Form **990-PF**

EXTENDED TO NOVEMBER 16, 2
Return of Private Foundation 2020

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

	Ford	alen	dar year 2019 or tax year beginning		, and ending		
	Nar	ne of	foundation			A Employer identification	n number
	S	ΗI	PLEY FOUNDATION, INC #(755496		23-7015570	0
			nd street (or P O box number if mail is not delivered to stree	Room/suite	B Telephone number		
			TER MCCLENNEN FISH POB			(617)439-	2276
	_		own, state or province, country, and ZIP or foreign (postal code		C If exemption application is	pending, check here
			all that apply. Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	ns, check here
			Address change	Name change		2 Foreign organizations m check here and attach of	neeting the 85% test,
	H 0	heck	type of organization. X Section 501(c)(3) e			E If private foundation st	
		_	· · · · · · · · · · · · · · · · · · ·	Other taxable private found	ation 5	under section 507(b)(
	I Fa		arket value of all assets at end of year J Account		Accrual	F If the foundation is in a	60-month termination
201	(fr	om F		ther (specify)		under section 507(b)(1	
6//			190037932. (Part I, colu	mn (d), must be on cash bas	ils.)		
64	Pa	<u>rt I</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
$\mathcal{E}_{\mathcal{E}}$		1	Contributions, gifts, grants, etc., received	157908.		N/A	
Received In Batching Ogden		2	Check if the foundation is not required to attach Sch. B				
that Ce		3	Interest on savings and temporary cash investments	14497.	14497	,	STATEMENT 2
ည်ရှိ		4	Dividends and interest from securities	4150929.	4150791		STATEMENT 3
den		5a	Gross rents				
		b	Net rental income or (loss)			ļ	<u> </u>
모	ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	4259516.			STATEMENT 1
DEC	èn	_ b	assets on line 6a <u>24774301.</u>		4260560	 	+
0 9	Revenue	7	Capital gain net income (from Part IV, line 2)		4260569		<u> </u>
		8	Net short-term capital gain				
2020		9 10a	Income modifications Gross sales less returns and allowances				
		b	Less Cost of goods sold				
		C	Gross profit or (loss)				
		11	Other income	102584.	102584	,	STATEMENT 4
		12	Total Add lines 1 through 11	8685434.	8528441)	
		13	Compensation of officers, directors, trustees, etc	0.	0		0.
		14	Other employee salaries and wages				+
	es		Pension plans, employee benefits Legal fees STMT 5	344190.	258143		86047.
	ŠL		Accounting fees STMT 6	6000.	4500	1	1500.
	Expens		Other professional fees STMT 7	179028.	119271		59757.
	ē		Interest	273020.	117271		
21	Administrative	18	Taxes STMT 8	157347.	87347		0.
202	ıst	19	Depreciation and depletion			_	
60	Ē	20	Occupancy				
0	Αd	21	Travel, conferences, and meetings	3637.	0		3637.
FEB	and	22	Printing and publications	606.	0		606.
	ng :	23	Other expenses STMT 9	863055.	644666		218389.
	Operating	24	Total operating and administrative				
₹	be		expenses Add lines 13 through 23	1553863.	1113927		369936.
Ž	J		Contributions, gifts, grants paid	9009900.			9009900.
S		26	Total expenses and disbursements	10563763	1112005		0270026
SCANNED			Add lines 24 and 25	10563763.	1113927	<u> </u>	9379836.
			Subtract line 26 from line 12	_1070220			
			Excess of revenue over expenses and disbursements	-1878329.	7414514		
			Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		1414014	N/A	
		·	riginated flot flipoffic to negative, citter -o-)	1	L		_1.

