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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491177002668

2016

OMB No 1545-0052

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 12-01-20)16 , aı	nd er	nding 11-30-	2017	
		Indation			A Employer ide	entification number	r
C/ %	O JOHN BLUE R	MY GRIFFIN FOUNDATION GRIFFIN TTEE IDGE CAPITAL LLC			02-0562020		
		d street (or P O box number if mail is not delivered to street address) DGE CAP LLC 660 MADISON AVE) Room/suite		B Telephone nu	mber (see instruction	ıs)
-		1770			(212) 446-3327		
		n, state or province, country, and ZIP or foreign postal code NY 10065			C If exemption	application is pending	g, check here
G Ch	neck al	I that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere 📗
		\square Final return \square Amended return				ganizations meeting	
		\square Address change \square Name change				k here and attach cor	·
H Ch	neck ty		foundation			ındatıon status was tı n 507(b)(1)(A), checl	
	Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxable	e private foundation				
of '	year <i>(f</i>	xet value of all assets at end from Part II, col (c),	Cash Accru	ıal		ation is in a 60-month n 507(b)(1)(B), check	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
	1	equal the amounts in column (a) (see instructions))					(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	4,574,128				
	2	Check ▶ ☐ If the foundation is not required to attach					
	_	Sch B					
	3	Interest on savings and temporary cash investments	6	<u> </u>	6	0	
	4	Dividends and interest from securities	1,398,016		1,398,016	0	
	5a	Gross rents					
e	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	-				
Ę	6a	- , ,					
Revenue	b	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)			0		
~	7 8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold	<u></u>				
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	5,972,150		1,398,022	0	
	13	Compensation of officers, directors, trustees, etc	0	<u> </u>			
	14	Other employee salaries and wages					
ب	15	Pension plans, employee benefits					
156	16a	Legal fees (attach schedule)	21,218		0	0	21,218
<u>a</u>	Ь	Accounting fees (attach schedule)	18,950		0	0	18,950
Operating and Administrative Expenses	c c	Other professional fees (attach schedule)	_				
ΙΛe	17	Interest					
trat	18	Taxes (attach schedule) (see instructions)	10,000		0	0	(
Z I	19	Depreciation (attach schedule) and depletion					
Ξ	20	Occupancy					
Ā	21	Travel, conferences, and meetings					
Ē	22	Printing and publications					
Ď.	23	Other expenses (attach schedule)	405		0	0	405
at at	24	Total operating and administrative expenses.					
Ser.		Add lines 13 through 23	50,573		0	0	40,573
Ö	25	Contributions, gifts, grants paid	4,715,847				4,715,847
	26	Total expenses and disbursements. Add lines 24 and					
		25	4,766,420	-	0	0	4,756,420
	27	Subtract line 26 from line 12	1 205 720				
	a	Excess of revenue over expenses and disbursements	1,205,730				
	ь	Net investment income (If negative, enter -0-)			1,398,022		
	С	Adjusted net income(if negative, enter -0-)				0	
For	Paper	work Reduction Act Notice, see instructions.		(Cat No 11289X	For	m 990-PF (2016

2,256,188

4,941,141

4,941,141

4,941,141

4,941,141

500,000

3.961.421

6,334,760

6,334,760

6,334,760

6,334,760

4,941,141

1,205,730

6,334,760

6,334,760

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187,889

1

2

3

4

5

6

1,107,500

1.129.689

4,110,528

Prepaid expenses and deferred charges Investments—U S and state government obligations (attach schedule)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Temporarily restricted

Unrestricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Permanently restricted . .

Investments—corporate stock (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

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

Analysis of Changes in Net Assets or Fund Balances

	5
	6
	7
S.	8
Assets	9
Ā	10a
	h

C

11

12 13

14

15

16

17

18

19 20

21

22

23

24

25

28

29

30

31

Part III

2

3

Liabilities

Balances

Fund 26

ō

Assets 27

Net

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly Pai	d Employees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "	NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	-	
	1	
	1	
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. Inclu		ef Expenses
organizations and other beneficiaries served, conferences convened, research paper	s produced, etc	<u> </u>
1 SEE GENERAL EXPLANATION ATTACHMENT		4,756,420
2		_
		-
3		
<u> </u>		-
-		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation d	uring the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
<u>-</u>		Form 990-PF (2016)

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

3a 3h

4

5

4,756,420

4.742.440

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13.980

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.

