

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation CLERMONT FOUNDATION		A Employer identification number 22-3177379	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 500		Room/suite	B Telephone number (see instructions) (781) 862-1845
City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, MA 02420		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Address change		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 7,353,267		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	290,245			
	2 Check ▶ <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	158,120	146,724		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,224,720			
	b Gross sales price for all assets on line 6a 2,920,241				
	7 Capital gain net income (from Part IV, line 2) . . .		1,224,720		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	117,752	114,971		
	12 Total. Add lines 1 through 11 . . . . .	1,790,837	1,486,415		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .	34,830	27,865		6,965
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .	15,568	5,568		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	1,571	866		705
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	51,969	34,299		7,670
	25 Contributions, gifts, grants paid . . . . .	344,500			344,500
	26 Total expenses and disbursements. Add lines 24 and 25	396,469	34,299		352,170
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,394,368			
	b Net investment income (if negative, enter -0-)		1,452,116		
c Adjusted net income (if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	140,044	74,774	74,774
	2	Savings and temporary cash investments . . . . .	343,120	223,722	223,722
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	109		
	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 ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	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) . . . . .	3,456,105	4,534,210	5,240,322
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	1,244,219	1,747,595	1,814,449	
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	5,183,597	6,580,301	7,353,267	
Liabilities	17	Accounts payable and accrued expenses . . . . .	5,000	7,336	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	5,000	7,336	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .	2,285,339	2,285,339	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	2,893,258	4,287,626	
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	5,178,597	6,572,965		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	5,183,597	6,580,301		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,178,597
2	Enter amount from Part I, line 27a . . . . .	2	1,394,368
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	6,572,965
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	6,572,965

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day , yr )	(d) Date sold (mo , day , yr )
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> 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 }	<b>2</b>	1,224,720
<b>3</b> 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) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount 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))
2017	389,082	6,819,136	0 057057
2016	366,263	5,974,883	0 061300
2015	331,678	6,174,380	0 053718
2014	256,533	6,072,777	0 042243
2013	283,017	5,365,425	0 052748
<b>2</b> Total of line 1, column (d) . . . . .			<b>2</b> 0 267066
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years . . . . .			<b>3</b> 0 053413
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 . . . . .			<b>4</b> 7,797,241
<b>5</b> Multiply line 4 by line 3 . . . . .			<b>5</b> 416,474
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .			<b>6</b> 14,521
<b>7</b> Add lines 5 and 6 . . . . .			<b>7</b> 430,995
<b>8</b> Enter qualifying distributions from Part XII, line 4 , . . . . .			<b>8</b> 352,170

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	29,042
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	29,042
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	29,042
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	46,318
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	46,318
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	704
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	16,572
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> 16,572 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ 0 <b>(2)</b> On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	Yes
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MA, NJ		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> MARTHA KEITH TTEE Telephone no <b>▶</b> (781) 862-1845			

Located at **▶** PO BOX 500 LEXINGTON MA ZIP+4 **▶** 02420

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARTHA H KEITH PO BOX 500 LEXINGTON, MA 02420	TRUSTEE 0 50	0	0	0
GARNETT L KEITH JR PO BOX 500 LEXINGTON, MA 02420	TRUSTEE 0 50	0	0	0
GEOFFREY L KEITH PO BOX 500 LEXINGTON, MA 02420	TRUSTEE 0 00	0	0	0
SUZANNE K COLON PO BOX 500 LEXINGTON, MA 02420	TRUSTEE 0 00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

**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
NONE		
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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	7,149,911
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	766,070
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	7,915,981
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	7,915,981
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	118,740
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	7,797,241
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	389,862

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	389,862
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	29,042
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	29,042
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	360,820
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	360,820
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	360,820

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	352,170
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	352,170
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	352,170

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				360,820
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . . 18,262				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . . 31,929				
<b>d</b> From 2016. . . . . 70,547				
<b>e</b> From 2017. . . . . 58,319				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	179,057			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 352,170				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				352,170
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	8,650			8,650
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	170,407			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	9,612			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	160,795			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . . 31,929				
<b>c</b> Excess from 2016. . . . . 70,547				
<b>d</b> Excess from 2017. . . . . 58,319				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
(1) Value of all assets . . . . .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "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.)**