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

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	art	Balance Sheets Attached schedules and amounts in the description	beginning of year	End of	year
	art	Balance Sheets Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	18728.	75397.	75397.
	2	Savings and temporary cash investments	2830048.	1109104.	1109104.
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts	j		
	4	Pledges receivable ►			
		Less, allowance for doubtful accounts			
	5	Grants receivable			
	_	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons			
	7	Other notes and loans receivable			
	'	Less allowance for doubtful accounts			
ι0	8	Inventories for sale or use			
Assets	1	Prepaid expenses and deferred charges			
Ass		Investments - U.S. and state government obligations			
	1		120000796	114204071	1 4 1 7 1 0 5 4 7
	i	· · · · · · · · · · · · · · · · · · ·	120999786.	114204971.	141710547.
	1	Investments - corporate bonds STMT 11	28578978.	35720067.	37107758.
	11	Investments - land buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 12	38512304.	37951976.	10035126.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	instructions. Also, see page 1, item I)	190939844.	189061515.	<u> 190037932.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
ニ	22	Other liabilities (describe >			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow FASB ASC 958, check here			·
s		and complete lines 24, 25, 29, and 30			
nces	24	Net assets without donor restrictions	•		
lar	25	Net assets with donor restrictions			
8	20	Foundations that do not follow FASB ASC 958, check here ► 🗶			
ŭ		and complete lines 26 through 30			
Ē	00	· · · · · · · · · · · · · · · · · · ·	59077250.	59077250.	
0 0	26	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Bala	27	Paid-in or capital surplus, or land, bldg., and equipment fund	131862594.	129984265.	
As	28	Retained earnings, accumulated income, endowment, or other funds			
let	29	Total net assets or fund balances	190939844.	189061515.	
_	l		100020044	100061515	
_	30	Total liabilities and net assets/fund balances	190939844.	189061515.	····································
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
_	Total	not posses or fund helphops at heavyping of uses. Part II selvens (-) has 0	0		
1		net assets or fund balances at beginning of year - Part II, column (a), line 2	3		100020044
		at agree with end-of-year figure reported on prior year's return)		1	190939844.
		amount from Part I, line 27a		2	-1878329.
		rincreases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	189061515.
		eases 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, col	umn (b), line 29	6	189061515.
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(a) List and describe t	and Losses for Tax on the kind(s) of property sold (for ehouse, or common stock, 20	er example, real esta		(b) i	How acq - Purcha - Donat	uired (ase ion	c) Date acq (mo , day,		(d) Date sold (mo , day, yr)
1a	<u> </u>			_					
b SEE ATTACHED	STATEMENT			-					
d d				-					
e	· · · · · · · · · · · · · · · · · · ·				<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, , , ,	st or other basis expense of sale				(h) Gain ((e) plus (f)		3))
a								_	
<u>b</u>			··· -	-				•	
c d									
e 24774581.			2051401	2					4260569
Complete only for assets showing	gain in column (h) and owne	ed by the foundation				//\	Gains (Col. ('h) nain r	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col (i)		(I) Gains (Col. (h) gain minus col (k), but not less than -0-) or Losses (from col. (h))			-0-) or	
a									
b									
C									
d									1000000
e				_					4260569.
2 Capital gain net income or (net cap	oital loss) $ \begin{cases} \text{ If gain, also} \\ \text{ If (loss), end} \end{cases} $	enter in Part I, line ter -0- in Part I, line	7 7	}	2				4260569.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, (15 (loss)) enter 0, in Part I, line 8		(5) and (6)		}	3			N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	nder Section 4940(e)	for Reduced	l Tax on Net	Inv		ent Inco		N/A	
(For optional use by domestic private									
	•	,	. Troc invocations in		,				
If section 4940(d)(2) applies, leave th	is part blank.								
Was the foundation liable for the secti If "Yes," the foundation doesn't qualify			•	rıod?					Yes X No
1 Enter the appropriate amount in e	ach column for each year, see	the instructions be	fore making any e	ntries			,		· - · · · · · · · · · · · · · · · · · ·
(a) Base period years Calendar year (or tax year beginnin		ng distributions	Net value of no		ıtable-u			Distribu	(d) ution ratio ded by col (c))
2018		8670075.				4337.	1		.048459
2017		7905588.				8258.			.044471
2016		9104265.				3184.			.056716
2015		9140643. 8979855.				2620.			.048576
2014	i	09/9055.	<u> </u>		0000	9986.	-		.047616
2 Total of line 1, column (d)							2		.245838
3 Average distribution ratio for the 5	-vear base period - divide the	total on line 2 by 5.	0, or by the numb	er of	vears				
the foundation has been in existen		•	, ,				3		.049168
4 Enter the net value of noncharitable	e-use assets for 2019 from Pa	art X, line 5					4	1	181152034.
5 Multiply line 4 by line 3							5		8906883.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6		74145.
7 Add lines 5 and 6							7		8981028.
8 Enter qualifying distributions from	Part XII, line 4						8_		8984836.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part V	I, line 1b, and comp	olete that part usin	ig a 1º	% tax ra	te.			

