623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF**Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017
Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2016

For calendar year 2016 or tax year beginning , and ending Name of foundation A Employer identification number 23-7015570 SHIPLEY FOUNDATION, INC #0755496 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number NUTTER MCCLENNEN FISH LLP PO BOX 51400 (617)439-2276 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BOSTON, MA 02205 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization; Section 501(c)(3) exempt private foundation E If private foundation status was terminated \_\_| Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation under section 507(b)(1)(A), check here 1 Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 165491585 . (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not expenses per books income income necessarily equal the amounts in column (a)) 157728. N/A Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 7076. 7076. STATEMENT 3549080. 3549080 Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) 3209751 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 64180735. 3209751 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) STATEMENT 11 Other income 205337. 205337 7128972. ~~~69<u>7</u>1244~ Total. Add lines 1 through 11 0. ١, ٥ Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages NOV 7 5 2017 15 Pension plans, employee benefits Expenses () 210347 15776. 194571. 16a Legal fees STMT 4 9:000**b** Accounting fees STMT 5 12000 3000. 207130. 155348 51782. STMT 6 c Other professional fees 17 Interest 0. STMT 7 346579 66579. 18 Taxes 19 Depreciation and depletion Occupancy 21 Travel, conferences, and meetings Printing and publications 169247. 507697. 23 Other expenses 676944. STMT 8 24 Total operating and administrative 1453000. 754400. 418600. expenses. Add lines 13 through 23 8747833. 8747833. Contributions, gifts, grants paid 26 Total expenses and disbursements. 9166433. <u> 10200833.</u> 754400 Add lines 24 and 25 Subtract line 26 from line 12: -3071861 a Excess of revenue over expenses and disbursements 6216844. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

pun.		Foundations that do not follow SFAS 117, check here							
Ī	ļ	and complete lines 27 through 31.							
S	27	Capital stock, trust principal, or current funds	59077250.	59077250.					
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.					
As	29	Retained earnings, accumulated income, endowment, or other funds	138690222.	135618361.					
Net	30	Total net assets or fund balances	197767472.	194695611.					
	31	Total liabilities and net assets/fund balances	197767472.	194695611.					
P	Part III Analysis of Changes in Net Assets or Fund Balances								

4. Total not accepts on fined belonged at beginning of year. Part II. column (a) line 20		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30	1 197767	1172
(must agree with end-of-year figure reported on prior year's return)	<del></del>	
2 Enter amount from Part I, line 27a	2 -3071	<u>.861.</u>
3 Other increases not included in line 2 (itemize) ▶		0.
4 Add lines 1, 2, and 3	4 194695	611.
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, colu	nn (b), line 30 6 194695	611.

0.

0

Net Assets or Fund Balances

22 Other liabilities (describe > \_

24 Unrestricted 25 Temporarily restricted 26 Permanently restricted

23 Total liabilities (add lines 17 through 22)

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

6187251.

9166433.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

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

	990-PF (2016) SHIPLEY FOUNDATION, INC #075549		404	0/1-> 4/	140/-1			<u>7015</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940)				940(e),	or 4	948 -	see II	<u>nstru</u>	OITO	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and entity				)		- }				
	Date of ruling or determination letter: (attach copy of letter if neces				ns)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X	and	enter 1%	•	ļ	1_		_	<u>621</u>	<u>68.</u>
	of Part I, line 27b					1	l				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	of Parl	t I, lin	e 12, col.	(b). J						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers en	nter -(	)-)			2_		_		0.
3	Add lines 1 and 2					I	3			621	68.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	iers ei	nter -	0-)			4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-						5			621	68.
	Credits/Payments:					- 1					
а	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1		3096	17.					
	Exempt foreign organizations - tax withheld at source	6b	<b>—</b>								
	Tax paid with application for extension of time to file (Form 8868)	6c	$\top$		1000	00.					
	Backup withholding erroneously withheld	6d									
	Total credits and payments. Add lines 6a through 6d		-		_		7		4	096	17.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attach	had				Ì	8				14.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	icu					9				<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid									17 Ã	35.
	• •		60	000.	0 - 6		10 11			$\frac{474}{874}$	
	Enter the amount of line 10 to be: Credited to 2017 estimated tax  rt VII-A   Statements Regarding Activities		00	000.	Reluliue	<u>u</u>				0/4	<u> </u>
					-4					Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legisla	tion o	or ala	it particip	ate or me	ervene	111		4.	163	
	any political campaign?					·			1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	•							1b		_A_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d cop	oies d	of any ma	aterials p	oublish	ed or				_
	distributed by the foundation in connection with the activities.										
	Did the foundation file Form 1120-POL for this year?								1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y					_					
	(1) On the foundation. > \$ (2) On foundation managers.					<u>0.</u>					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	ıre tax	k imp	osed on f	oundation	1				1	
	managers. ► \$ 0 .										
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	S?							2		X
•	If "Yes," attach a detailed description of the activities.		ont a	rtialso of		ntion o			t		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing ins		ient, a	articles of	incorpora	auon, o	1				v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes								3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	,					37	. / 3	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?						1/	/A	4b	<del></del>	77
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?								_5_		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 eith	ier:							}		
	By language in the governing instrument, or						_				1
	• By state legislation that effectively amends the governing instrument so that no mandatory	direct	tions	that confl	ict with tr	ie state	law				
	remain in the governing instrument?								6	<u>X</u> _	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete	Part	II, col. (d	;), and P	art XV	•		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions	s) <b>&gt;</b>								i	:
	MA								1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atti	orney	Gene	eral (or de	signate)						
-	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 sect	tion 49	942(1	)(3) or 49	42(j)(5) f	or cale	ndar				
-	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," co.				()/(=/				9		_x_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule				addresses				10		X
<u></u>	in the second desired of the second second in the second second							For		)-PF	(2016)