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

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

4

5

2016

Page 9

331,416

331,416

Form **990-PF** (2016)

Form 990-PF (20	016)
Part XIII	Undistributed Income (see instructions)

90-PF (20	016)
t XIII	Ur

- 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.
- 2014, 2013, 2012 **b** Total for prior years
 - 5.389.992

(a)

Corpus

39.267.153

4,425,004

43,692,157

5.389.992

38,302,165

7.691.421 7,654,205

9.989.445

8,542,090

4.425.004

(b)

Years prior to 2015

(c)

2015

- Excess distributions carryover, if any, to 2016 7,691,421
- a From 2011.
- **b** From 2012. c From 2013. . . d From 2014. e From 2015.
- 7 654 205
- 4 Qualifying distributions for 2016 from Part
- 9.989.445 XII, line 4 ▶ \$ 4,756,420
- 8,542,090 f Total of lines 3a through e.

required—see instructions).

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount 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) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

b Excess from 2013. .

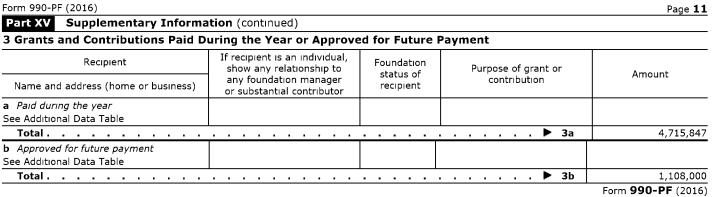
6 Enter the net total of each column as

indicated below:

- 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

same amount must be shown in column (a))

orr	n 990-PF (2016)					Page 10		
P	art XIV Private Operating Found	lations (see ınstr	uctions and Part \	VII-A, question 9)				
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20	16, enter the date	of the ruling	▶∟_	<u> </u>	1		
	Check box to indicate whether the organization is a private operating foundation described in section \Box 4942(j)(3) or \Box							
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	_	(e) Total		
	investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013			
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							
а	"Assets" alternative test—enter							
	(1) Value of all assets							
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
С	"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							
Pa	rt XV Supplementary Information			organization ha	d \$5,000 or mor	e i n		
	assets at any time during th Information Regarding Foundation Man		tructions.)					
а	List any managers of the foundation who have before the close of any tax year (but only if	ve contributed more				n		
	JOHN A GRIFFIN							
b	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the			
	NA							
<u> </u>	Triangle Brown to Contribution Co	C:(1 1 C	halamilia ata Ba			<u>▶</u>		
_	Information Regarding Contribution, Gr							
	Check here \blacktriangleright \square if the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr	preselected charitab ants, etc (see instru	le organizations and uctions) to individua	l does not accept Is or organizations ur	nder		
а	The name, address, and telephone number	or email address of	the person to whom	applications should	be addressed			
b	The form in which applications should be sul	bmitted and informa	ation and materials t	they should include				
C	Any submission deadlines							
d	Any restrictions or limitations on awards, su factors	ch as by geographic	cal areas, charitable	fields, kinds of instit	cutions, or other			