Form 990-PF (2019) SHIPLEY FOUNDATION, INC #0755496 23-7015570 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here | and enter "N/A" on line 1. Date of ruling or determination letter. (attach copy of letter if necessary-see instructions) 74145. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2 3 Add lines 1 and 2 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 4 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments 189226 a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source 6b 30000 c Tax paid with application for extension of time to file (Form 8868) 6c 0 d Backup withholding erroneously withheld 6d 7 Total credits and payments Add lines 6a through 6d 219226. 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 145081 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 145081. Refunded ▶ 11 Enter the amount of line 10 to be Credited to 2020 estimated tax 11 О. Part VII-A | Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Yes No any political campaign? 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b 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 c Did the foundation file Form 1120-POL for this year? Х 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation ► \$ 0. (2) On foundation managers > \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? Х 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 42 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either 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? 6 Х Х 7 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions. 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? If "No," attach explanation 8ь 9 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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? It "Yes," attach a schedule listing their names and addresses 10

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			Yes	No
11	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	11		X
12	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	12	X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ NUTTER, MCCLENNEN & FISH, LLP Telephone no ▶ (617)	439	-20	00
	Located at ► SEAPORT WEST, 155 SEAPORT BLVD., BOSTON, MA ZIP+4 ►02	210	-26	04
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt 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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? Yes X No			
	for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception 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)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
Ū	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	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 2019?	1c		Х
2	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))			
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years > , , , ,		Ì	
b	Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach	ı		
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2019 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 Form 4720,	.		
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4.		v
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<u>4b</u> ո 99 0	PE	X (2010)
	FOI	コココし		(2019)

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

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All other program-related investments. See instructions

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	180272016.
b	Average of monthly cash balances	1b	3638678.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	183910694.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	183910694.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2758660.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	181152034.
6	Minimum investment return. Enter 5% of line 5	6	9057602.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations, check here 🕨 🔲 and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	9057602.
2a	Tax on investment income for 2019 from Part VI, line 5]	
b	Income tax for 2019 (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	74145.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8983457.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	<u>8983457.</u>
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8983457.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	8984836.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	8984836.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income. Enter 1% of Part I, line 27b	5	74145.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6_	8910691.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for	the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI, line 7				8983457.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			8578235.	
b Total for prior years.		0		
3 Excess distributions carryover, if any, to 2019		0.		
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4 [.] ► \$ 8984836.				
a Applied to 2018, but not more than line 2a			8578235.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				406601.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2019 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				<u>8576856.</u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020	_			
Subtract lines 7 and 8 from line 6a	0.			· · ·
O Analysis of line 9.				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

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Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of foundation, and the ruling is effective for		. , ,	•		
b Check box to indicate whether the found		•	ın section] 4942(J)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2916	(e) Total
investment return from Part X for		· · · · · · · · · · · · · · · · · · ·	1		······
each year listed					
b 85% of line 2a				1/	
c Qualifying distributions from Part XII,					<u>_</u>
line 4, for each year listed	•				
d Amounts included in line 2c not				. <u></u>	
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:	ļ				
a "Assets" alternative test - enter:					
(1) Value of all assets		/			
(2) Value of assets qualifying		/			
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6, for each year					
listed					. —
c "Support" alternative test - enter.					
(1) Total support other than gross	1				
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	İ	•			
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or mo	re in assets
at any time during t	the year-see insti	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total con-	tributions received by th	e foundation before the clos	e of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2))			-
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a pa	rtnership or
other entity) of which the foundation ha	s a 10% or greater intere	st			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pi	rograms:		
Check here X if the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other condi	ions, complete items 2a	, b, c, and d	
a The name, address, and telephone num	ber or email address of th	ne person to whom apple	cations should be address	ssed.	
N/A					
,					•
b The form in which applications should t	oe submitted and informa	tion and materials they s	hould include		
N/A		-			
c Any submission deadlines;					
N/A					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
N/A					

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year BEST FRIENDS ANIMAL SOCIETY NONE PUBLIC CAMPAIGN TO SAVE THEM 501 ANGEL CANYON RD ALL KANAB, UT 84741 2000000. BOSTON MEDICAL CENTER NONE PUBLIC ADDICTION TREATMENT ONE BOSTON MEDICAL CENTER PLACE PROGRAM BOSTON, MA 02118 100000. BRIDGE TO TURKIYE NONE PUBLIC CAPACITY BUILDING 100 FOX BRIAR LANE SUPPORT CARY, NC 27518 50000. C.R.O.W NONE PUBLIC ANNUAL FUND 3883 SANIBEL CAPTIVA RD SANIBEL, FL 33957 25000. CHILDRENS HOSPITAL MEDICAL CENTER NONE PUBLIC PROGRAM FOR INNOVATION 3333 BURNET AVENUE IN STEM CELL SCIENCE CINCINNATI OH 45229 250000. SEE CONTINUATION SHEET(S) ▶ 3a Total 9009900 **b** Approved for future payment NONE Total **▶** 3b

