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Return of Private Foundation

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

DLN: 93491215008077 OMB No. 1545-0052

2016

Open to Public

| Form 990-PI |
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|-------------|

Department of the Treasury Internal Revenue Service

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

Inspection For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 A Employer identification number GLORIA AND CHARLES CLOUGH FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite 801 MAIN STREET B Telephone number (see instructions) (978) 369-0960 City or town, state or province, country, and ZIP or foreign postal code ${f C}$ If exemption application is pending, check here CONCORD, MA 017424309 ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name <u>change</u> Address change E If private foundation status was terminated under section 507(b)(1)(A), check here ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end ✓ Cash ☐ Accrual J Accounting method F If the foundation is in a 60-month termination of year (from Part II, col (c), line 16)▶\$ 6,610,079 under section 507(b)(1)(B), check here Other (specify) (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 9.619 9.619 Interest on savings and temporary cash investments 4 Dividends and interest from securities 56,514 56,514 5a Net rental income or (loss) -346,392 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) Other income (attach schedule) 12 **Total.** Add lines 1 through 11 -280.259 66,133 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . . اروه 4.250 Accounting fees (attach schedule) 4,250 n رچە 105 105 Other professional fees (attach schedule) 17 [چە 844 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings . 22 Printing and publications . . . 23 Other expenses (attach schedule) 70 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 11,569 949 4,320 25 Contributions, gifts, grants paid 748.334 748.334 26 Total expenses and disbursements. Add lines 24 and 759,903 752,654 27 Subtract line 26 from line 12 Excess of revenue over expenses and -1,040,162 disbursements 65,184 Net investment income (if negative, enter -0-) **Adjusted net income**(If negative, enter -0-) C

Form 990-PF (2016) Page 2 Attached schedules and amounts in the description column Beginning of year End of year Part II **Balance Sheets** should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value Cash-non-interest-bearing 2,731,921

| | 2 | Savings and temporary cash investments | 3,378,922 | 2,731,921 | |
|-------------|-----|--|-----------|-----------|--|
| | 3 | Accounts receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| S | 8 | Inventories for sale or use | | | |
| sets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | ь | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | 4,399,800 | 3,878,155 | |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | ınstructions Also, see page 1, item I) | 7,778,722 | 6,610,079 | |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| Ħ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ıat | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | | | | | |

3,878,155

7,778,722

-1,040,162

6,739,726

6,610,079 Form **990-PF** (2016)

129,647

1,166

1

2

3

4

5

6

6,610,079 21 Mortgages and other notes payable (attach schedule). Other liabilities (describe -_ 22 Total liabilities(add lines 17 through 22) 23 Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.

Fund Balances Net Assets or 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 7,778,722 6,610,079 30 Total net assets or fund balances (see instructions) . . . 7,778,722 6,610,079 31 Total liabilities and net assets/fund balances (see instructions) . 7,778,722 6,610,079

Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), line 30

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

2

3

4

5

1aSee Additional Data Table

(e) Gross sales price a See Additional Data Table

b C d e

b C d e

| | | | Page 3 |
|---------|--|---|-------------------------------------|
| Income | | | _ |
| :,) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| | | | |
| | | | |
| | | | |
| | | | |

| (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|--|---|---|
| | | |
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| | | |
| | | |
| g gain in column (h) and owned by | the foundation on 12/31/69 | (I) |
| (j) Adjusted basıs as of 12/31/69 | (k) Excess of col(ı) over col(յ), ıf any | Gains (Col (h) gain minus col (k), but not less than -0-) Losses (from col (h)) |
| | | |
| | | |
| | | |
| | | |
| | 1 | 1 |

| | Complete only for assets show | | (I) | | |
|---|--|--------------------------------------|------------------------------------|---|----------|
| | (i) (j) (k) F M V as of 12/31/69 Adjusted basis as of 12/31/69 Excess of col (i) over col (j), if any | | | Gains (Col (h) gain minus (k), but not less than -0-) or Losses (from col (h)) | |
| a | See Additional Data Table | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| 2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | | | | | -346,391 |
| 3 | Net short-term capital gain or | (loss) as defined in sections 1222(5 | 5) and (6) | | |
| | | | | | |
| Pari | V Qualification Under | Section 4940(e) for Reduce | ed Tax on Net Investment In | come | |
| (For o | otional use by domestic private | foundations subject to the section 4 | 940(a) tax on net investment incor | ne) | |
| If sect | on 4940(d)(2) applies, leave th | nis part blank | | | |