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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) ) See Additional Data Table	
<b>b</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	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input checked="" type="checkbox"/> 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
<b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed	
<b>b</b> The form in which applications should be submitted and information and materials they should include	
<b>c</b> Any submission deadlines	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			▶ <b>3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .			14	158,120	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .			14	117,752	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	1,224,720	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .		0		1,500,592	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations )			<b>13</b>	<b>1,500,592</b>	<b>1,500,592</b>

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign  
Here**

\* \* \* \* \*

Title

(see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00359771
	MARY KAYE JOHNSTON CPA				
	Firm's name ▶ AMG NATIONAL TRUST BANK				Firm's EIN ▶ 84-1595367
	Firm's address ▶ 6295 GREENWOOD PLAZA BLVD GREENWOOD VILLAGE, CO 801114908				Phone no (303) 694-2190

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, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 SCHWAB 0296 - PUBLICLY TRADED SECURITIES - SHORT TERM	P		
1 SCHWAB 0296 - PUBLICLY TRADED SECURITIES - LONG TERM	P		
SCHWAB 3936 - PUBLICLY TRADED SECURITIES - SHORT TERM	P		
SCHWAB 3936 - PUBLICLY TRADED SECURITIES - LONG TERM	P		
SCHWAB 4262 - PUBLICLY TRADED SECURITIES - SHORT TERM	P		
SCHWAB 4262 - PUBLICLY TRADED SECURITIES - LONG TERM	P		
SCHWAB 8967 - PUBLICLY TRADED SECURITIES - SHORT TERM	P		
SCHWAB 8967 - PUBLICLY TRADED SECURITIES - LONG TERM	P		
SEABRIDGE ASIA REDUX, LLC - SHORT TERM	P		
SEABRIDGE ASIA REDUX, LLC - LONG TERM	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
2,016		2,036	-20
13,979		8,818	5,161
62,084		63,023	-939
2,277,788		1,282,113	995,675
843		1,177	-334
10,940		5,991	4,949
86,816		115,326	-28,510
356,767		211,871	144,896
		5,166	-5,166
809			809

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-20
			5,161
			-939
			995,675
			-334
			4,949
			-28,510
			144,896
			-5,166
			809

**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>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis <b>(g)</b> plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
108,199			108,199

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (i) <b>(k)</b> over col (j), if any	
			108,199

**Form 990PF Part XV Line 1a - 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).**

MARTHA H KEITH
GARNETT L KEITH JR



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN RED CROSS NEW JERSEY CROSSROADS 695 SPRINGFIELD AVE SPRINGFIELD, NJ 07901	NONE	EXEMPT	HEALTH	5,000
AMNESTY INTERNATIONAL USA 5 PENN PLAZA NEW YORK, NY 100011810	NONE	EXEMPT	HEALTH	1,000
ASPEN MUSIC FESTIVAL & SCHOOL 2 MUSIC SCHOOL ROAD ASPEN, CO 81611	NONE	EXEMPT	ARTS	1,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BARTON COLLEGEPO BOX 5000 WILCON, NC 27893	NONE	EXEMPT	EDUCATION	20,000
BIG SKY YOUTH EMPOWERMENT PROJECT INC PO BOX 6757 BOZEMAN, MT 59771	NONE	EXEMPT	SOCIAL SERVICE	3,000
BOSTON BALLET19 CLARENDON ST BOSTON, MA 02116	NONE	EXEMPT	ARTS	1,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON RESCUE MISSION PO BOX 849100 BOSTON, MA 022849100	NONE	EXEMPT	SOCIAL SERVICE	500
BRADY CENTER TO PREVENT GUN VIOLENCE 840 FIRST ST NE STE 400 WASHINGTON, DC 20002	NONE	EXEMPT	SOCIAL SERVICE	2,000
CASA PUEBLOPO BOX 704 ADJUNTAS, PR 00601	NONE	EXEMPT	ENVIRONMENT	5,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHATTOOGA CONSERVANCY 9 SEQUOIA HILLS LANE CLAYTON, GA 30525	NONE	EXEMPT	EDUCATION	1,000
CROSSCUT MOUNTAIN SPORTS CENTER PO BOX 6400 BOZEMAN, MT 59771	NONE	EXEMPT	EDUCATION	20,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE 2ND FL NEW YORK, NY 100015004	NONE	EXEMPT	HEALTH	23,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 94111	NONE	EXEMPT	ENVIRONMENT	10,000
EMERSON CENTER FOR THE ARTS & CULTURE 111 SOUTH GRAND AVE BOZEMAN, MT 59715	NONE	EXEMPT	ARTS	5,000
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE S NEW YORK, NY 10010	NONE	EXEMPT	ENVIRONMENT	5,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	EXEMPT	SOCIAL SERVICE	250
FRIENDS OF MATENWA 91 ABERDEEN AVE CAMBRIDGE, MA 02138	NONE	EXEMPT	SOCIAL SERVICE	10,000
GEORGIA TECH FOUNDATION ROLL CALL 190 NORTH AVENUE NW ATLANTA, GA 303132550	NONE	EXEMPT	EDUCATION	250
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER BOSTON FOOD BANK THE 70 SOUTH BAY AVE BOSTON, MA 02118	NONE	EXEMPT	SOCIAL SERVICE	500
GREATER FOUR CORNER ACTION COALITION EASTERN SERVICE WORKERS ASSN 247 BOWDOIN ST DORCHESTER, MA 02122	NONE	EXEMPT	SOCIAL SERVICE	5,000
HARVARD BUSINESS SCHOOL FUND SOLDIERS FIELD RD BOSTON, MA 021639904	NONE	EXEMPT	EDUCATION	500
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HAVENPO BOX 752 BOZEMAN, MT 59771	NONE	EXEMPT	SOCIAL SERVICE	1,000
HEADWATERS ACADEMY 418 WEST GARFIELD ST BOZEMAN, MT 59715	NONE	EXEMPT	SOCIAL SERVICE	1,000
HUMAN RESOURCE DEVELOPMENT COUNCIL (HRDC) OF DISTRICT IX INC 32 SOUTH TRACY BOZEMAN, MT 59715	NONE	EXEMPT	HEALTH	3,000
<b>Total . . . . . ▶ 3a</b>				344,500