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

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
Program service revenue.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
_	Code		1000		
ab					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash					
investments			14	14497.	
4 Dividends and interest from securities			$\frac{14}{14}$		
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					#1 · · · ·
property					
7 Other investment income			14	102584.	
8 Gain or (loss) from sales of assets other					
than inventory			18	4259516.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b		······································			
С					•
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		8527526.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	8527526.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acco	omplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incor	ma is ranortad i	n column (a) of Part Y\/I-A	contrib	outed importantly to the accom	nlichment of
the foundation's exempt purposes (other than t			COINT	rated importantly to the accom	phomicit of
•	7,	,			
		 			
					
		-			
					
				<u>-</u> -	
					· · · · · · · · · · · · · · · · · · ·
					

Form 990-PF (2019) SHIPLEY FOUNDATION, INC #0755496 23-7015570 Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) X X (2) Other assets 1a(2) **b** Other transactions: Х (1) Sales of assets to a noncharitable exempt organization 1b(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) Х 1b(3) (3) Rental of facilities, equipment, or other assets X 1b(4) (4) Reimbursement arrangements X (5) Loans or loan guarantees 16(5) Х 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (c) Description of relationship (a) Name of organization (b) Type of organization N/A May the IRS discuss this ion of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below? See instr Sign Here X Yes Title Signature of officer or trustee Date Date Check [PTIN Print/Type/oreparer's name Preparer's signature self- employed ונאני אזם Paid P00567473 Preparer Firm's EIN $\triangleright 04 - 2106505$ MCCLENNEN Use Only

> Firm's address ► SEAPORT WEST 155 SEAPORT BLVD. BOSTON, MA 02210-2604

Phone no. (617)439-2503

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient CLARKSON UNIVERSITY NONE PUBLIC SHIPLEY CENTER OF 8 CLARKSON AVENUE NOITAVONNI NEW YORK, NY 13699 25000. COLORADO RAPID AVALANCHE DEPLOYMENT NONE PUBLIC CAPACITY BUILDING P.O BOX 983 FRISCO, CO 80443 50000. COLORADO STATE UNIVERSITY NONE PUBLIC ONE CURE ENDOWED FUND OVAL DRIVE AT FACC FORT COLLINS, CO 80523 25000. COLORADO STATE UNIVERSITY PUBLIC SUPPORT RESEARCH BY DR NONE OVAL DRIVE STEVEN DOW ON MONOCYTE FORT COLLINS, CO 80523 TARGETED IMMUNOTHERAPY 275000. DANA HALL SCHOOL NONE PUBLIC ANNUAL FUND 45 DANA RD WELLESLEY MA 02482 25000. DE NOVO NONE PUBLIC GENERAL OPERATING SUPPORT 47 THORNDIKE STREET 5000. CAMBRIDGE MA 02141 DING DARLING WILDLIFE SOCIETY NONE ANNUAL FUND RAISING-PUBLIC 1 WILDLIFE DRIVE GENERAL SANIBEL, FL 33957 26000. DUKE UNIVERSITY NONE PUBLIC PROGRAM FOR INNOVATION 2138 CAMPUS DR IN STEM CELL SCIENCE 250000. DURHAM NC 27708 ENGLISH FOR NEW BOSTONIANS INC NONE PUBLIC MANAGEMENT AND GENERAL EXPENSES 105 CHAUNCY ST 4TH FL BOSTON MA 02111 17500. FIDELITY CHARITABLE GIFT FUND NONE PUBLIC FFC CATALYST FUND FEDERAL STREET BOSTON MA 02111 400000, Total from continuation sheets 6584900.