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orm 990-PF (2016) SHIPLEY FOUNDATION, INC	#0755496	··	<u> 23-70155</u>	70 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be I	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or	for		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described			
section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		
expenditure responsibility for the grant?		√A	s No	
If "Yes," attach the statement required by Regulations section 53.494		.,		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promiums on	□ v <sub>e</sub>	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a g	perconal honefit contract?	L 1 E	1	6b X
If "Yes" to 6b, file Form 8870.	Jersonal Denem Contract,		<u> </u>	, A
•	shaltar transportung?		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		7h
<u>b If "Yes," did the foundation receive any proceeds or have any net income attributed</u> Part VIII Information About Officers, Directors, Trust		nogoro Highly		7b
Paid Employees, and Contractors	ees, roundation Ma	magers, mignis	,	
List all officers, directors, trustees, foundation managers and their	compensation			
	<del>,                                     </del>	(c) Compensation	(d) Contributions to	(a) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
1/4-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	to position	`enter`-0-) '	compensation	allowances
W-W-	-			
TOTAL COMPANY CONTROL 1.1	-			0
SEE STATEMENT 11		0.	0.	0.
	-			
	4			
The state of the s				
			ļ	
	]		]	
Compensation of five highest-paid employees (other than those inc		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	(e) Expense account, other allowances
(a) numb and address of cash employee pale more than \$50,000	devoted to position	(C) Compensation	and deterred compensation	allowances
NONE			:	
	1			
	1			
		· ·		
	1			
	1			
Fatal number of other ampleyage and over \$50,000	1	<u> </u>		0
Total number of other employees paid over \$50,000	- · · · · · · · · · · · · · · · · · · ·		F	990-PF (2016)
			Form	220-FF (2016)

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
GOLDMAN, SACHS & CO.		
200 WEST STREET, NEW YORK, NY 10282	INVESTMENT EXPENSE	505816.
NUTTER MCCLENNEN & FISH LLP		
155 SEAPORT BLVD, BOSTON, MA 02210	LEGAL FEES	210347.
NUTTER MCCLENNEN & FISH LLP		
155 SEAPORT BLVD, BOSTON, MA 02210	PROFESSIONAL FEES	207130.
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		_0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers proc		Expenses
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>
a	Average monthly fair market value of securities	1a	155526641.
b	Average of monthly cash balances	1b	7441059.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	162967700.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	İ	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	162967700.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2444516.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	160523184.
6	Minimum investment return Enter 5% of line 5	6	<u>8026159.</u>
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar foreign organizations check here ▶ ☐ and do not complete this part.)	ıd certaır	1
1	Minimum investment return from Part X, line 6	1	8026159.
	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	2c	62168.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7963991.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7963991.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7963991.
P	art 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	9166433.
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	9166433.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	62168.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9104265.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016
Distributable amount for 2016 from Part XI, line 7				7963991.
Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			8743758.	
b Total for prior years:		0.		i.
Excess distributions carryover, if any, to 2016:		0.		-
a From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013				
<b>d</b> From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 9166433.				
a Applied to 2015, but not more than line 2a			8743758.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				422675.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	3	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	2	0.		
e Undistributed income for 2015. Subtract line		1		,
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				7541316.
7 Amounts treated as distributions out of				•,
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017				
Subtract lines 7 and 8 from line 6a	<u> </u>			
O Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016	<u>,-</u>			Form <b>990-PF</b> (2016)

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)  1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling  b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or 4942(j)(5)	
foundation, and the ruling is effective for 2016, enter the date of the ruling  b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or 4942(j)(5)	
b Check box to indicate whether the foundation is a private operating foundation described in section 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) Total	
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(j)(3)(B)(i)  b "Endowment" alternative test - enter	—
2/3 of minimum investment return shown in Part X, line 6 for each year listed	
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 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 Information (Complete this part only if the foundation had \$5,000 or more in assets	
at any time during the year-see instructions.)	
1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax	
year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)	
NONE	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or	
other entity) of which the foundation has a 10% or greater interest.	
NONE	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here \( \sum \big  \big  \big  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: ${f N/A}$	
b The form in which applications should be submitted and information and materials they should include:	
N/A	
c Any submission deadlines:	
N/A	—
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:	
N/A	
623801 11-23-18 Form <b>990-PF</b> (20	2016)

\* . . . . .