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INTERNATIONAL RED CROSS 695 SPRINGFIELD AVE SUMMIT, NJ 07901	NONE	EXEMPT	HEALTH	5,000
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND ST NEW YORK, NY 10168	NONE	EXEMPT	SOCIAL SERVICE	10,000
LEXINGTON FARMERS' MARKET 70 EAST ST LEXINGTON, MA 02420	NONE	EXEMPT	SOCIAL SERVICE	4,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LEXINGTON SYMPHONYPO BOX 194 LEXINGTON, MA 024200002	NONE	EXEMPT	ARTS	1,000
LEXINGTON YOUTH AND FAMILY SERVICES 7 HARRINGTON ROAD LEXINGTON, MA 02421	NONE	EXEMPT	SOCIAL SERVICE	17,000
MAYO FOUNDATION200 FIRST ST SW ROCHESTER, MN 55905	NONE	EXEMPT	HEALTH	10,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MCLEAN HOSPITAL 115 MILL STREET MAIL STOP 126 BELMONT, MA 024781064	NONE	EXEMPT	HEALTH	2,000
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 97204	NONE	EXEMPT	SOCIAL SERVICE	2,000
MR TOM'S HEART24 WATERFORD CT ATLANTA, GA 30328	NONE	EXEMPT	SOCIAL SERVICE	2,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MUSEUM OF FINE ARTS BOSTON 465 HUNTINGTON AVE BOSTON, MA 02115	NONE	EXEMPT	ARTS	500
NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN ST LANDER, WY 825022848	NONE	EXEMPT	EDUCATION	4,000
NEWARK MUSEUM 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	EXEMPT	ARTS	2,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
NURSE-FAMILY PARTNERSHIP 1900 GRANT ST STE 400 DENVER, CO 802034304	NONE	EXEMPT	HEALTH	10,000
OXFAM AMERICA 226 CAUSEWAY ST 5TH FL BOSTON, MA 022055807	NONE	EXEMPT	HEALTH	8,000
PARK LAKE PRESBYTERIAN CHURCH 309 E COLONIAL DR ORLANDO, FL 328011286	NONE	EXEMPT	RELIGION	7,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PARTNERS IN HEALTH 800 BOYLSTON ST STE 300 BOSTON, MA 02199	NONE	EXEMPT	HEALTH	10,000
PINE STREET INN444 HARRISON AVE BOSTON, MA 02118	NONE	EXEMPT	SOCIAL SERVICE	500
PLANNED PARENTHOOLD FEDERATION OF AMERICA 434 WEST 33RD ST NEW YORK, NY 10001	NONE	EXEMPT	HEALTH	5,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SAVE THE CHILDREN 501 KINGS HWY E STE 400 FAIRFIELD, CT 06825	NONE	EXEMPT	HEALTH	5,000
SHALLOWFORD PRESBYTERIAN CHURCH 2375 SHALLOWFORD RD NE ATLANTA, GA 30345	NONE	EXEMPT	RELIGION	16,000
SIGMA CHI FOUNDATION 1714 HINMAN AVE EVANSTON, IL 60201	NONE	EXEMPT	EDUCATION	5,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23532 CALABASAS ROAD SUITE A CALABASAS, CA 91302	NONE	EXEMPT	ENVIRONMENT	2,000
ST FRANCIS HOUSE39 BOYLSTON ST BOSTON, MA 02116	NONE	EXEMPT	SOCIAL SERVICE	500
THE BOZEMAN DHARMA CENTER 1019 EAST MAIN ST STE 202 BOZEMAN, MT 59715	NONE	EXEMPT	HEALTH	18,000
Total . . . . . ▶ 3a				344,500