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor FISHER HOUSE FOUNDATION NONE PUBLIC SUPPORT OF FISHER 111 ROCKVILLE PIKE, SUITE 420 HOUSE CONSTRUCTION ROCKVILLE MD 20850 250000. GREAT PLAINS CONSERVATION FOUNDATION NONE PUBLIC TO SUPPORT COSTS OF 165 CAT ROCK LANE RELOCATION AND CARE JUPITER, FL 33458 FOR FOUR RHINOCEROUS 180000. HARVARD MEDICAL SCHOOL NONE PUBLIC THE UPGRADE AND 200 LONGWOOD AVENUE MAINTENANCE OF THE FAMILY VAN'S VEHICLES 5000. BOSTON, MA 02115 HARVARD MEDICAL SCHOOL NONE PUBLIC BERNARD N. FIELDS 25 SHATTUCK STREET PRIZE FOR MICROBIOLOGY BOSTON, MA 02115 AND IMMUNIOBIOLOGY 20<u>00.</u> (JOSEPH M CABRAL) HEROBOX INC NONE PUBLIC MANAGEMENT AND GENERAL P.O BOX 1096 EXPENSES TYRONE, GA 30290 75000. NONE PUBLIC ANNUAL FUND HILLSDALE COLLEGE 33 E COLLEGE ST. HILLSDALE MI 49242 25000. NONE PUBLIC MANAGEMENT AND GENERAL HIRE HEROES USA 100 NORTH POINT CENTER EAST STE 200 EXPENSES ALPHARETTA, GA 30022 300000. HOMES FOR TROOPS NONE PUBLIC HOME BUILDING PROJECTS 6 MAIN STREET 600000. TAUNTON, MA 02780 NONE PUBLIC MANAGEMENT AND GENERAL IMMIGRANT FAMILY SERVICES INSTITUTE INC EXPENSES 575 AMERICAN LEGION HWY 5000. ROSINDALE, MA 02131 NONE PUBLIC THE SHIPLEY CENTER FOR LMHS FOUNDATION CARDIOTHORACIC SURGERY 16451 HEALTH PARK COMMONS DR FORT MYERS, FL 33908 NOITAVONNI 25000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient MASS DOWN SYNDROME CONGRESS PUBLIC STRENGTHEN 20 BURLINGTON MALL RD STE 261 INFRASTRUCTURE AND BURLINGTON, MA 01803 RELATIONSHIPS TO DELEVER DSC2U TO DS PATIENTS_WITH_LIMITED 100000. MASS DOWN SYNDROME CONGRESS NONE PUBLIC TYLAN'S TROOPERS BUDDY 20 MALL RD STE 261 WALK BURLINGTON, MA 01803 30000. MEMORIAL SLOAN KETTERING CANCER NONE PUBLIC PROGRAM FOR INNOVATION CENTER IN STEM CELL SCIENCE 1275 YORK AVENUE NEW YORK, NY 10065 105000. MEMORIAL SLOAN KETTERING CANCER NONE PUBLIC PROGRAM FOR INNOVATION CENTER IN STEM CELL SCIENCE 1275 YORK AVENUE (SET-ASIDE) NEW YORK, NY 10065 145000. NEW YORK UNIVERSITY NYULMC NONE PUBLIC PROGRAM FOR INNOVATION 50 WEST FOURTH STREET IN STEM CELL SCIENCE NEW YORK, NY 10012 (SET-ASIDE) 250000, NEWTON WELLESLEY HOSPITAL NONE PUBLIC COLLABORATIVE FOR 2014 WASHINGTON ST HEALTHY FAMILIES AND NEWTON, MA 02462 COMMUNITY 149400. NONE GENERAL OPERATING PAIR PROJECT PUBLIC 98 N WASHINGTON ST STE 106 EXPENSES BOSTON, MA 02114 25000. PETS FOR VETS INC NONE PUBLIC PET MATCHES SUPPLIES P.O BOX 10860 FOR NEW CHAPTERS AND WILMINGTON, NC 28404 PET MEDICAL EXPENSES 20000. NONE PINE STREET INN PUBLIC VETERANS SERVICE AND 330 PINE ST HOUSING 150000. WILLIAMSPORT, PA 17701 PURPLE HEART HOMES NONE PUBLIC MANAGEMENT AND GENERAL EXPENSE 755 WASHINGTON AVE STATEVILLE, NC 28677 10000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient SANIBEL CAPTIVA CONSERVATION NONE PUBLIC ANNUAL FUND AND FOUNDATION OPERATIONS 3399 SANIBEL CAPTIVA ROAD SANIBEL, FL 33957 65000. SOCCER WITHOUT BORDERS NONE PUBLIC MANAGEMENT AND GENERAL 9 WATERHOUSE ST EXPENSES CAMBRIDGE, MA 02138 5000. SOCIAL INNOVATION FORUM NONE PUBLIC TRACK PARTNERSHIP ONE CONGRESS ST BOSTON, MA 02114 20000. SPECIAL OPERATION WARRIOR FOUNDATION NONE PUBLIC SUPPORT OF HIGH SCHOOL 1137 MARBELLA PLAZA DRIVE AND COLLEGE TUTORING TAMPA FL 33619 35000. ST JUDE CHILDREN'S RESEARCH HOSPITAL NONE PABLIC PROGRAM FOR INNOVATION 262 DANNY THOMAS PL IN STEM CELL SCIENCE MEMPHIS TN 38105 250000. TEAM RED WHITE AND BLUE NONE PUBLIC MANAGEMENT AND GENERAL 1110 W PLATT ST TAMPA, FL 33606 75000. THE REGENT OF THE UNIVERSITY OF CA NONE PUBLIC PROGRAM FOR INNOVATION 1111FRANKLIN ST. STE 12 IN STEM CELL SCIENCE OAKLAND, CA 94607 250000. THIRD SECTOR NEW ENGLAND NONE PUBLIC FUTURE CHEFS 89 SOUTH STREET BOSTON, MA 02111 525000. NONE PUBLIC TRUSTEES OF BOSTON UNIVERSITY PROSTRATE CANCER 1113-1115 COMMONWEALTH AVE RESEARCH CENTER BOSTON, MA 02215 450000. TRUSTEES OF PRINCETON UNIVERSITY NONE PUBLIC HELEN HUNT SHIPLEY ONE NASSAU HALL FUND AND ANNUAL FUND PRINCETON NJ 08544 550000. Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient TRUSTEES OF THE UNIVERSITY OF NONE PUBLIC PROGRAM FOR INNOVATION PENNSYLVIA IN STEM CELL SCIENCE 231 S 34TH ST, PHILADELPHIA, PA 19104 250000. TRUSTEES OF TUFTS COLLEGE NONE PUBLIC ANNUAL FUND 711 WASHINGTON ST #9 BOSTON, MA 02111 10000. VETERANS INC NONE PUBLIC SUBSTANCE ABUSE 69 GROVE ST TREATMENT PROGRAMS WORCESTER, MA 01605 100000. VETERANS LEGAL SERVICES NONE PUBLIC MANAGEMENT AND GENERAL P.O. BOX 8457 EXPENSES FOR LEGAL BOSTON, MA 02114 CLINICS AND CASE MANAGEMENT 100000. VETS HELPING HEROES INC NONE PUBLIC TRAINING P.O BOX 540723 ASSISTANCEDOGS GREENACRES, FL 33454 100000. WASHINGTON UNIVERSITY NONE PUBLIC PROGRAM FOR INNOVATION ONE BROOKINGS DRIVE IN STEM CELL SCIENCE ST LOUIS, MO 63130 250000. Total from continuation sheets