| Complete only for assets s | | (I) Gains (Col (h) gain minus | | | | | | | |
|---|---|--|---------|---|--|--|--|--|--|
| (i) F M V as of 12/31/69 | F M V as of 12/31/69 Adjusted basis Excess of col (1) as of 12/31/69 over col (j), if any | | | | | | | | |
| a See Additional Data Table | a See Additional Data Table | | | | | | | | |
| b | | | | | | | | | |
| С | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| 2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2 -346,393 | | | | | | | | | |
| 3 Net short-term capital ga | 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | | | | | | | | |
| 5 . | : I, line 8, column (c) (see instruction | ons) If (loss), enter -0- | - 1 | _ | | | | | |
| ın Part I, lıne 8 | | | _ } L | 3 | | | | | |
| Part V Qualification U | nder Section 4940(e) for Re | duced Tax on Net Investme | nt Inc | ome | | | | | |
| For optional use by domestic pri | vate foundations subject to the sec | tion 4940(a) tax on net investment | ıncome |) | | | | | |
| f section 4940(d)(2) applies, lea | ve this part blank | | | | | | | | |
| | section 4942 tax on the distributable qualify under section 4940(e) Do | ple amount of any year in the base p not complete this part | eriod? | ☐ Yes 🗹 No | | | | | |
| 1 Enter the appropriate amo | ount in each column for each year, | see instructions before making any | entries | | | | | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | | (d) Distribution ratio (col (b) divided by col (c)) | | | | | |
| 2015 | 509,219 | 8,248,607 | | 0 061734 | | | | | |
| 2014 | 325,673 | 8,722,675 | | 0 037336 | | | | | |
| 2013 | 275,637 | 5,931,531 | | 0 046470 | | | | | |

2012 166,486 4,446,345 0 037443 2011 102,000 3,868,476 0 026367 2 Total of line 1, column (d) 2 0 209350

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the 3 0 041870 number of years the foundation has been in existence if less than 5 years 4 7,179,423 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 **5** Multiply line 4 by line 3 5 300,602 6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 652 7 301,254 8 Enter qualifying distributions from Part XII, line 4 8 752,654 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

| | If "Yes," attach the statement requir | ed b | y Regulations section 53 | 4945-5(d) | | | | | |
|----------------------|--|------------|---|--------------------------------------|--|---------------------------------------|---------|--------|------|
| 6 a | Did the foundation, during the year, | rece | eive any funds, directly or | indirectly, to pay premiu | ims on | | | | |
| | a personal benefit contract? | | | | · 🗌 Yes 🗸 | | | | |
| b | Did the foundation, during the year, | pay | premiums, directly or ind | irectly, on a personal bei | nefit contract? | NO | 6b | | No |
| | If "Yes" to 6b, file Form 8870 | | | | | Ī | | | |
| 7a | At any time during the tax year, was | the | foundation a party to a p | rohibited tax shelter tran | nsaction? Yes | | | | |
| b | If yes, did the foundation receive an | | | | ∟ Yes 💌 | No | 7b | | |
| | Information About O | | · · · · · · · · · · · · · · · · · · · | | nagers, Highly Paid Er | nplov | vees. | | |
| Pa | and Contractors | | ,, | | g, g , | | , , | | |
| 1 | List all officers, directors, trustee | s. f | oundation managers an | d their compensation | (see instructions). | | | | |
| | List all officers, affectors, trastee | <i>5</i> , | | | (d) | | | | |
| (a) Name and address | | | Title, and average hours per week | (c) Compensation (If not paid, enter | Contributions to employee | | | se acc | |
| | | (| b) devoted to position | -0-) | benefit plans and deferred | (e) other allowar | | | nces |
| | Addıtıonal Data Table | | - | - | compensation | 1 | | | |
| see | Additional Data Table | | | | | | | | |
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| 2 | Compensation of five highest-pai | d er | nployees (other than th | ose included on line 1 | | ne, er | nter "l | NONE. | |
| | (a) | | Title, and average | | Contributions to | | | | |
| Na | ame and address of each employee pa | ıd | hours per week | (c) Compensation | employee benefit plans and deferred | Expense account (e) other allowances | | | |
| | more than \$50,000 | | (b) devoted to position | | (d) compensation | (0) | | anomai | 1000 |
| NON | E | | | | | | | | |
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| | | | 1 | | | | | | |
| Tota | I number of other employees paid over | r¢ | 50,000 | 1 | | | | | |
| OLA | in number of other employees paid over | н фС | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · · · · · · · · · | | Г | 004 |)-PF (| 2016 |
| | | | | | | For | пээ | ,-PF | /U15 |