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE HANDEL AND HAYDN SOCIETY 9 HARCOURT ST BOSTON, MA 02116	NONE	EXEMPT	ARTS	1,000
THE LOOMIS CHAFFEE SCHOOL 4 BATCHELDER RD PO BOX 600 WINDSOR, CT 060959956	NONE	EXEMPT	EDUCATION	5,000
THE MONTANA RACIAL EQUITY PROJECT PO BOX 11885 BOZEMAN, MT 59719	NONE	EXEMPT	EDUCATION	4,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
THE PARISH OF ST MATTHEW 1301 BIENVENEDA AVE PO BOX 37 PACIFIC PALISADES, CA 90272	NONE	EXEMPT	RELIGION	10,000
THICH NHAT HANH FOUNDATION 2499 MELRU LN ESCONDIDO, CA 92026	NONE	EXEMPT	HEALTH	1,000
TRUSTEES OF TUFTS UNIVERSITY 80 GEORGE ST STE 200-3 MEDFORD, MA 021557056	NONE	EXEMPT	EDUCATION	5,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
USA FOR UNHCR1310 L ST NW STE 340 WASHINGTON, DC 20005	NONE	EXEMPT	SOCIAL SERVICE	5,000
US FUND FOR UNICEF125 MAIDEN LN NEW YORK, NY 10038	NONE	EXEMPT	HEALTH	5,000
UNIVERSITY OF IDAHO FOUNDATION CHEMICAL ENGINEERING 875 PERIMETER DR PO BOX 443147 MOSCOW, ID 838443147	NONE	EXEMPT	EDUCATION	6,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF WASHINGTON FOUNDATION CHEMICAL ENGINEERING ENDOWMENT 1200 5TH AVE STE 500 SEATTLE, WA 981011116	NONE	EXEMPT	EDUCATION	6,000
VILLAGE HEALTH WORKS 45 WEST 36TH ST 8TH FL NEW YORK, NY 10018	NONE	EXEMPT	HEALTH	15,000
VIPASSANA METTA FOUNDATION PO BOX 1188 KULA, HI 967901188	NONE	EXEMPT	EDUCATION	7,000
<b>Total . . . . . ▶ 3a</b>				344,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WGBH ONE GUEST STREETPO BOX 55875 BOSTON, MA 022055875	NONE	EXEMPT	EDUCATION	2,000
WOMEN'S VOICES FOR THE EARTH PO BOX 8743 MISSOULA, MT 59807	NONE	EXEMPT	ENVIRONMENT	2,000
<b>Total . . . . . ▶ 3a</b>				344,500