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation any foundation manager or substantial contributor Amount contribution status of Name and address (home or business) recipient a Paid during the year NONE BOSTON UNIVERSITY MEDICAL SCHOOL PUBLIC PROSTATE CANCER CENTER ONE SHERBORN STREET BOSTON, MA 02215 2900000. BEST FRIENDS ANIMAL SOCIETY NONE PUBLIC GENERAL 501 ANGEL CANYON RD 50000. KANAB, UT 84741 PUBLIC SUPPORT OF FISHER HARBOUR HOUSE INC NONE HOUSE CHARLESTON 20 RHETTS BLUFF RD JOHN'S ISLAND SC 29455 750000. CLARKSON UNIVERSITY NONE PUBLIC SHIPLEY CENTER OF 8 CLARKSON AVENUE INNOVATION-NEW YORK, NY 13699 DISTINGUISHED LECTURESHIP 12000. COLORADO STATE UNIVERSITY NONE PUBLIC RESEARCH PROJECT ON MOMOCYTE TARGETED OVAL DRIVE FORT COLLINS CO 80523 THERAPY FOR CANCER 250000. SEE CONTINUATION SHEET(S) 3a 8747833. Total b Approved for future payment NONE <u>3b</u> Total

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		d by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c					
d					
e	1 1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	7076.	
4 Dividends and interest from securities			14	3549080.	-
5 Net rental income or (loss) from real estate:					
a Debt-financed property					<del></del>
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	1				
7 Other investment income		<del></del>	14	205337.	
8 Gain or (loss) from sales of assets other					
than inventory			18	3209751.	
9 Net income or (loss) from special events		1			<del></del>
10 Gross profit or (loss) from sales of inventory					<del></del>
11 Other revenue;					
a	i i	1	† †		
b					
С	4 1				
d			<u> </u>		
e					<del></del>
12 Subtotal. Add columns (b), (d), and (e)		0.		6971244.	0.
13 Total. Add line 12, columns (b), (d), and (e)		<del> </del>		13	
(See worksheet in line 13 instructions to verify calculations.)				<del></del> -	
Part XVI-B Relationship of Activities	to the Ass	amplichment of Ex	omnt	Durnosos	
nelationship of Activities	to the Acci	omplishment of Ex	empt	rui poses	
Line No. Explain below how each activity for which inco	me is reported	ın column (e) of Part XVI-A	contribut	ted importantly to the accomp	lishment of
▼ the foundation's exempt purposes (other than					
					<u></u>
		<u> </u>			<u> </u>
		· · · · · · · · · · · · · · · · · · ·			
	<del></del> -	<del></del>			
	<del></del>				
<del></del>				<del></del>	<del> </del>
<del> </del>					<del></del>
		<del></del>	<del></del> .		
		<del></del>		<del></del>	<del></del>
					<u> </u>

Form 990-P		EY FOUNDA'	rion,	INC #0755496		23-701	<u>5570</u>	Page 13
Part XV			fers To a	and Transactions a	and Relations	hips With Noncha	ritable	
	Exempt Organ	izations		<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>	
1 Did th	e organization directly or indir	ectly engage in any o	of the followin	g with any other organization	on described in secti	on 501(c) of		Yes No
the Co	ode (other than section 501(c)	(3) organizations) or	ın section 52	7, relating to political organ	izations?			İ
a Transi	fers from the reporting founda	ation to a noncharitab	le exempt or	ganization of:				İ
(1) C	ash						1a(1)	X
<b>(2)</b> 0	ther assets						1a(2)	X
<b>b</b> Other	transactions:							
(1) S	ales of assets to a noncharital	ble exempt organizati	on				1b(1)	x
(2) P	urchases of assets from a not	ncharitable exempt or	anization				1b(2)	Х
	ental of facilities, equipment,	-	<b>3</b>				1b(3)	Х
	eimbursement arrangements	• • • • • • • • • • • • • • • • • • • •					1b(4)	X
	oans or loan guarantees						1b(5)	X
	erformance of services or me	mhershin or fundrais	ina salicitatio	ine			1b(6)	X
	ng of facilities, equipment, ma						1c	$\frac{1}{x}$
	answer to any of the above is				wave show the fair n	narket value of the goods of		
	vices given by the reporting fo							,
	in (d) the value of the goods,			od 1035 triair idir market vait	oo iii ariy transaonon	or snaring arrangement, a	11044 111	
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and	ebaring arra	ngements
(a) Line no	(b) / anount involved	(c) Name of	N/A	- CXCITIPT OF GATHEAUTON	(d) Description	or transiers, transactions, and		- Ingernation
			IV/A	<del></del>	<del></del> -			
		<del></del>		<del></del>	<del>                                     </del>			
				<del></del>	<del></del>	<del></del>		
				<del></del>		<del></del>		
<del></del>	<del> </del>	<del></del>						
					<del> </del>	<del></del>		
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				·				
			<del></del>					
					<del></del>			
			_	<del></del>				
		L			<u> </u>			
2a is the	foundation directly or indirect	tly affiliated with, or re	elated to, one	or more tax-exempt organi	izations described	_		
ın sec	tion 501(c) of the Code (other	r than section 501(c)(	(3)) or in sect	tion 527?		L	Yes	X No
_b If "Yes	s," complete the following sch		.,,-					
	(a) Name of org	anization		(b) Type of organization		(c) Description of relations	hip	
	N/A							
_								
	-							
		· · ·						
	Inder penalties of perjury, I declare						y the IRS d	scuss this
Sign   a	nd belief, it is true correct, and cor	nplete Declaration of pre	perer (other tha	n taxpayer) is based on all inform	mation of which prepare	reti	irn with the	
Here		$\leftarrow$	)	1 1/9/17			X Yes	No No
1	Signature of officer or trustee		<b>7</b>	Date	Title			
	Print/Type preparer's na	ime	Preparer's s	gnature .	Date	Check If PTIN		·
						self- employed		
Paid	Tart 7: R	ich In	Tul	K-1	11/9/17		0567	473
Prepar	er Firm's name ► NUT		NNEN &	FISH LLP		Firm's EIN ► 04-2		
Use Or	7 11 11 0 11 a 11 0 2 2 1 0 2		Œ					
	<u> </u>	APORT WES	т 155	SEAPORT BLVI	) .			
		STON, MA			· <del>-</del>	Phone no. (617)	439-	2503
	<u></u>	<del></del>	<del></del>	<del></del>		,		