Enter gross amounts unless otherwise indicated		Unrelated bus	siness income	Excluded by section	(e) Related or exempt	
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
g Fees	and contracts from government agencies					
	rship dues and assessments					
	st on savings and temporary cash ments			14	6	
	ds and interest from securities			14	1,398,016	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property notes or (loss) from personal property					
	nvestment income					
	r (loss) from sales of assets other than					
	ory					
	ome or (loss) from special events					
Other r	rofit or (loss) from sales of inventory evenue a					
b	evenue <u>u</u>					
с						
d						
e						
e					1,398,022	
e Subtota Total.	al Add columns (b), (d), and (e)			13	1,398,022 3	
e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio Relationship of Activities to th	_{ns)} e Accomplishı	ment of Exem	pt Purposes	3	1,398,02
e Subtota Total. ee worksl art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ns) e Accomplishi income is reporte	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	1,398,02
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orm 990)-PF (2	016)											Pa	ge 13
Part)	(VII	Information Re Exempt Organi		ransi	fers To a	and Transact	tions	s and F	Relatio	nships With Non	charita	ble		
1 Did t (c) o	he org. f the C	anization directly or in ode (other than sectio	directly enga n 501(c)(3)	ige in organi	any of the izations) c	e following with a or in section 527	any o	other org	ganızatıc political	n described in sectio organizations?	on 501		Yes	No
a Trans	sfers fr	om the reporting foun	dation to a n	oncha	ırıtable ex	empt organizati	on of	•			Γ			
(1)	Cash.										. 1	la(1)		No
(2)	Other	assets									. 1	la(2)		No
b Othe	r trans	actions												
(1)	Sales	of assets to a nonchari	ıtable exemp	t orga	nızatıon.						. 1	b(1)		No
(2)	Purcha	ses of assets from a n	noncharitable	exem	pt organiz	zation					1	b(2)		No
(3)	Rental	of facilities, equipmen	nt, or other a	ssets.							1	.b(3)		No
(4)	Reımb	ursement arrangemen	ts								. 1	b(4)		No
(5)	Loans	or loan guarantees.									. 1	.b(5)		No
(6) F	Perforn	nance of services or m	embership o	r fund	raising sol	licitations					. 1	.b(6)		No
c Shar	ng of f	acılıtıes, equipment, n	nailing lists,	other .	assets, or	paid employees	s				. L	1c		No
of th	e good y trans	er to any of the above s, other assets, or ser- saction or sharing arra (b) Amount involved	vices given b ngement, sh	y the ow in	reporting column (d	foundation If th	he foo he go	undatior oods, ot	n receive her asse	d less than fair mark	ket value ⁄ed		naomon	te.
,a) Lille I	10	(b) Amount involved	(C) Name of	ПОПСП	antable exe	inpt organization		(u) Desc	inperori or	cransiers, cransaccions,	and Sharn	ig arrai	igenien	
							1							
	_						<u> </u>							
desci	ıbed ır	dation directly or indire in section 501(c) of the implete the following so (a) Name of organization	Code (other	than	section 50	·	ectio	n 527?.	-			Yes ship	☑ N	0
Sign	of my	penalties of perjury, knowledge and belief preparer has any kno	, it is true, co			plete Declaratio				than taxpayer) is ba	sed on a	ll infor	mation	n of
Here	_					2018-06-26		_			lay the IRS with the pre			
	S	gnature of officer or ti	rustee			Date		Tit	:le		see instr)?	_		
Paid		Print/Type preparer's	s name	Prep	arer's Sıgı	nature		Date 2018-	06-26	Check if self- employed ▶ □	PTIN P	01343	131	
Orons	ror													

2a Is the foun	dation directly or indirectly affiliate	ed with, or relate	ed to, one or more	tax-exem	pt organ	ızatıons	
described i	n section 501(c) of the Code (othe	r than section 5	01(c)(3)) or in sec	tion 527?.			🗌 Yes 🗹 No
b If "Yes," co	mplete the following schedule						
	(a) Name of organization		(b) Type of organizati	on		(c) Description	on of relationship
NA		N/A			N/A		
							_
Unde	r penalties of perjury, I declare the	at I have examı	ned this return, inc	luding acc	company	ing schedules and	statements, and to the best
	/ knowledge and belief, it is true, o	correct, and com	nplete Declaration	of prepare	er (other	than taxpayer) is	based on all information of
Sign which	which preparer has any knowledge		1				
Here 👠			2018-06-26				May the IRS discuss this return with the preparer shown below
-	Signature of officer or trustee		Date		tle		(see instr)? Yes No
			Date		tie		(see instr.) Yes 🗆 No
	 Print/Type preparer's name	Preparer's Sig	ınature	Date			PTIN
		,	,	Date		Check If self-	1
						employed ▶ 🗌	P01343131
Paid	YING LI			2018-	-06-26		
Preparer							
•	Firm's name Pricewaterhouse	Coopers LLP					Firm's EIN ▶
Use Only	Firm's address ▶ 300 MADISON	AVENUE					
	Firm's address > 300 MADISON	AVENUE					
	NEW YORK, N	Y 10017					Phone no (646) 471-3000
	<u> </u>						
							Form 990-PF (2016)

