CAPITAL GAINS - CELGENE (B) (C) GROSS (D) (E)	
O. O. O. O. O. MANNER DATE ACQUIRED ACQUIRED GOLDMAN SACHS - AGGREGATE LONG TERM CAPITAL GAINS - CELGENE (B) (C) (D) (E) GROSS VALUE AT EXPENSE OF	(F)
(A) DESCRIPTION OF PROPERTY GOLDMAN SACHS - AGGREGATE LONG TERM CAPITAL GAINS - CELGENE (B) (C) (D) (E) GROSS VALUE AT EXPENSE OF	
GOLDMAN SACHS - AGGREGATE LONG TERM CAPITAL GAINS - CELGENE (B) (C) (D) (E) GROSS VALUE AT EXPENSE OF	2,912
GAINS - CELGENE (B) (C) (D) (E) GROSS VALUE AT EXPENSE OF	DATE SOLI
GROSS VALUE AT EXPENSE OF	
billion files. Similar billion. Gath	(F)
333,020. 327,401. 0. 0.	5,619
(A) MANNER DATE DESCRIPTION OF PROPERTY ACQUIRED ACQUIRED	DATE SOLI
GOLDMAN SACHS - AGGREGATE LONG TERM CAPITAL GAINS - VISA	
GROSS VALUE AT EXPENSE OF	(F) OR LOSS
316,401. 313,450. 0. 0.	2,951.
CAPITAL GAINS DIVIDENDS FROM PART IV	
TOTAL TO FORM 990-PF, PART I, LINE 6A	0.

FORM 990-PF	DIVIDENDS	AND	INTEREST	FROM SEC	CUR	ITIES S	STATEMENT	2
SOURCE	GROSS AMOUNT	G	PITAL SAINS VIDENDS	(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME		
BERKSHIRE STAR				······································				
INVESTORS LLC -								
PASSTHROUGH	7,009.		0.	7,00	9.	7,009.		
CRA FUND II LLC	28,929.		0.	28,92	29.	28,929.	•	
GOLDMAN SACHS A	630.		0.		30.	630.		
GOLDMAN SACHS MM	189.		0.	18	39.	189.		
GOLDMAN SACHS MNGD	405 600		_		_			
ACCT	137,693.		0.	137,69		137,693.		
GOLDMAN SACHS PSA	3,006.		0.	3,00		3,006.		
MERRILL LYNCH	166,648.		0.	166,64	18.	140,620.		
STOCKBRIDGE COINVESTORS LLC -								
PASSTHROUGH	8,439.		0.	8,43	39.	8,439.		
TO PART I, LINE 4	352,543.		0.	352,54	13.	326,515.		
			RE	(A) /ENUE		(B) ET INVEST-	(C) ADJUSTE	
DESCRIPTION			PER	BOOKS	ME	ENT INCOME	NET INCO	ME
BERKSHIRE STAR INVES (INTEREST EXPENSE - BERKSHIRE STAR INVES	PASSTHROUGH			<4,632.	>	<4,632.>		
SEC. 988 - PASSTHROU				1,170.		1,170.		
CRA FUND II LLC - IN INTEREST EXPENSE (PA	ASSTHROUGH)			<15,323.	>	<15,323.>		
CRA FUND II LLC - SI - PASSTHROUGH				2,334.		2,334.		
CRA FUND II LLC - NET RENTAL RE INCOME(LOSS) - PASSTHROUGH CRA FUND II LLC - OTHER PORTFOLIO				<302.	>	<302.>		
INCOME(LOSS) - PASSI CRA FUND II LLC - OT	HROUGH	110		1,424.		1,424.		
DEDUCTIONS/EXPENSES CRA FUND II LLC - PA	- PASSTHROU	JGH		<18,994.	>	<18,994.>		
ORDINARY BUSINESS IN BERKSHIRE STAR INVES	COME/LOSS	THER		1,049.		1,049.		
TRADE OR BUSINESS EX PASSTHROUGH) STOCKBRIDGE COINVEST				<6,084.	>	<6,084.>		

<1,959.> <1,959.>

PASSTHROUGH OTHER LOSS

0.