N/A

23-7015570 PAGE Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a WEST GULF INVESTMENT STRATEGIES 01/01/1612/31/16 P **b WEST GULF INVESTMENT STRATEGIES** P 01/01/12|12/31/16 c SIGULER GUFF BRIC OPPORTUNITY P <u>01/01/16</u>12/31/16 01/01/1212/31/16 d SIGULER GUFF BRIC OPPORTUNITY P e SIGULER GUFF DISTRESSED OPP. FUND IV LP P 01/01/16|12/31/16 f SIGULER GUFF DISTRESSED OPP. FUND P |01/01/12|12/31/16 g 22940.7664 CLOUGH P |01/31/11|01/07/16 h 2629.6174 GEOLOGIC RESOURCE FUND LTD P 01/01/11|06/14/16 P 03/28/1406/30/16 + 2718.1130 LIBREMAX GOLDMAN SACHS 653 P 01/01/12|12/31/16 k GOLDMAN SACHS 653 P 01/01/16|12/31/16 01/01/12|12/31/16 | CLOUGH OFFSHORE P m CAPITAL GAINS DIVIDENDS n 0 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale 4497. -4497. a 3727205. 3727205 b 2753. <u>2753.</u> С 57850. 57850. d 19397. 19397. е 3**4**5703. 345703. 6254986. 6331341 76355. g 670736. 1260000. -589264. h 3761784. 3750000. 11784. 14983789. 512624. 15496413. 34717712. -1732604. 32985108. 362508. 362508. Ι 419937 419937. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -4497. а 3727205. þ 2753. C 57850. d 19397. е 345703. f 76355. g -589<u>264.</u> h 11784. 1 512624. -1732604. k 362508. 1 419937. m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 3209751. 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