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|---|--|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued) | Foundation Managers, Highly Pa | aid Employees, |
| 3 Five highest-paid independent contractors for professional service | ces (see instructions). If none, enter | "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
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| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | • 0 |
| Part IX-A Summary of Direct Charitable Activities | | _ |
| List the foundation's four largest direct charitable activities during the tax year Include rel | | r of Expenses |
| organizations and other beneficiaries served, conferences convened, research papers produ | uced, etc | |
| 1 | | |
| | | |
| 2 | | |
| 2 | | |
| | | |
| 2 | | |
| 3 | | |
| | | |
| 4 | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see | <u> </u> | |
| Describe the two largest program-related investments made by the foundation during t | the tax year on lines 1 and 2 | Amount |
| 1 | | |
| | | |
| 2 | | + |
| 2 | | |
| | | |
| All other program-related investments. See instructions | | |
| all other program-related investments. See instructions | | |
| <u> </u> | | |
| | | |
| Total. Add lines 1 through 3 | | ▶ 0 |
| | | Form 990-PF (2016) |

1a

1b

2

3a 3b

4

5

752,654

752.654

752.002

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652

Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

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

Page 9

358.319

358.319

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|----------------|------|
| Part XIII | Und |
| | |

listributed Income (see instructions)

b Total for prior years

XII, line 4 🕨 \$

indicated below:

b From 2012. c From 2013. . . **d** From 2014. e From 2015.

e Remaining amount distributed out of corpus

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

same amount must be shown in column (a))

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016

a Enter amount for 2015 only. Excess distributions carryover, if any, to 2016 From 2011.

f Total of lines 3a through e.

4 Qualifying distributions for 2016 from Part a Applied to 2015, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). d Applied to 2016 distributable amount.

173.345

173.345

173,345

173.345

(a)

Corpus

(b)

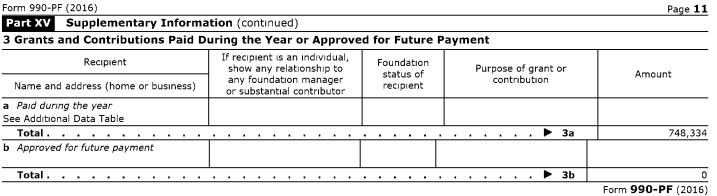
Years prior to 2015

(c)

2015

220,990

220.990



| Form 990-PF (2016) | | | | | Page 12 |
|--|----------------------|----------------------|-----------------------|------------------|--|
| Part XVI-A Analysis of Income-Producing | Activities | | | | |
| Enter gross amounts unless otherwise indicated | Unrelated bu | siness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
| 1 Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| a b | | | | | |
| c | | | | | |
| d e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 9,619 | |
| Dividends and interest from securities Net rental income or (loss) from real estate | | | 14 | 56,514 | |
| a Debt-financed property | | | | | |
| b Not debt-financed property6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| inventory | | | 18 | -346,392 | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a | | | | | |
| с | | | | | |
| d | | | | | |
| e 12 Subtotal Add columns (b), (d), and (e) | | 0 | | -280,259 | 0 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 3 | |
| (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the | | mont of Evom | nt Durnagas | | |
| Explain below how each activity for which the accomplishment of the foundation's explain the instructions (instructions (instruc | | | | | |
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| П | Information Regarding Transfers To and Transactions and Relationships With Noncharitable |
|---|--|
| | Exempt Organizations |