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, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation JOHN A GRIFFIN DIRECTOR, PRESIDENT 5 0 BLUE RIDGE CAP LLC 660 MADISON AVE NEW YORK, NY 10065

RICHARD BELLO	SECRETARY	0	0	0
BLUE RIDGE CAP LLC 660 MADISON AVE NEW YORK, NY 10065	5 0			
AMY M GRIFFIN	DIRECTOR	0	0	0
BLUE BIDGE CAPILIC 660 MADISON AVE	5 0			

NEW YORK, NY 10065				
AMY M GRIFFIN	DIRECTOR	0	0	0
BLUE RIDGE CAP LLC 660 MADISON AVE NEW YORK, NY 10065	5 0			
HOMER SMITH	TREASURER	0	0	0
BLUE BIDGE CAR LLC 660 MADISON AVE	5 0			

BLUE RIDGE CAP LLC 660 MADISON AVE NEW YORK, NY 10065	5.0			
HOMER SMITH	TREASURER	0	0	C
BLUE RIDGE CAP LLC 660 MADISON AVE	5 0			

NEW YORK, NY 10065				
HOMER SMITH	TREASURER	0	0	· ·
BLUE RIDGE CAP LLC 660 MADISON AVE	5 0			

HOMER SMITH	TREASURER	0	0	0
BLUE RIDGE CAP LLC 660 MADISON AVE NEW YORK, NY 10065	5 0			

BLUE RIDGE CAP LLC 660 MADISON AVE NEW YORK, NY 10065	5 0		
DATTY STEVENS	ACCICTANT CECRETARY	0	

,			1	i
PATTY STEVENS	ASSISTANT SECRETARY	0	0	
BLUE BIDGE CAR LLC 660 MADISON AVE	5 0			

PATTY STEVENS	ASSISTANT SECRETARY	0	0	
BLUE RIDGE CAP LLC 660 MADISON AVE	5 0			
NEW YORK, NY 10065				

Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AFC GROWTH FUND	NONE	PC	GENERAL SUPPORT	100,000

PC

PC

PC

PC

GENERAL SUPPORT

GENERAL SUPPORT

GENERAL SUPPORT

GENERAL SUPPORT

500,000

10,000

20,000

5,000

4,715,847

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			
	,		

NONE

NONE

NONE

NONE

AMERICAN FEDERATION FOR CHILDREN

CENTRAL PARK WEST AT 79TH STREET

1020 19TH ST NW STE 675 WASHINGTON, DC 20036

NEW YORK, NY 10024 BEYOND TYPE 1

NEW YORK, NY 10014

PO BOX 13165 AUSTIN.TX 78711 EVERY MOTHER COUNTS

Total . . 3a

HISTORY

AMERICAN MUSEUM OF NATURAL

545 MIDDLEFIELD RD SUITE 220 MENLO PARK, CA 94025 CHAMPIONS OFF THE FIELD

180 VARICK STREET SUITE 1116

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
FREEDOM INSTITUTE 515 MADISON AVENUE NEW YORK, NY 10022	NONE	PC	GENERAL SUPPORT	5,000	
GOOD PLUS FOUNDATION 306 W 37TH STREET 8TH FLOOR NEW YORK, NY 10018	NONE	PC	GENERAL SUPPORT	10,000	
GREEN SCHOOLS ALLIANCE 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	NONE	PC	GENERAL SUPPORT	25,000	
GIRLS INCORPORATED OF NYC 120 WALL ST SUITE 1804 NEW YORK, NY 10005	NONE	PC	GENERAL SUPPORT	10,000	
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK, NY 10035	NONE	PC	GENERAL SUPPORT	50,000	
Total				4,715,847	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
IMENTOR 30 BROAD STREET 9TH FL NEW YORK, NY 10004	NONE	PC	EDUCATION	1,350,000	
JDRF 432 PARK AVENUE SOUTH 5TH FL NEW YORK, NY 10016	NONE	PC	GENERAL SUPPORT	5,000	
KIPP NY INC C/O KIPP FOUNDATION 520 8TH AVENUE SUITE 2005 NEW YORK, NY 10018	NONE	SO II	GENERAL SUPPORT	10,000	
LUNG CANCER RESEARCH FOUNDATION 845 THIRD AVENUE 6TH FLOOR NEW YORK, NY 10022	NONE	PC	GENERAL SUPPORT	5,000	
MORE THAN SPORT FOUNDATION 75-5660 KOPIKO ST SUITE C-7 401	NONE	PC	GENERAL SUPPORT	10,000	