FISHER HOUSE FOUNDATION 111 ROCKVILLE PIER, SUITE 420 ROCKVILLE PIER, SUITE 420 ROCKVILLE, MD 20850  NONE  PUBLIC  BERNARD N FIELDS PRIZE FOR MICHOEIGLOGY AND IMMUNOSIOLOGY ( KEVIN NCCARTHY PH.D)  20  ALPHARETTA, GA 30022  ROME  HOUSE FOR TROOPS ALPHARETTA, GA 30022  NONE  PUBLIC  HOMES FOR TROOPS ALH AND VETERANS CONFERENCES  AND VETERAN AND VETERANS CONFERENCES  AND VETERANS CONFERENCES  AND VETERAN AND VETERAN AND VETERANS CONFERENCES  AND VETERAN AND VETERAN AND VETERAN AND VETERANS CONFERENCES  AND VETERAN AND VETERAN AND VETERANS CONFERENCES  AND VETERAN AND VETERAN AND VETERAN AND VETERANS CONFERENCES  AND VETERAN AND VETERAN AND VETERAN AND VETERANS CONFERENCES  AND VETERAN AND VETERAN AND VETERAN AND VETERANS CONFERENCES  AND VETERAN AND VETERAN AND VETERAN AND VETERAN AND VETERANS CONFERENCES  AND VETERAN AND VETERAN AND VETERAN	3 Grants and Contributions Paid During the Y	ear (Continuation)		_	
Of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Precipient Processing of Substanted Contributor Contributor Contributor Precipient Processing of Substanted Contributor Contributor Precipient Processing of Substantial Contributor Con	Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
NAL DEIVE ORT COLLINS, CO 80523  TISHER HOUSE FOUNDATION 11 ROCKVILLE, PIXE, SUITE 420  OCKVILLE, MD 20850  NONE  FUBLIC  BERNARD N FIELDS FRIZE FOR MICROFICION  ANAVARD MEDICAL SCHOOL  FOR LONGWOOD AVE  SOSTON, MA 02115  NONE  FUBLIC  BERNARD N FIELDS FRIZE FOR MICROFICION NO  MIMUNOSIOLOGY ( KEVIN  MCCARTHY PH, D)  20  THE HEROES USA  AND NORTH FOINT CENTER EAST STE 200  LIFHARETTA, GA 30022  NONE  FUBLIC  WETERAN CAREER TRANSITION SPECIALISTS  AND VETERANS	Name and address (nome of business)	or substantial contributor	recipient		
HIT ROCKVILLE PIRE, SUITE 420  ROCKVILLE PARE, SUITE 420  ROCKVILLE, MD 20850  ROCKVILLE, MD 20850  ROCKVILLE, MD 20850  RERNARD N FIELDS PRIZE FOR MICROSIOLOGY AND RERNARD N FIELDS PRIZE FOR MICROSIOLOGY AND RERNARD N FIELDS PRIZE FOR MICROSIOLOGY (KEVIN NCCARTHY PH,D)  26  RERNARD N FIELDS PRIZE FOR MICROSIOLOGY (KEVIN NCCARTHY PH,D)  26  RERNARD N FIELDS PRIZE FOR MICROSIOLOGY (KEVIN NCCARTHY PH,D)  27  RERNARD NOTE PUBLIC  ROME BULLOTH FRANCITION SPECIALISTS  ROMES FOR TROOPS  AND VETERANS CONFERENCES  AND VETERANS CONFERENCES  SOUTH A44 HARRISON AVE BOSTON, MA 02118  REWICE AND HOUSING  FUBLIC  SERVICE AND HOUSING  FUBLIC  SHIPLEY MEDICAL SIMULATION CENTER  REWION MELLESLEY HOSPITAL FOUNDATION NONE  PUBLIC  PET MATCHES AND CAPE PERS FOR VETS INC P.O. BOX 10860  NILMINGTON, NC 28404  PUBLIC  PET MATCHES AND CAPE PEAR CHAPTER SUPPORT  40  SANIBEL CAPTIVA CONSERVATION NONE  PUBLIC  SENERAL	OVAL DRIVE	NONE	PUBLIC		1000000
HILL ROCKVILLE PIRE, SUITE 420  ROCKVILLE MD 20850  RORATROCTON 2506  RARVARD MEDICAL SCHOOL  RORATROCTON AND  RORATROCTON AND  ROCKVILLE PIRE, SUITE 420  RORATROCHOLOGY AND  ROCKVILLE PIRE, SUITE 4200  RORATROCHOLOGY AND  ROCKVILLE PIRE, SUITE 4200  RORATROCHOLOGY ( KEVIN MCCARTHY PE, D)  RORATROCHOLOGY ( KEVIN MCCARTHY PE, D)  RORATROCHOLOGY ( KEVIN MCCARTHY PE, D)  RORES FOR TROOPS  ROMES FOR TROOPS  ROMES FOR TROOPS  ROME PUBLIC ROME BUILDING PROJECTS  AND VETERANS  CONFERENCES  ROWER FOR TROOPS  ROWER FOR TROOPS  RAND VETERANS  CONFERENCES  SOUTH  ROWER PUBLIC SERVICE AND HOUSING  PIRE STREET INN  ROWER PUBLIC SHIPLEY MEDICAL  SIMULATION CENTER  ROWTON WELLESLEY HOSPITAL FOUNDATION  ROWER PUBLIC PET MATCHES AND CAPE  PROSTOR, MA 02118  PETS FOR VETS INC  POR DOX 10860  RIMINISTON, NC 28404  PUBLIC DENERAL  ROURDATION  ROWER PUBLIC SERVICE AND CAPE  PEAR CHAPTER SUPPORT  ROWERLE HEART HOMES INC  NONE PUBLIC DENERAL  ROURDATION  ROWERLE LEART HOMES INC  ROWERLE LEART HOMES					
MARVARD MEDICAL SCHOOL  100 LONGWOOD AVE  100 LONGWOOD AVE  100 LONGWOOD AVE  100 LONGWOOD AVE  100 LONGWOOD AVE  100 LONGWOOD AVE  100 LONGWOOD AVE  100 LONGWOOD AVE  100 LONGWOOD AVE  100 MORTH POINT CENTER EAST STE 200  101 MORTH POINT CENTER EAST STE 200  102 LEPHARETTA, GA 30022  103 LONGES FOR TROOPS  104 MAIN STREET  105 MAIN STREET  106 MAIN STREET  107 MAIN O2780  108 SERVICE AND HOUSING  108 SERVICE AND HOUSING  109 PUBLIC  109 SERVICE AND HOUSING  109 PUBLIC  109 SHIPLEY MEDICAL  109 SHIPLEY MEDIC	11 ROCKVILLE PIKE, SUITE 420	NONE	PUBLIC	HOUSE CHARLESTON	250000
HIRE HEROES USA LOO NORTH POINT CENTER EAST STE 200 LEPHARETTA, GA 30022  SOMES FOR TROOPS SMIN STREET AND VETERANS SAMD VETERANS SAMD VETERANS CONFERENCES  SOME PINE STREET INN NONE PUBLIC SERVICE AND HOUSING  PUBLIC SERVICE AND HOUSING  AND VETERANS CONFERENCES  SOME PINE STREET INN NONE PUBLIC SERVICE AND HOUSING  AND VETERANS SERVICE AND HOUSING  PUBLIC SERVICE AND HOUSING  AND VETERANS SERVICE AND HOUSING  PUBLIC SHIPLEY MEDICAL SIMULATION CENTER SIMULATION CENTER  PUBLIC PET MATCHES AND CAPE FEAR CHAPTER SUPPORT  AND PUBLIC PET MATCHES AND CAPE FEAR CHAPTER SUPPORT  AND PUBLIC SENERAL  PUBLIC SENERAL  SANIBEL CAPTIVA CONSERVATION NONE PUBLIC SENERAL  SANIBEL CAPTIVA CONSERVATION NONE PUBLIC SENERAL	HARVARD MEDICAL SCHOOL 200 LONGWOOD AVE	NONE	PUBLIC	BERNARD N FIELDS PRIZE FOR MICROBIOLOGY AND	
ALPHARETTA, GA 30022  ROMES FOR TROOPS ROMES FOR TROOPS ROMES FOR TROOPS ROMES FOR TROOPS ROMES FOR TROOPS ROMES FOR TROOPS ROMES FOR TROOPS ROMES FOR TROOPS ROME PUBLIC ROME BUILDING PROJECTS ROM VETERANS CONFERENCES ROM VETERANS CONFERENCES ROSTON, MA 02780  PUBLIC REWTON WELLESLEY HOSPITAL FOUNDATION ROME ROSTON, MA 02118  ROME PUBLIC ROME SHIPLEY MEDICAL SIMULATION CENTER ROWNON, MA 02462  ROME PUBLIC ROMERAL ROME PUBLIC ROMERAL ROME PUBLIC ROMERAL ROMER	<del></del>			MCCARTHY PH.D)	2000
AND VETERANS CONFERENCES 5000  PINE STREET INN NONE PUBLIC SERVICE AND HOUSING  444 HARRISON AVE BOSTON, MA 02118  TSI  NEWTON WELLESLEY HOSPITAL FOUNDATION NONE PUBLIC SHIPLEY MEDICAL SIMULATION CENTER  SIMULATION CENTER 378  PETS FOR VETS INC PO BOX 10860 WILMINGTON, NC 28404  PUBLIC PET MATCHES AND CAPE FEAR CHAPTER SUPPORT  201  PURPLE HEART HOMES INC NONE PUBLIC SENERAL  SENERAL  FOUNDATION  NONE PUBLIC SENERAL  SENERAL	100 NORTH POINT CENTER EAST STE 200	NONE	PUBLIC		300000
A44 HARRISON AVE BOSTON, MA 02118  NEWTON WELLESLEY HOSPITAL FOUNDATION NONE PUBLIC SHIPLEY MEDICAL SIMULATION CENTER  NEWTON, MA 02462  PETS FOR VETS INC P.O BOX 10860 WILMINGTON, NC 28404  PUBLIC PET MATCHES AND CAPE FEAR CHAPTER SUPPORT  20  PURPLE HEART HOMES INC PURPLE HEART HOMES INC STATESVILLE, NC 28677  SANIBEL CAPTIVA CONSERVATION NONE PUBLIC SENERAL  SENERAL  SENERAL  SENERAL  SENERAL	MAIN STREET	NONE	PUBLIC	AND VETERANS	500000
SIMULATION CENTER  SIMULATION CENTER  378  PETS FOR VETS INC P.O BOX 10860  WILMINGTON, NC 28404  PUBLIC  PUBLIC  PET MATCHES AND CAPE FEAR CHAPTER SUPPORT  20  PURPLE HEART HOMES INC  STATESVILLE, NC 28677  SANIBEL CAPTIVA CONSERVATION  NONE  PUBLIC  SENERAL  GENERAL  FOUNDATION	444 HARRISON AVE	NONE	PUBLIC	SERVICE AND HOUSING	75000
P.O BOX 10860  WILMINGTON, NC 28404  PURPLE HEART HOMES INC  1551 SALISBURY RD  STATESVILLE, NC 28677  SANIBEL CAPTIVA CONSERVATION  NONE  PUBLIC  GENERAL  60	2014 WASHINGTON STREET	NONE	PUBLIC		378333
STATESVILLE, NC 28677  SANIBEL CAPTIVA CONSERVATION  FOUNDATION  60  FOUNDATION	P.O BOX 10860	NONE	PUBLIC		20000
SANIBEL CAPTIVA CONSERVATION NONE PUBLIC GENERAL FOUNDATION	1551 SALISBURY RD	NONE	PUBLIC	GENERAL	60000
	SANIBEL CAPTIVA CONSERVATION FOUNDATION	NONE	PUBLIC	GENERAL	
	SANIBEL, FL 33957		<u></u>		53500 4785833