| Part XVII | Exempt Organiz | zations | 151015 10 0 | ma mansactic | ms and ite | ideionampa | With Honenari | Lubic | | |
|----------------------|--|------------------------------------|---------------------------------------|--|--------------------------|------------------------------------|--------------------------|-------------------------|------------|---------------|
| | janization directly or incode (other than section | directly engage | | | | | | | Yes | No |
| a Transfers fi | rom the reporting foun | dation to a nonc | haritable exe | empt organization | of | - | | | | |
| | | | | | | | | 1a(1) | | No |
| (2) Other | assets | | | | | | | 1a(2) | | No |
| b Other trans | sactions | | | | | | | | | |
| (1) Sales | of assets to a nonchari | table exempt or | ganızatıon. | | | | | 1b(1) | | No |
| (2) Purcha | ases of assets from a n | oncharitable exe | empt organız | ation | | | | 1b(2) | | No |
| | l of facilities, equipmer | • | | | | | | 1b(3) | | No |
| | oursement arrangemen | | | | | | | 1b(4) | | No |
| | or loan guarantees. | | | | | | | 1b(5) | | No |
| ` ' | nance of services or m | | - | | | | | 1b(6) | | No |
| - | facilities, equipment, neer to any of the above | | • | | | | | 1c | | No |
| of the good | is, other assets, or serving arra (b) Amount involved | vices given by th | ne reporting f in column (d | foundation If the i) the value of the | foundation regoods, othe | eceived less th r assets, or se | nan fair market valu | ie | ngemen | ts |
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| described i | dation directly or indire n section 501(c) of the implete the following so | Code (other tha | • | • | · | - | [| ☐Yes | ☑ N | 0 |
| | (a) Name of organization | n | (b |) Type of organizati | on | (| c) Description of relati | onship | | |
| | | | | | | | | | | |
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| of my Sign which | r penalties of perjury, y knowledge and belief n preparer has any kno ***** | , it is true, corre | | | | other than tax | | all infoi | mation | n of eturn |
| / s | ignature of officer or ti | rustee | | Date | Title | | (see ınstr |)? 🗹 Y | es 🗆 N | lo |
| Paid | Print/Type preparer's | nt/Type preparer's name Preparer's | | nature | Date | Check if self- employed ▶ □ | | P00910379 | | |
| Preparer | Firm's name ► WOL | F & COMPANY P | С | | | | Fırm's E | IN ▶ 04 | -26898 | 883 |
| Use Only | Firm's address ▶ 99 | HIGH STREET 2 | 1ST FLOOR | | | | | | | |
| | | STON, MA 021 | | | | | Phone r | Phone no (617) 439-9700 | | |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation MERRILL LYNCH #5404 Ρ 2016-01-01 2016-12-31 MERRILL LYNCH #5404 Р 2015-01-01 2016-12-31 Р 2011-10-11 2016-02-02 4200 SH VANGUARD VALUE ETF POWERSHARES DB US DOLLAR INDEX BULLISH FUND Р 2015-11-06 2016-01-28 Р POWERSHARES DB US DOLLAR INDEX BULLISH FUND 2015-11-15 2016-01-28 Ρ PARTNERSHIP NET ST CAP GAIN 2016-01-01 2016-12-31 Р PARTNERSHIP SECTION 1256 CONTRACTS & STRADDLES Р 2375SH VANGUARD 500 INDEX FUND 2011-10-11 2016-02-02 Р CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 4,517,098 4,947,614 -430,516 -184,928 287,387 472,315 319,169 207,904 111,265 101,578 103,302 -1,724 76,183 77,481 -1,2981,432 1,432 413,918 261,095 152,823 6,555 6,555 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -430,516 -184,928 111,265 -1,724-1,2981,432 152,823 6,555