**TY 2018 Investments - Other Schedule**

**Name:** CLERMONT FOUNDATION  
**EIN:** 22-3177379

**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
T. ROWE PRICE INT'L DISCOVER -T. ROWE	AT COST	41,668	69,913
HARBOR INTERNATIONAL -FIDELITY	AT COST	285,541	270,358
T. ROWE PRICE INTL GROWTH & INCOME -FIDELITY	AT COST	2,221	1,738
AT&T INC-SCHWAB 4262	AT COST	325	285
GARRETT MOTION, INC.-SCHWAB 4262	AT COST	35	49
RESIDEO TECHNOLOGIES, INC-SCHWAB 4262	AT COST	85	123
ISHARES 0-5 YEAR HIGH YIELD CORP BOND-SCHWAB 4262	AT COST	2,343	2,228
SCHWAB VALUE ADVANTAGE MONEY-SCHWAB 4262	AT COST	6,800	6,800
THERMO FISHER SCIENTIFIC-SCHWAB 4262	AT COST	272	1,119
HONEYWELL INTL-SCHWAB 4262	AT COST	1,579	2,642
STARWOOD PPTY TRUST INC-SCHWAB 4262	AT COST	2,349	2,957
HOME DEPOT-SCHWAB 4262	AT COST	1,259	2,749
BANK OF AMERICA-SCHWAB 4262	AT COST	2,414	3,450
ALPHABET INC CLASS A-SCHWAB 4262	AT COST	1,645	3,135
APPLE INC-SCHWAB 4262	AT COST	2,169	2,682
LOWES COMPANIES INC-SCHWAB 4262	AT COST	2,101	2,863
AMGEN-SCHWAB 4262	AT COST	1,996	2,531
ARES CAPITAL CORP-SCHWAB 4262	AT COST	1,629	1,558
BLACKSTONE MORTGAGE TR-SCHWAB 4262	AT COST	1,993	2,071
INVESCO BOND FUND-SCHWAB 4262	AT COST	2,212	2,015
MFA FINANCIAL, INC.-SCHWAB 4262	AT COST	2,243	2,004
SPDR DOUBLELINE-SCHWAB 4262	AT COST	2,504	2,369
AIA GROUP LTD ORD-SCHWAB 3936	AT COST	54,745	81,351
AT&T INC-SCHWAB 3936	AT COST	54,667	47,947
AIR PRODUCTS & CHEMICALS INC.	AT COST	49,452	49,616
ALPHABET INC CLASS A-SCHWAB 3936	AT COST	12,609	89,867
ALPHABET INC CLASS C-SCHWAB 3936	AT COST	9,410	67,315
AMGEN INC-SCHWAB 3936	AT COST	40,401	56,454
APPLE INC-SCHWAB 3936	AT COST	25,827	86,442
BBA AVIATION PLC-SCHWAB 3936	AT COST	68,399	47,527

**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BBA AVIATION PLC UNSPONSORED ADR-SCHWAB 3936	AT COST	1,391	831
BOC AVIATION LIMITED-SCHWAB 3936	AT COST	47,181	58,466
BANK OF AMERICA-SCHWAB 3936	AT COST	42,809	65,296
BAIDU INC ADR-SCHWAB 3936	AT COST	50,725	36,478
BERKSHIRE HATHAWAY CLASS B-SCHWAB 3936	AT COST	69,812	67,379
BLACKROCK LIMITED DURATION INCOME TRUST-SCHWAB 3936	AT COST	52,513	52,277
BLACKSTONE MORTGAGE TR-SCHWAB 3936	AT COST	65,476	69,933
CITIGROUP INC-SCHWAB 3936	AT COST	31,280	39,305
CHARLES SCHWAB CORP-SCHWAB 3936	AT COST	50,776	62,295
COSTCO WHOLESALE CORP-SCHWAB 3936	AT COST	14,956	111,226
CROWN CASTLE INTL CO-SCHWAB 3936	AT COST	65,524	83,645
GARRETT MOTION, INC.-SCHWAB 3936	AT COST	682	1,000
GILEAD SCIENCES, INC.-SCHWAB 3936	AT COST	81,319	61,925
HOME DEPOT-SCHWAB 3936	AT COST	44,876	82,645
HONEYWELL INTL-SCHWAB 3936	AT COST	44,595	82,047
INVESCO BOND FUND-SCHWAB 3936	AT COST	2,579	2,351
ISHARES 0-5 YEAR HIGH YIELD CORP BOND-SCHWAB 3936	AT COST	103,096	98,233
JP MORGAN CHASE & CO-SCHWAB 3936	AT COST	29,337	85,418
KENNEDY WILSON HOLDINGS-SCHWAB 3936	AT COST	53,143	67,047
LOWES COMPANIES INC-SCHWAB 3936	AT COST	82,919	100,211
MISUMI GROUUP INC ORD F-SCHWAB 3936	AT COST	31,151	50,505
MOHAWK INDUSTRIES INC-SCHWAB 3936	AT COST	47,625	37,427
PIGEON CORP-SCHWAB 3936	AT COST	11,613	66,107
RESIDEO TECHNOLOGIES, INC-SCHWAB 3936	AT COST	1,319	2,096
SCHWAB GOVERNMENT MONEY FUND-SCHWAB 3936	AT COST	1,075,100	1,075,100
SINGAPORE TECHNOLOGIES ENGINEERING LTD-SCHWAB 3936	AT COST	79,792	74,528
SPDR DOUBLELINE-SCHWAB 3936	AT COST	2,504	2,369
STARWOOD PPTY TRUST-SCHWAB 3936	AT COST	56,196	64,353
THERMO FISHER SCIENTIFIC-SCHWAB 3936	AT COST	16,250	67,137
US TREASURY BILL DUE 1/24/19-SCHWAB 3936	AT COST	167,764	167,762