D-4 VV	0	SHIPLEY	FOUNDATION,	INC_#0	755496	23-7	7015570
Part XV	Supplementary In		-	······································			
3a Grants a	and Contributions Paid	During the Year	Continuation of Purpo	ose of Grant or	Contribution		
NAME OF	RECIPIENT -	- MASS DOV	IN SYNDROME	CONGRESS	S		
						-	
STRENGT	HEN INFRASTR	RUCTURE AN	ND RELATIONS	HIPS TO	DELEVER	DSC2U TO	DS
PATIENT	S WITH LIMIT	ED ACCESS	TO SPECIAL	TY CARE			
						· · ·	
							
							
							· <u> </u>
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		· · · · · · · · · · · · · · · · · · ·					
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	···					·	····
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						•	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Employer identification number

SHIPLEY FOUNDATION, INC #0755496 23-7015570 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

SHIPLEY FOUNDATION, INC #0755496

23-7015570

Part I	Contributors (see instructions)	Use duplicate copies of Part I if additional	I space is needed
(a)		(b)	(c)

(a)	(0)	(c)	(a)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	LUCIA H. SHIPLEY 1993 REV INDENTURE OF		
1	TRUST UNDER ARTICLE 5		Person X
	•		Payroll
	155 SEAPORT BLVD	\$ 157908.	Noncash
			(Complete Part II for
	DOCMONT MA 0220E		noncash contributions)
	BOSTON, MA 02205		noncasi contributions)
		<u> </u>	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
0			Person X
			Payroll
		\$	Noncash
		Ψ	·
	•		(Complete Part II for
			noncash contributions)
	·		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
0			Person X
			Payroll
			Noncash Noncash
		\$	
			(Complete Part II for
			noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4		l <u> </u>
	italiie, audie35, dilu Lir + 4	Total contributions	Type of contribution
7.07	Hailie, audi 635, aliu Lif + 4	Total contributions	Type of contribution
	Hailie, audi 635, aliu Lif + 4	Total contributions	
	Hailie, audi 655, aliu Lif + 4	Total contributions	Person
	Hailie, audi 635, aliu Lir + 4		Person Payroll
	Hailie, audi 635, aliu Air + 4	*	Person Payroll Noncash
	Name, audi 635, and £if + 4		Person Payroll Noncash Complete Part II for
	Name, audi 635, and £ir + 4		Person Payroll Noncash
	Name, audi 635, and £if + 4		Person Payroll Noncash Complete Part II for
(a)	(b)		Person Payroll Noncash Complete Part II for
		\$	Person Payroll Oncash Complete Part II for noncash contributions
(a)	(b)	\$(c)	Person Payroll Complete Part II for noncash contributions (d)
(a)	(b)	\$(c)	Person Payroll Complete Part II for noncash contributions (d)
(a)	(b)	\$(c)	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution
(a)	(b)	\$(c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll
(a)	(b)	\$(c)	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash
(a)	(b)	\$(c) Total contributions	Person Payroll Omplete Part II for noncash contributions (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash (Complete Part II fo
(a)	(b)	\$(c) Total contributions	Person Payroll Onnocash Onnocash Contributions (d) Type of contribution Person Payroll Onnocash Onnocash Onnocash Ontribution
(a)	(b)	\$(c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	\$(c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4 (b)	\$	Person Payroll Omnocash Omnocash Contributions Person Payroll Noncash Omnocash Contribution Person Payroll Omnocash Contributions (Complete Part II for noncash Contributions)
(a) No.	(b) Name, address, and ZIP + 4 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash Noncash
(a) No.	(b) Name, address, and ZIP + 4 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Payroll