NEW YORK, NY 10018				
LUNG CANCER RESEARCH FOUNDATION 845 THIRD AVENUE 6TH FLOOR NEW YORK, NY 10022	NONE	PC	GENERAL SUPPORT	
MORE THAN SPORT FOUNDATION	NONE	PC	GENERAL SUPPORT	

75-5660 KOPIKO ST SUITE C-7 401 KAILUA KONA, HI 96740

4,715,847 Total . . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MCINTIRE SCHOOL OF COMMERCE NONE PC ANNUAL FUND 160,000 **FOUNDATION** UNIVERSITY OF VIRGINIA PO BOX 400173 CHARLOTTESVILLE, VA 22904 MICHAEL J FOX FOUNDATION NONE PC GENERAL SUPPORT 10,000 **GRAND CENTRAL STATION** PO BOX 4777 NEW YORK, NY 101634777 MOUNT SINAI DUBIN BREAST CENTER NONE PC GENERAL SUPPORT 10,000 I ICAHN SCHOOL OF MEDICINE AT 10,000

4,715,847

MOUNT S ONE GUSTAVE L LEVY PLACE BOX 1049 NEW YORK, NY 100296574				
NORTHSIDE CENTER 1301 FIFTH AVENUE NEW YORK, NY 10029	NONE	PC	GENERAL SUPPORT	
NATIONAL FISH AND WILDLIFE FOUNDATION 1133 FIFTEENTH STREET NW SUITE	NONE	PC	GENERAL SUPPORT	

WASHINGTON, DC 20005

Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW YORK PRESBYTERIAN FUND INC NONE PC GENERAL SUPPORT 5,000 654 WEST 170TH STREET NEW YORK, NY 10032 NYU FACES 223 EAST 34TH STREET NONE PC **GENERAL SUPPORT** 50,000

NEW YORK, NY 10016				
ONE TO WORLD 307 SEVENTH AVENUE SUITE 2003 NEW YORK, NY 10001	NONE	PC	GENERAL SUPPORT	10,000
SAVE VENICE 133 EAST 58TH STREET SUITE 501	NONE	PC	GENERAL SUPPORT	50,000

307 SEVENTH AVENUE SUITE 2003 NEW YORK, NY 10001				
SAVE VENICE 133 EAST 58TH STREET SUITE 501 NEW YORK, NY 10022	NONE	PC	GENERAL SUPPORT	50,000
ROBIN HOOD FOUNDATION	NONE	PC	COMMUNITY-BASED PROGRAMS	827,380

SAVE VENICE 133 EAST 58TH STREET SUITE 501 NEW YORK, NY 10022	NONE	PC	GENERAL SUPPORT	50,
ROBIN HOOD FOUNDATION	NONE	PC	COMMUNITY-BASED PROGRAMS	827,

NEW YORK, NY 10022				
ROBIN HOOD FOUNDATION 826 BROADWAY NEW YORK, NY 10003	NONE	PC	COMMUNITY-BASED PROGRAMS	827,380

ROBIN HOOD FOUNDATION	NONE	PC	COMMUNITY-BASED PROGRAMS	
826 BROADWAY				
NEW YORK, NY 10003				

3a

NEW YORK, NY 10003		_
Total	 	4,715,847

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SIGNATURE THEATRE COMPANY 480 W 42ND STREET NEW YORK, NY 10036	NONE	PC	GENERAL SUPPORT	500,000
SUCCESS ACADEMY CHARTER SCHOOLS 310 LENOX AVENUE 2ND FLOOR NEW YORK, NY 10027	NONE	PC	EDUCATION	25,000
THE BOY'S CLUB OF NEW YORK 287 EAST 10TH STREET NEW YORK, NY 10009	NONE	PC	GENERAL SUPPORT	295,000
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	NONE	PC	GENERAL SUPPORT	25,000
THE NEW 42ND STREET 229 WEST 42ND STREET	NONE	PC	GENERAL SUPPORT	5,000