THE CLIFFORD FAMILY FOUNDA	TION CHARITY	ABL		22-30258	94
STOCKBRIDGE COINVESTORS LLC PASSTHROUGH PORTFOLIO DEDUCT	'IONS	 <872.>	<872.>		
STOCKBRIDGE COINVESTORS LLC PASSTHROUGH SEC 1231 LOSS STOCKBRIDGE COINVESTORS LLC		<4.>	<4.>		
PASSTHROUGH OTHER EXPENSES CRA FUND II - TAXEXEMPT INCO CRA FUND II - OTHER EXPENSES	ME	15. 118. <4.>	15. 118. <4.>		
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	<42,064.>	<42,064.>		
FORM 990-PF	LEGA	L FEES	S	PATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAB PURPOSE	
FRANK P. CONRAD, ESQ.	6,193	. 0.			0.
TO FM 990-PF, PG 1, LN 16A	6,193	0.			0.
FORM 990-PF	TAX	KES	Si	PATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
FOREIGN TAXES PAID - PASSTHROUGH FOREIGN TAXES PAID -	146	. 0.			0.
PASSTHROUGH FOREIGN TAXES PAID -	542	. 0.			0.
PASSTHROUGH	31.	. 0.			0.
•	· · · · · · · · · · · · · · · · · · ·				

719.

0.

TO FORM 990-PF, PG 1, LN 18

FORM 990-PF	OTHER E		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOM		
INVESTMENT MANAGEMENT FEES COMM. OF MASSACHUSETTS	5,892.		0.			0.
FILING FEES GS CHECK ORDER	140. 55.		0. 0.			0. 0.
TO FORM 990-PF, PG 1, LN 23	6,087.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKI VALUE	ET
ML FOUNDATION ACCOUNT		<u></u>	1	,290,798.	1,947,	658.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	=	1	.,290,798.	1,947,6	658.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	8
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKI VALUE	ET
BERKSHIRE STAR INVESTORS LLC CRA FUND II LLC GOLDMAN SACHS MNGD ACCOUNT GOLDMAN SACHS A ACCOUNT STOCKBRIDGE CO-INVESTORS LLC		COST COST COST COST COST		782,402. ,575,798. ,248,850. 319,681. 505,514.	724,3 1,572,2 11,608,9 319,6	254. 940. 581.
TOTAL TO FORM 990-PF, PART II	, LINE 13	_	13	,432,245.	14,733,0	030.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 9 PART VII-A, LINE 10

NAME OF CONTRIBUTOR

ADDRESS

J. CHRISTOPHER CLIFFORD

537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963

CLIFFORD 2014 CHARITABLE LEAD TRUST

FORM 990-PF PART VIII TRUSTEE	STATEMENT 10			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
J. CHRISTOPHER CLIFFORD 537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963	TRUSTEE 1.00	0.	0.	0.
A. KEENA CLIFFORD 537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963	TRUSTEE 1.00	0.	0.	0.
FRANK P. CONRAD 8 CEDAR ROAD WESTON, MA 02493	TRUSTEE 1.00	0.	0.	0.
CAROLINE M. CLIFFORD 219 N. NORTON AVENUE LOS ANGELES, CA 90004	TRUSTEE 1.00	0.	0.	0.
CATHERINE K. CLIFFORD 915 FEDERAL AVENUE EAST SEATTLE, WA 98102	TRUSTEE 1.00	0.	0.	0.
JOHN C. CLIFFORD 34,67 JACKSON STREET SAN FRANCISCO, CA 94118	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, P.	AGE 6, PART VIII	0.	0.	0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 12

NAME OF CONTRIBUTOR

ADDRESS

J. CHRISTOPHER CLIFFORD

537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963

CLIFFORD 2014 CHARITABLE LEAD TRUST

	I - LIST OF OFFICERS, DIRECTORS EES AND FOUNDATION MANAGERS		STATEMENT 1	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
J. CHRISTOPHER CLIFFORD 537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963	TRUSTEE 1.00	0.	0.	0.
A. KEENA CLIFFORD 537 WHITE PELICAN CIRCLE VERO BEACH, FL 32963	TRUSTEE 1.00	0.	0.	0.
FRANK P. CONRAD 8 CEDAR ROAD WESTON, MA 02493	TRUSTEE 1.00	0.	0.	0.
CAROLINE M. CLIFFORD 219 N. NORTON AVENUE LOS ANGELES, CA 90004	TRUSTEE 1.00	0.	0.	0.
CATHERINE K. CLIFFORD 915 FEDERAL AVENUE EAST SEATTLE, WA 98102	TRUSTEE 1.00	0.	0.	0.
JOHN C. CLIFFORD 3467 JACKSON STREET SAN FRANCISCO, CA 94118	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	0.	0.	0.