Name of organization

Employer identification number

SHIPLEY FOUNDATION, INC #0755496

23-7015570

Part II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed	
(a) No. from 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number 23-7015570 SHIPLEY FOUNDATION, INC #0755496 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) > \$_ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

(a) No. (d) Description of how gift is held from Part I (c) Use of gift (b) Purpose of gift (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Relationship of transferor to transferee

Shipley Foundation, Inc.

Attachment to Form 990-PF (2019)

Part VII-A, Line 12 - Statement

EIN: 23-7015570

The Foundation made a distribution to a donor-advised fund of a qualified public charity during 2019. A disqualified person with respect to the Foundation advises on grants from this donor-advised fund. The Foundation treated the distribution to the donor-advised fund as a qualifying distribution for 2019. The distribution will be used to accomplish one or more charitable purposes described in IRC § 170(c)(2)(B), because the recipient public charity must ensure all grants from the donor-advised fund are used exclusively in furtherance of such charitable purposes.

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FORM 99	0-PF	G	AIN OR (LOSS)	FROM SALE	OF A	ASSETS		STA	TEMENT	1
DESCRIP	(A) FION OF	PROPERTY	_			MANNER CQUIRED		TE VIRED	DATE SO	OLE
BROAD ST	TREET R	EAL ESTAT	E CREDIOT PARTI	NERS III	PUI	RCHASED	VARI	OUS	12/31	/19
		В)	(C)	(D)		(E)			(F)	
		OSS PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF	DEPRE	c.	GAIN	OR LOS	S
		114803.	0.		0.		0.		1148	03.
DESCRIP	(A) rion of	PROPERTY				MANNER CQUIRED		TE IRED	DATE S	OLI
GOLDMAN	SACHS	653	_		PUI	RCHASED	VARI	OUS	12/31	/19
		в)	(C)	(D)		(E)			(F)	
		OSS PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF	DEPRE	c.	GAIN	OR LOS	S
		556153.	0.		0.		0.		5561	53.
DESCRIP:	(A) FION OF	PROPERTY		•		MANNER CQUIRED		TE IRED	DATE S	OLE
GOLDMAN	SACHS	653			PUI	RCHASED	VARI	ous	12/31	/19
		B) OSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)	
		PRICE	OTHER BASIS	SALE	~-	DEPRE	c.	GAIN	OR LOS	S
_	19	9522376.	16355191.		0.		0.		316718	85.

(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DA ACQU	TE IRED	DATE SOLD
GOLDMAN SACHS 653	_		PUI	RCHASED	VARI	ous	12/31/19
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) I OR LOSS
401111.	378872.		0.		0.		22239.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DA ACQU	TE IRED	DATE SOLD
GOLDMAN SACHS 649			PUI	RCHASED	VARI	ous	12/31/19
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) OR LOSS
3047373.	3041377.		0.		0.	•	5996.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DA ACQU	TE	DATE SOLD
GOLDMAN SACHS 649			PUI	RCHASED	VARI	OUS	12/31/19
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) I OR LOSS
750000.	739625.		0.		0.		10375.
(A) DESCRIPTION OF PROPERTY	,			MANNER CQUIRED	DA ACQU		DATE SOLD
SIGULER GUFF DISTRESSED	_		PUI	RCHASED	VARI	ous	12/31/19
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F)
17.	0.		0.	-	0.		17.

DESCRIPT	(A) FION OF PROPERTY				MANNER CQUIRED	DA' ACQU		DATE SOLD
SIGULER	GUFF DISTRESSED	-		PUF	RCHASED	VARIO	DUS	12/31/19
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	С.	GATN	(F)
-	54524.	0.		0.		0.		54524.
DESCRIPT	(A) FION OF PROPERTY	_			MANNER CQUIRED	DAT ACQUI		DATE SOLD
SIGULER	GUFF BRIC OPPOR	TINITIES		PUF	RCHASED	VARIO	DUS	12/31/19
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)
	139.	0.		0.		0.	<u> </u>	139.
DESCRIPT	(A) FION OF PROPERTY				ANNER CQUIRED	DA'I ACQUI		DATE SOLD
SIGULER	GUFF BRIC OPPOR	- TINITIES		PUF	RCHASED	VARIO	ous	12/31/19
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)	_		(F)
_	SALES PRICE	OTHER BASIS	SALE		DEPRE	c. 	GAIN	OR LOSS
<u> </u>	286954.	0.		0.		0.		286954.
DESCRIPT	(A) TION OF PROPERTY	•			IANNER CQUIRED	DAT ACQUI	_	DATE SOLD
WEST GUI	_F	_		PUF	RCHASED	VARIO	OUS	12/31/19
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	С.		(F)
_	15296.	0.	-	0.		0.		15296.