**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ARES CAPITAL CORP-SCHWAB 3936	AT COST	57,123	57,646
ASCENDAS REAL ESTATE-SCHWAB 3936	AT COST	92,046	92,223
AXALTA COATING SYSTEMS-SCHWAB 3936	AT COST	63,831	52,929
DEUTSCH POST-SCHWAB 3936	AT COST	45,383	45,385
DEUTSCH POST SPONSORED ADR-SCHWAB 3936	AT COST	2,065	2,050
DREAM GLOBAL REIT TRUST-SCHWAB 3936	AT COST	59,809	71,677
IBM CORP-SCHWAB 3936	AT COST	73,814	51,493
MFA FINANCIAL, INC.-SCHWAB 3936	AT COST	90,096	79,692
MICROSOFT CORP	AT COST	39,603	75,873
NESTLE SA-SCHWAB 3936	AT COST	64,331	69,626
NEW RESIDENTIAL INVESTORS-SCHWAB 3936	AT COST	69,151	65,934
PFIZER INCORPORATED-SCHWAB 3936	AT COST	49,713	64,166
TAIWAN SEMICONDUCTR-SCHWAB 3936	AT COST	54,861	73,266
TENCENT HOLDINGS-SCHWAB 3936	AT COST	10,602	80,201
ADVANCE AUTO PARTS, INC.-SCHWAB 8967	AT COST	19,672	26,768
BANK OF AMERICA-SCHWAB 8967	AT COST	19,499	32,352
BERKSHIRE HATHAWAY CLASS B-SCHWAB 8967	AT COST	27,627	28,585
CAL-MAINE FOODS, INC.-SCHWAB 8967	AT COST	18,855	19,373
CELGENE CORPORATION-SCHWAB 8967	AT COST	17,480	16,023
CIMPRESS NV-SCHWAB 8967	AT COST	14,884	13,858
COLFAX CORP-SCHWAB 8967	AT COST	17,298	12,770
COMCAST CORPORATION CLASS A-SCHWAB 8967	AT COST	19,209	18,387
DOLLAR GENERAL-SCHWAB 8967	AT COST	18,179	22,697
FAIRFAX FINANCIAL HOLDINGS LIMITED-SCHWAB 8967	AT COST	30,235	27,303
FAIRFAX INDIA HOLDINGS CORP SUB VTG SHS-SCHWAB 8967	AT COST	18,849	15,047
GCI LIBERTY, INC. CLASS A-SCHWAB 8967	AT COST	39,821	34,657
JEFFERIES FINANCIAL GROUP, INC.-SCHWAB 8967	AT COST	40,062	29,113
KROGER CO-SCHWAB 8967	AT COST	25,993	28,160
LIBERTY EXPEDIA HOLDINGS, INC.-SCHWAB 8967	AT COST	18,613	19,242
LIBERTY GLOBAL INC.-SCHWAB 8967	AT COST	30,656	20,929