4,715,847

NEW YORK, NY 10036

Total . . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
UVA PO BOX 400314 CHARLOTTESVILLE, VA 229044314	NONE	PC	GENERAL SUPPORT	327,414
UVA CENTER FOR POLITICS PO BOX 400315 CHARLOTTESVILLE, VA 229044314	NONE	PC	GENERAL SUPPORT	100,000
WAPIYAPI 191 UNIVERSITY BOULEVARD BOX 294 DENVER, CO 80206	NONE	PC	GENERAL SUPPORT	5,000
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	NONE	PC	GENERAL SUPPORT	25,000
THE GLOBAL FUND FOR CHILDREN	NONE	PC	GENERAL SUPPORT	50,000

CHARLOTTESVILLE, VA 229044314				
WAPIYAPI 191 UNIVERSITY BOULEVARD BOX 294 DENVER, CO 80206	NONE	PC	GENERAL SUPPORT	5,00
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	NONE	PC	GENERAL SUPPORT	25,00
	l	l		l

4,715,847

1101 FOURTEENTH STREET NW SUITE 42

WASHINGTON, DC 20005

За

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year				
THE SPENCE SCHOOL 22 EAST 91ST STREET NEW YORK, NY 101280657	NONE	PC	ANNUAL FUND & ATHLETIC CENTER	101,053

4.715.847

Total .

3а

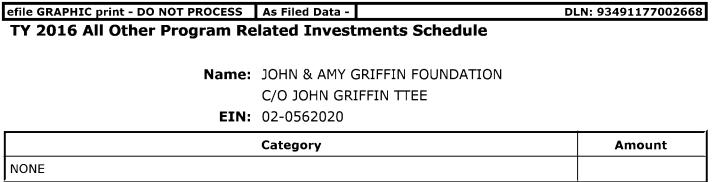
efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -	D	LN: 93491177002668
TY 2016 Accounting Fees Schedule					
	Name:	JOHN & A	AMY GRIFFIN FOUI	NDATION	
	C/O JOHN GRIFFIN TTEE				
EIN: 02-0562020					
Category	Ame	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

Purposes

18,950

	EIN: 02-0562
Category	Amount

ACCOUNTING FEES



lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491177002668 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2016 Depreciation Schedule Name: JOHN & AMY GRIFFIN FOUNDATION C/O JOHN GRIFFIN TTEE

EIN: 02-0562020

DLN: 93491177002668

anation Attachment

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

Name: JOHN & AMY GRIFFIN FOUNDATION

C/O JOHN GRIFFIN TTEE

EIN: 02-0562020

General E	leneral Explanation Attachment						
Identifier	Return Reference	Explanation					
1	FORM 990PF, PART IX-A SUMMARY OF	FORM 990PF, PART IX-A SUMMARY OF	THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES ITS PRIMARY PURPOSE IS TO SUPPORT, BY GRANTS AND				
	CHARITABLE ACTIVITIES	CHARITABLE ACTIVITIES	DISTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT AS PUBLIC CHARITIES UNDER IRC SECTION 501(C)(3)				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491177002668
TV 2016 Investments Corners	to Stock School	dula	
TY 2016 Investments Corpora	te stock schei	uule	
Name:	John & Amy Grif	FIN FOUNDATION	
	C/O JOHN GRIFFII	N TTEE	

EIN: 02-0562020		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
GREENLIGHT CAPITAL	500,000	1,107,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491177002668
TY 2016 Investments - Other	Schedule		
Name:	JOHN & AMY GRIFFIN	FOUNDATION	
	C/O JOHN GRIFFIN TT	EE	

376,447

75,233

EIN: 02-0562020					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
BLUE RIDGE OFFSHORE, LP		3,636,188	503,242		
ENDEAVOR CATALYST II, LP		250,000	250,000		