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	<sub>Y</sub>			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
SPECIAL OPERATION WARRIOR FOUNDATION	NONE	PUBLIC	SUPPORT OF HIGH SCHOOL	*
1137 MARBELLA PLAZA DRIVE TAMPA FL 33619			AND COLLEGE TUTORING	35000.
IAMPA, FL 33019				
SUMMIT COUNTY RESCUE GROUP	NONE	PUBLIC	COLORADO RAPID	
524 WELLINGTON RD			AVALANCHE DEPLOYMENT	
BRECKENRIDGE CO 80424			PROGRAM	50000.
TEAM RED WHITE AND BLUE	NONE	PUBLIC	GENERAL	
1110 W PLATT ST			i .	75000
TAMPA, FL 33606		<del>                                     </del>		75000.
TREAT THE TROOPS INC	NONE	PUBLIC	GENERAL- COOKIES TO	
22 WING SHELL LANE	NONE	POBLIC	OUR TROOPS OVERSEAS	
HILTON HEAD ISLANDS, SC 29926				5000.
TRUSTEES OF PRINCETON UNIVERSITY	NONE	PUBLIC	HUNT FUND TO ENCOURAGE	
ONE NASSAU HALL			PRACTICAL ENGINEERING	
PRINCETON, NJ 08544			APPLICATIONS	300000.
		D	CANDODE CANDATANCE	
TRUSTEES OF TUFTS COLLEGE 711 WASHINGTON ST #9	NONE	PUBLIC	SUPPORT CUMMINGS SCHOOL REGENERATIVE	
BOSTON, MA 02111			MEDICINE LAB PROJECT	1000000.
VETERANS INC	NONE	PUBLIC	SUPPORT MANAGEMENT AND	
69 GROVE ST			GENERAL	
WORCESTER, MA 01605				75000.
			GUIDDONE EDATATAG	
VETS HELPING HEROES INC P.O BOX 540723	NONE	PUBLIC	SUPPORT TRAINING ASSISTANCE DOGS	
GREENACRES, FL 33454				100000.
	NONE	DIEDLIC	SUPPORT HORSEMANSHIP	
WINDRUSH FARM THERAPEUTIC EQUITATION INC	NONE	PUBLIC	FOR HEROES PROGRAM	
30 BROOKVIEW RD				
BOXFORD, MA 01921				7000.
LMHS FOUNDATION	NONE	PUBLIC	THE SHIPLEY CENTER FOR	
16451 HEALTH PARK COMMONS DR FORT MYERS FL 33908			CARDIOTHORACIC SURGERY INNOVATION	500000.
Total from continuation sheets				