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter hours per week Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation BYRON E WOODMAN JR TRUSTEE 0 0 0 00 58 CRESSBROOK ROAD CONCORD, MA 01742 CHARLES I CLOUGH JR TRUSTEE 0 0 00 649 SUDBURY ROAD CONCORD, MA 01742 TRUSTEE 0 GLORIA L CLOUGH 0 00 649 SUDBURY ROAD CONCORD, MA 01742 KRISTIN M CANTY TRUSTEE 0 0 0.00

| 1266 MONUMENT STREET CONCORD, MA 01742 | | | | |
|---|---------|---|---|---|
| SUSAN NARDONE | TRUSTEE | 0 | 0 | 0 |
| 4 FRANKLIN ROAD LEXINGTON, MA 02420 | 0 00 | | | |
| CHARLES I CLOUGH III | TRUSTEE | 0 | 0 | 0 |
| 60 HARTWELL ROAD CARLISLE, MA 01741 | 0 00 | | | |
| | | | | |

| <u>'</u> | | | | |
|--|---------|---|---|---|
| CHARLES I CLOUGH III | TRUSTEE | 0 | 0 | 0 |
| 60 HARTWELL ROAD CARLISLE, MA 01741 | 0 00 | | | |
| KATHRYN A LORUSSO | TRUSTEE | 0 | 0 | 0 |
| 77 WOOD STREET CONCORD, MA 01742 | 0 00 | | | |

| 60 HARTWELL ROAD CARLISLE, MA 01741 | | | | |
|--|---------|---|---|---|
| KATHRYN A LORUSSO | TRUSTEE | 0 | 0 | (|
| 77 WOOD STREET CONCORD, MA 01742 | 0 00 | | | |
| PETER R JOHNSON | TRUSTEE | 0 | 0 | (|

| KATHRYN A LORUSSO | TRUSTEE | 0 | 0 | |
|-------------------------------------|---------|---|---|---|
| 77 WOOD STREET CONCORD, MA 01742 | 0 00 | | | |
| PETER R JOHNSON | TRUSTEE | 0 | 0 | O |
| 95 HARVARD ROAD | 0 00 | | | |

0

0

TRUSTEE

0 00

STOW, MA 01775

5725 NW 91ST BLVD GAINESVILLE, FL 32653

MICHAEL TILLMAN

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Amount Recipient If recipient is an individual, Foundation show any relationship to status of contribution

| BRIDGE OVER TROUBLED WATERS 47 WEST STREET BOSTON, MA 02111 | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 10,000 |
|---|--|-----------|----------------|--------|
| a Paid during the year | | | | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| | · · | | | |

| D0310N, MA 02111 | | | | |
|---|-------------|-----------|----------------|---------|
| CARITAS COMMUNITIES 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 5,000 |
| CHILDREN'S HOSPITAL NEIGHBORHOOD PARTNERSHIPS 300 LONGWOOD AVENUE | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 100,000 |

| CHILDREN'S HOSPITAL NEIGHBORHOOD PARTNERSHIPS 300 LONGWOOD AVENUE BOSTON, MA 02115 | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 100,000 |
|---|-------------|-----------|----------------|---------|
| CHILDREN'S HOSPITAL TRAINING AND ACCESS PROGRAM 300 LONGWOOD AVENUE | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 450,000 |

| BOSTON, MA 02115 | | | | |
|---|-------------|-----------|----------------|---------|
| CHILDREN'S HOSPITAL TRAINING AND ACCESS PROGRAM 300 LONGWOOD AVENUE BOSTON, MA 02115 | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 450,000 |
| CONCORD CARLISLE AT PLAY (CC AT | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 33,334 |

| · · | | | | |
|---|-------------|-----------|----------------|---------|
| CHILDREN'S HOSPITAL TRAINING AND ACCESS PROGRAM 300 LONGWOOD AVENUE BOSTON, MA 02115 | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 450,000 |
| CONCORD CARLISLE AT PLAY (CC AT PLAY) | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 33,334 |

| 300 LONGWOOD AVENUE BOSTON, MA 02115 | | | | |
|--|-------------|-----------|----------------|--------|
| CONCORD CARLISLE AT PLAY (CC AT PLAY) 33 BRADFORD ST | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 33,334 |

| BOSTON, MA 02115 | | | | l |
|---------------------------------------|-------------|-----------|----------------|----|
| CONCORD CARLISLE AT PLAY (CC AT PLAY) | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 3. |