**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
LIBERTY LATIN AMERICA LTD CLASS C-SCHWAB 8967	AT COST	65,755	38,902
LIBERTY MEDICA CORP-SCHWAB 8967	AT COST	16,964	18,788
LIBERTY SIRIUS GROUP C-SCHWAB 8967	AT COST	7,827	6,989
NOW INC-SCHWAB 8967	AT COST	23,568	23,117
POST HOLDINGS INC-SCHWAB 8967	AT COST	25,423	32,354
QURATE RETAIL GROUP, INC.-SCHWAB 8967	AT COST	30,041	26,450
SCHWAB GOVERNMENT MONEY FUND-SCHWAB 8967	AT COST	53,700	53,700
SPECTRUM BRANDS HOLDINGS, INC.-SCHWAB 8967	AT COST	26,454	15,633
TENCENT HOLDINGS-SCHWAB 8967	AT COST	17,127	13,025
TWENTY-FIRST CENTURY FOX, INC.-SCHWAB 8967	AT COST	12,795	16,389

**TY 2018 Other Assets Schedule****Name:** CLERMONT FOUNDATION**EIN:** 22-3177379**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SEABRIDGE ASIA REDUX, LLC	262,896	261,816	314,402
JASPER RIDGE PRIV OPPORTUNITIES TS LP	207,683	190,368	204,636
JASPER RIDGE PRIV OPPORTUNITIES II(TE) LP	516,379	717,921	717,921
10TALENTS PRIVATE FUND I, LP	257,261	442,055	442,055
10TALENTS PRIVATE FUND II, LP	0	135,435	135,435

**TY 2018 Other Expenses Schedule****Name:** CLERMONT FOUNDATION**EIN:** 22-3177379**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADR & OTHER INVESTMENT FEES	160	160		0
OTHER FOUNDATION EXPENSES	1,318	659		659
POSTAGE	93	47		46

# **TY 2018 Other Income Schedule**

**Name:** CLERMONT FOUNDATION

**EIN:** 22-3177379

## **Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP NET INCOME	117,752	114,971	117,752

**TY 2018 Other Professional Fees Schedule****Name:** CLERMONT FOUNDATION**EIN:** 22-3177379

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2016 TAX PREPARATION AND ACCOUNTING FEES	16,990	13,592		3,398
2017 TAX PREPARATION AND ACCOUNTING FEES	17,840	14,273		3,567

**TY 2018 Taxes Schedule****Name:** CLERMONT FOUNDATION**EIN:** 22-3177379

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	5,568	5,568		0
2018 FORM 990-PF EXCISE TAX PAYMENT	10,000	0		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047  <b>2018</b>
	<b>Name of the organization</b> CLERMONT FOUNDATION	<b>Employer identification number</b> 22-3177379

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> CLERMONT FOUNDATION	<b>Employer identification number</b> 22-3177379
--	---

**Part I** **Contributors** (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )



<b>Name of organization</b> CLERMONT FOUNDATION	<b>Employer identification number</b>  22-3177379
--	---

**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
—	See Additional Data Table	\$	
(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
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	

**Name of organization**  
CLERMONT FOUNDATION**Employer identification number**

22-3177379

<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	

Additional Data

Software ID:  
Software Version:  
EIN: 22-3177379  
Name: CLERMONT FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	GARNETT L KEITH JR AND MARTHA H KEITH	<u>\$ 3,471</u>	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>2</u>	GARNETT L KEITH JR AND MARTHA H KEITH	<u>\$ 3,471</u>	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>3</u>	GARNETT L KEITH JR AND MARTHA H KEITH	<u>\$ 3,471</u>	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>4</u>	GARNETT L KEITH JR AND MARTHA H KEITH	<u>\$ 3,471</u>	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>5</u>	GARNETT L KEITH JR AND MARTHA H KEITH	<u>\$ 174</u>	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>6</u>	GARNETT L KEITH JR AND MARTHA H KEITH	<u>\$ 7,898</u>	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 5,597	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>8</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 14,752	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>9</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 3,359	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>10</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 5,433	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>11</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 7,243	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>12</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 16,360	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 1,904	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>14</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 6,209	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>15</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 15,062	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>16</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 8,018	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>17</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 11,689	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>18</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 7,993	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 5,681	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>20</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 5,176	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>21</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 9,509	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>22</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 4,417	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>23</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 4,570	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>24</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 22,814	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	GARNETT L KEITH JR AND MARTHA H KEI	\$ 22,833	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>26</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 32,594	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>27</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 18,756	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>28</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 21,471	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
<u>29</u>	GARNETT L KEITH JR AND MARTHA H KEITH	\$ 16,849	Person <input checked="" type="checkbox"/>
	PO BOX 500		Payroll <input type="checkbox"/>
	LEXINGTON, MA 02420		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )

**Form 990 Schedule B, 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
<u>1</u>	100 SHARES OF INTERACTIVE BROKERS, INC	<u>\$ 5,951</u>	<u>2018-01-04</u>
<u>2</u>	100 SHARES OF INTERACTIVE BROKERS, INC	<u>\$ 5,951</u>	<u>2018-01-04</u>
<u>3</u>	100 SHARES OF INTERACTIVE BROKERS, INC	<u>\$ 5,951</u>	<u>2018-01-04</u>
<u>4</u>	100 SHARES OF INTERACTIVE BROKERS, INC	<u>\$ 5,951</u>	<u>2018-01-04</u>
<u>5</u>	5 SHARES OF INTERACTIVE BROKERS, INC	<u>\$ 298</u>	<u>2018-01-04</u>
<u>6</u>	240 SHARES OF INTERACTIVE BROKERS, INC	<u>\$ 14,281</u>	<u>2018-01-04</u>
<u>7</u>	170 SHARES OF INTERACTIVE BROKERS, INC	<u>\$ 10,116</u>	<u>2018-01-04</u>
<u>8</u>	210 SHARES OF RED HAT INC	<u>\$ 26,074</u>	<u>2018-01-04</u>
<u>9</u>	475 SHARES OF TENCENT HOLDINGS LIMITED	<u>\$ 26,025</u>	<u>2018-01-04</u>
<u>10</u>	300 SHARES OF BANK OF AMERICA CORP	<u>\$ 9,070</u>	<u>2018-01-05</u>



Form 990 Schedule B, 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
<u>11</u>	400 SHARES OF BANK OF AMERICA CORP	<u>\$ 12,094</u>	<u>2018-01-05</u>
<u>12</u>	1,100 SHARES OF BANK OF AMERICA CORP	<u>\$ 33,259</u>	<u>2018-01-05</u>
<u>13</u>	25 SHARES OF BROADCOM LIMITED	<u>\$ 6,796</u>	<u>2018-01-05</u>
<u>14</u>	80 SHARES OF BROADCOM LIMITED	<u>\$ 21,748</u>	<u>2018-01-05</u>
<u>15</u>	12,800 SHARES OF CP ALL POCL - NVDR	<u>\$ 31,126</u>	<u>2018-01-05</u>
<u>16</u>	5,550 SHARES OF CP ALL POCL - NVDR	<u>\$ 13,496</u>	<u>2018-01-05</u>
<u>17</u>	8,900 SHARES OF CP ALL POCL - NVDR	<u>\$ 21,642</u>	<u>2018-01-05</u>
<u>18</u>	29 SHARES OF ALPHABET, INC - CL A	<u>\$ 30,937</u>	<u>2018-03-22</u>
<u>19</u>	19 SHARES OF ALPHABET, INC - CL C	<u>\$ 20,224</u>	<u>2018-03-22</u>
<u>20</u>	109 SHARES OF APPLE, INC	<u>\$ 18,600</u>	<u>2018-03-22</u>

Form 990 Schedule B, 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
<u>21</u>	147 SHARES OF APPLE, INC	<u>\$ 25,084</u>	<u>2018-03-22</u>
<u>22</u>	58 SHARES OF BROADCOM LIMITED	<u>\$ 14,158</u>	<u>2018-03-22</u>
<u>23</u>	60 SHARES OF BROADCOM LIMITED	<u>\$ 14,647</u>	<u>2018-03-22</u>
<u>24</u>	265 SHARES OF FACEBOOK INC	<u>\$ 44,254</u>	<u>2018-03-22</u>
<u>25</u>	141 SHARES OF NASPERS LTD	<u>\$ 39,523</u>	<u>2018-03-22</u>
<u>26</u>	1,800 SHARES OF BANK OF AMERICA CORP	<u>\$ 53,883</u>	<u>2018-03-23</u>
<u>27</u>	13,000 SHARES OF CP ALL PCL - NVDR	<u>\$ 36,579</u>	<u>2018-03-23</u>
<u>28</u>	370 SHARES OF HDFC BANK LTD	<u>\$ 35,886</u>	<u>2018-03-23</u>
<u>29</u>	306 SHARES OF LIBERTY BROADBANK CORP, CLASS C	<u>\$ 25,911</u>	<u>2018-03-23</u>