FORM 990-PF INTERE	ST ON SAVIN	GS AND	TEMPORA	ARY (	CASH	IN	VESTMENTS	ST	ATEMENT	1
SOURCE			(A) EVENUE R BOOK		NET	IN	(B) VESTMENT COME		(C) ADJUSTED ET INCOME	
FEDERATED GOV'T OBLIGATIONS FUND 0753816 FEDERATED GOV'T OBLIGATIONS FUND 0755177 FEDERATED GOV'T OBLIGATIONS FUND 0755185 FEDERATED GOV'T OBLIGATIONS FUND 0755496 TOTAL TO PART I, LINE 3			38 <i>(</i>	32. 1. 50.			32. 1. 3860. 3183. 7076.			
FORM 990-PF	DIVIDENDS	AND IN	TEREST	FRO	M SE	CUR	ITIES	ST	АТЕМЕНТ	2
SOURCE	GROSS AMOUNT	CAPI GAI DIVII	NS	RE	(A) VENUI BOOI		(B) NET INVES MENT INCO		(C) ADJUSTE NET INCO	
GOLDMAN SACHS DIV 653 GOLDMAN SACHS DIV 658	3645828. 41.	41	.9937. 0.	3	22589	91. 41.		91.		
GOLDMAN SACHS DIV 6649 GOLDMAN SACHS INT	21302.		0.		2130	02.	2130	02.		
663 SIGULER GUFF BRIC OPPORTUNITIES FUND	9482.		0.		948	82.	948	32.		
II LP SIGULER GUFF DIST	33465.		0.		3340	65.	3346	55.		
OPPORTUNITY WEST GULF INVEST	66615.		0.		6663	15.	6663	L5.		
STRATEGIES WEST GULF MUNICIPAL	192215.		0.		1922	15.	1922	15.		
INTEREST	69.		0.			69.		59.		
TO PART I, LINE 4	3969017.	41	.9937.	3	5490	80.	354908	30.		

FORM 990-PF	OTHER I	NCOME	<u> </u>	STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED
WEST GULF INV STRAT WEST GULF INV STRAT SEC 1231 SIGULER GUFF DIST OPPORTUNITY SIGULER GUFF DIST OPPORTUNITY		9681. 13024. 136002.	9681. 13024. 136002.	
1231 SIGULER GUFF BRIC OPPORTUNITY		-72. 46702.	-72. 46702.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	205337.	205337.	
FORM 990-PF	LEGAL	FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-	(C) ADJUSTED NET INCOME	CHARITABLE
NUTTER MCCLENNEN & FISH LLP	210347.	15776	•	194571.
TO FM 990-PF, PG 1, LN 16A =	210347.	15776	•	194571.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		CHARITABLE
NUTTER MCCLENNEN & FISH LLP	12000.	9000	•	3000.
TO FORM 990-PF, PG 1, LN 16B	12000.	9000	•	3000.