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CONCORD, MA 01742 Total . 748,334

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor David division - blooms

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year | | | | |
|--|-------------|-----------|----------------|---------|
| (CLOUGH REHAB CENTER) 133 OLD ROAD NINE ACRE CORNER | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 100,000 |
| L CONCORD MA 01742 | | | l I | |

| CONCORD, MA 01742 | | | | |
|---|-------------|-----------|----------------|--------|
| LOUISA MAY ALCOTT ORCHARD HOUSE 399 LEXINGTON ROAD | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 50,000 |

| 399 LEXINGTON ROAD | NOT RELATED | 501(C)(3) | EXEMPT PURPOSE | 50,000 |
|--------------------|-------------|-----------|----------------|--------|
| CONCORD, MA 01742 | | | | |
| | | | | |

| Tatal | | + |
|------------------|--|-------|
| DNCORD, MA 01742 | | |

748,334 За

| efile GRAPHIC print - DO NOT P | ROCESS As Filed I | As Filed Data - DLN: 93491215008077 | | | | |
|--|-------------------|-------------------------------------|------------------------|---|--|--|
| TY 2016 Accounting Fees Schedule | | | | | | |
| | | | | | | |
| Name: GLORIA AND CHARLES CLOUGH FOUNDATION EIN: 27-6648632 | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| WOLF & COMPANY, PC | 4,250 | 0 | | 4,250 | | |

FMV

Name: GLORIA AND CHARLES CLOUGH FOUNDATION

DLN: 93491215008077

3,878,155

3,878,155

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

MERRILL LYNCH #5404

Category / Item Listed at Cost or FMV Book Value End of Year Fair Market Value

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491215008077 | | |
|--------------------------------------|-----------------|---------------------------|---------------------|--|--|
| TY 2016 Other Decreases Schedule | | | | | |
| | | | | | |
| Name: | GLORIA AND (| CHARLES CLOUGH FOUNDATION | NC | | |
| | | | | | |
| EIN: | 27-6648632 | | | | |
| De | escription | | Amount | | |
| CHANGE IN UNREALIZED GAIN / LOSS | | | 129,647 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | : 93491215008077 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2016 Other Expenses Schedule | | | | | | |
| | | | | | | |
| Name: | GLORIA AND C | HARLES CLOUGH | FOUNDATION | | | |
| EIN: | 27-6648632 | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| MA FILING FEE | 70 | 0 | | 70 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491215008077 | | |
|--------------------------------------|-----------------|---------------------------|---------------------|--|--|
| TY 2016 Other Increases Schedule | | | | | |
| | | | | | |
| Name: | GLORIA AND | CHARLES CLOUGH FOUNDATION | NC | | |
| EIN: | 27-6648632 | | | | |
| De | escription | | Amount | | |
| NON DIVIDEND DISTRIBUTION | | | 1,166 | | |

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data | a - DLN: 93491215008077 | | | |
|--|-----------------|--------------------------|------------------------|---|--|
| TY 2016 Other Professional Fees Schedule | | | | | |
| | | | | | |
| Nam | ne: GLORIA AND | CHARLES CLOUG | H FOUNDATION | | |
| EIN: 27-6648632 | | | | | |
| | | i | | 1 | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| PARTNERSHIP EXPENSE | 105 | 105 | | 0 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491215008077 | | | | | |
|--------------------------------------|-------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2016 Taxes Schedule | | | | | | |
| No | CLODIA AND | S CHARLES CLOUG | CIL FOLIND ATTON | | | |
| Name: | GLORIA ANL | CHARLES CLOUG | H FOUNDATION | | | |
| EIN: | 27-6648632 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| EXCISE TAX ON NET INVESTMENT INCOME | 6,300 | 0 | | 0 | | |
| FOREIGN TAX PAID | 844 | 844 | | 0 | | |