THE RISE FUND (B), LP

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DLN	N: 93491177002668			
TY 2016 Legal Fees Schedule							
Name: JOHN & AMY GRIFFIN FOUNDATION C/O JOHN GRIFFIN TTEE							
	EIN: 02-0562020						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
LEGAL FEES	21,218	0	0	21,218			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491177002668		
TY 2016 Other Expenses Schedule						
Name:	JOHN & AMY GF	RIFFIN FOUNDATI	íON			
	C/O JOHN GRIFFIN TTEE					
EIN:	02-0562020					
Other Expenses Schedule	Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

other expenses schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
NYS CHARITY REGISTRATION	250	0	0	250		

PUBLIC NOTICE AD FEE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491177002668				
TY 2016 Other Increases Schedule							
Name:	JOHN & AMY G	GRIFFIN FOUNDATION					
	C/O JOHN GRI	FFIN TTEE					
EIN:	02-0562020						
Do	escription		Amount				
BOOK TO TAX DIFFERENCE			187,889				

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	-	DLN	N: 93491177002668		
TY 2016 Taxes Schedule							
	Name:	JOHN & AMY	GRIFFIN FOUNDA	ATION			
	C/O JOHN GRIFFIN TTEE						
	EIN:	02-0562020					
Category	Aı	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

Category	

EXCISE TAXES

efile GRAPHIC print - I	OO NOT PROCESS As Filed Data -			DLN: 93491177002668				
Schedule B (Form 990, 990-EZ,	Sched	ule of Contributors	S	OMB No 1545-0047				
or 990-PF) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990								
Name of the organizat JOHN & AMY GRIFFIN FO			Emp	oloyer identification number				
C/O JOHN GRIFFIN TTEE			02-0	0562020				
Organization type (che	eck one)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number)	organization						
	4947(a)(1) nonexempt cha	arıtable trust not treated as a	a private foundation					
	☐ 527 political organization							
Form 990-PF	501(c)(3) exempt private for	oundation						
	4947(a)(1) nonexempt cha	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private for	☐ 501(c)(3) taxable private foundation						
	ation filing Form 990, 990-EZ, or 990- r property) from any one contributor(
Special Rules								
under sections a received from a	tion described in section 501(c)(3) filir 509(a)(1) and 170(b)(1)(A)(vi), that ch ny one contributor, during the year, to ne 1h, or (ii) Form 990-EZ, line 1 Con	ecked Schedule A (Form 99 tal contributions of the great	00 or 990-EZ), Part II,	line 13, 16a, or 16b, and that				
during the year,	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							
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8 contributions exclusively for religious cked, enter here the total contribution complete any of the parts unless the ible, etc., contributions totaling \$5,000	, charitable, etc., purposes, is that were received during General Rule applies to thi	but no such contributi the year for an <i>exclus</i> s organization becaus	ions totaled more than \$1,000 sively religious, charitable, etc , se it received nonexclusively				
990-EZ, or 990-PF), bu	on that is not covered by the General is it must answer "No" on Part IV, line sorm 990PF, Part I, line 2, to certify th	2, of its Form 990, or check	the box on line H of it	ts				
For Paperwork Reduction for Form 990, 990-EZ, or 99	Act Notice, see the Instructions 0-PF	Cat No 30613X	Schedule B (F	Form 990, 990-EZ, or 990-PF) (2016)				

Name of organization **Employer identification number** JOHN & AMY GRIFFIN FOUNDATION 02-0562020 C/O JOHN GRIFFIN TTEE Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person JOHN GRIFFIN **Payroll** C/O BLUE RIDGE CAPITAL 660 MADISON \$4,574,128 Noncash NEW YORK, NY 10065 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization of the JOHN & AMY GRIFF	FIN FOUNDATION	Employer identification number	
C/O JOHN GRIFFIN		02-0562020	
Part II	Noncash Property (see instructions) Use duplicate copies of 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
1	CASH \$3,960,000 PLUS ENDEAVOR CATALYST II LP & THE RISE FUND (B) LP NONCASH FUNDS	\$ 4,574 128	2017-07-05
(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) 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
		\$	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		Page 4	
Name of organization JOHN & AMY GRIFFIN FOUNDATION C/O JOHN GRIFFIN TTEE			Employer identification number 02-0562020	
than \$1, organiza the year	000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for	
(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	
(2)				
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	
(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	
	Transletoo o namo, addreso, and		Column of the following	
(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	` ,	Relationship of transferor to transferee	

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