FORM 990-PF	OTHER PROFES	SIONAL FEES	S.	PATEMENT 6
DESCRIPTION		(B) NET INVEST- MENT INCOME		
NUTTER MCCLENNEN & FISH LLP	207130.	155348.		51782.
TO FORM 990-PF, PG 1, LN 160	207130.	155348.		51782.
FORM 990-PF	TAX	ES	S'	ratement 7
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FED EXCISE TAX	280000.	0.		0.
FOREIGN TAX PD SIGULER GUFF BRIC	4526.	4526.		0.
FOREIGN TAX PD SIGULER GUFF DISTRESSED	112.	112.		0.
FOREIGN TAXES GOLDMAN SACHS 653 WEST GULF FOREIGN TAXES PD	61569. 105.			0.
CREDITS PD SIGULER GUFF DISTRESSED	267.			0.
TO FORM 990-PF, PG 1, LN 18	346579.			0.
10 10th 550 11, 10 1, ht 10	3403731		<del></del>	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES	15.	0.		15.
SIGULER GUFF BRIC OPP FUND II LP	34683.	26012.		8671.
MISC EXPENSE SCIENTIFIC RESEARCH SIGULER GUFF DIST OPP FUND	15000.	11250.		3750.
IV, L.P.	51406.	38555.		12851.
WEST GULF INV STRAT	70024.	52518.		17506.
GOLDMAN SACHS 653	505816.	379362.		126454.
TO FORM 990-PF, PG 1, LN 23	676944.	507697.		169247.

FORM 990-PF C	CORPORATE STOCK		STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	T
GOLDMAN SACHS ACCOUNT #653-2	-	153319463.	1568983	59.
TOTAL TO FORM 990-PF, PART II, LI	INE 10B	153319463.	1568983	59.
FORM 990-PF 07	THER INVESTMENTS		STATEMENT	10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE VALUE	т
SIGULER GUFF BRIC OPPORTUNITIES FUND II, L.P.	COST	1960742.	31064	57.
GEOLOGIC RESOURCE FUND LTD.	COST	0.		0.
CLOUGH OFFSHORE FUND LTD SER 33	COST	0.	45554	0.
WEST GULF INVESTMENT STRATEGIES	COST	35638212.	15774	05.
SIGULER GUFF DIST OPPORTUNITIES FUND IV, L.P.	COST	2503609.	26357	79.
LIBREMAX OFFSHORE	COST	2303003.	20337	0.
TOTAL TO FORM 990-PF, PART II, L	INE 13	40102563.	73196	41.

	T OF OFFICERS, DI FOUNDATION MANAGE		STATI	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARD C. SHIPLEY 3813 WEST GULF DRIVE SANIBEL, FL 33957	PRESIDENT 5.00	0.	0.	0.
THOMAS P. JALKUT NUTTER, MCCLENNEN&FISH, LLP POBOX 51400 BOSTON, MA 02205	TREASURER	0.	0.	0.
RICHARD C. SHIPLEY 3813 WEST GULF DRIVE SANIBEL, FL 33957	DIRECTOR 5.00	0.	0.	0.
JULIA S. COSENTINO NUTTER, MCCLENNEN&FISH, LLP POBOX 51400 BOSTON, MA 02205	CLERK 5.00	0.	0.	0.
THOMAS P. JALKUT NUTTER, MCCLENNEN&FISH, LLP POBOX 51400 BOSTON, MA 02205	DIRECTOR 5.00	0.	0.	0 .
JULIA S. COSENTINO NUTTER, MCCLENNEN&FISH, LLP POBOX 51400 BOSTON, MA 02205	DIRECTOR 5.00	0.	0.	0
KAREN L. SHIPLEY 1000 ISLAND BLVD, #3103 AVENTURA, FL 33160	DIRECTOR 5.00	0.	0.	0
JASON R. SHIPLEY 7901 HISPANOLA AVE #1512 NORTH BAY VILLAGE, FL 33141	VICE PRESIDENT 5.00	0.	0.	0
JASON R. SHIPLEY 7901 HISPANOLA AVE #1512 NORTH BAY VILLAGE, FL 33141	DIRECTOR 5.00	0.	0.	0
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No 1545-0047

Name of the organization

Employer identification number

S	HIPLEY FOUNDATION, INC #0755496	23-7015570
Organization type (check	one).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ri	ule. See instructions
General Rule		
<u> </u>	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin y one contributor. Complete Parts I and II See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II	, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educruelty to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled in here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc ,
but it must answer "No" o certify that it doesn't meet	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its fit the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	Form 990-PF, Part I, line 2, to
LHA For Paperwork Red	luction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

## SHIPLEY FOUNDATION, INC #0755496

23-7015570

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LUCIA H. SHIPLEY 1993 REV INDENTURE OF TRUST UNDER ARTICLE 5  155 SEAPORT BLVD  BOSTON, MA 02205	\$157728.	Person X 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.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 10-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016

Name of organization

Employer identification number

## SHIPLEY FOUNDATION, INC #0755496

23-7015570

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions)	
			,
		\$	
(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	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Market Company of the		
		<b>\$</b>	
(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
			-
, <del></del>		\$\$	990, 990-EZ, or 990-PF)

lame of organia	orm 990, 990-EZ, or 990-PF) (2016) zation		Page Employer identification number				
-	FOUNDATION, INC #07554 Exclusively religious, charitable, etc., contribution	itions to organizations described in s	23-7015570 ection 501(c)(7), (8), or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete colucompleting Part III, enter the total of exclusively religious, c	imns (a) through (e) and the following haritable, etc , contributions of \$1,000 or less	line entry. For organizations for the year (Enter this info once)				
(a) Na	Use duplicate copies of Part III if additional s	space is needed					
(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, and	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, and	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, and	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				
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee				
_							