(A) DESCRIPTION OF PROF	PERTY					ANNER QUIRED	DA ACQU		DATE S	OLD
WEST GULF					PURC	CHASED	VARI	ous	12/31	/19
(B) • GROSS SALES PRIC	(C COST E OTHER 1	OR	EXPE	D) NSE (ALE	OF	(E) DEPRI		GAI:	(F) N OR LOS	S
258	335.	0.			0.		0.		258	35.
CAPITAL GAINS DIVI	ENDS FROM PA	ART IV								0.
TOTAL TO FORM 990-F	PF, PART I, I	LINE 6A					:		42595	16.
FORM 990-PF INTERE	ST ON SAVING	GS AND T	TEMPOR	ARY	CASH	INVEST	MENTS	ST.	ATEMENT	2
SOURCE			(A) EVENUE R BOOK		NET	(B) INVEST			(C) ADJUSTED ET INCOM	
FEDERATED GOV'T OBI FUND 0755185 FEDERATED GOV'T OBI FUND 0755496				10. 87.			1910. 9587.	<u> </u>		
TOTAL TO PART I, LI	INE 3		144	97.		14	1497.			
FORM 990-PF	DIVIDENDS	AND INT	EREST	FRO	M SEC	CURITIE		ST.	ATEMENT	3
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	1S	RE	(A) VENUE BOOF		(B) INVE TINC		(C) ADJUST NET INC	
BROAD STREET REAL ESTATE PARTNERS	26753.		0.		2675	53.	267	53.		
GOLDMAN SACHS DIV 649	663721.		0.		66372	21.	6637	21.		
GOLDMAN SACHS DIV 653	3303730.		0.	3	30373	30.	33037	30.		
GOLDMAN SACHS DIV 658	28413.		0.		2841	13.	284	13.		
GOLDMAN SACHS INT 653 SIGULER GUFF BRIC OPPORTUNITIES FUND	11163.		0.		1116	53.	111	63.		
II LP	8465.		0.		846	55.	84	65.		

SIGULER GUFF DIST				
OPPORTUNITY	53304.	0.	53304.	53304.
VINTAGE VII AIV OFFSHORE	9855.	0.	9855.	9855.
WEST GULF INVEST STRATEGIES	45525.	0.	45525.	45387.
TO PART I, LINE 4	4150929.	0.	4150929.	4150791.
• • • • • •				

FORM 990-PF	OTHER	INCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
WEST GULF INV STRAT WEST GULF INV STRAT SEC 1231 SIGULER GUFF BRIC OPPORTUNITY BROAD STREET REAL ESTATE PART		38105. 7027. 9378.	7027.	
III SIGULER GUFF DIST OPPORTUNITY GAIN		2801. -4.	2801. -4.	
SIGULAR GUFF DIST OTHER	_	45277.	45277.	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	102584.	102584.	
FORM 990-PF	LEGA	AL FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	
	344190	258143	•	86047.
TO FM 990-PF, PG 1, LN 16A	344190	258143	•	86047.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAB PURPOSE		
NUTTER MCCLENNEN & FISH LLP	6000.	4500.		150	0.	
TO FORM 990-PF, PG 1, LN 16B	6000.	4500.		150	0.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S'	TATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAB PURPOSE		
NUTTER MCCLENNEN & FISH LLP	159028.	119271.		3975	7.	
KONRAD HOCHEDLINGER(SCIENTIFIC ADV FEES)	10000.	0.		1000	0.	
HANNO HOCK (SCIENTIFIC ADV FEES0	10000.	0.		1000	0.	
TO FORM 990-PF, PG 1, LN 16C	179028.	119271.		5975	7.	
FORM 990-PF	TAX	ES	S	TATEMENT	8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE		
FED EXCISE TAX	70000.	0.			0.	
FOREIGN TAX PD SIGULER GUFF BRIC	2334.	2334.			0.	
FOREIGN TAX PD SIGULER GUFF DISTRESSED FOREIGN TAXES COLDMAN	0.	0.			0.	
FOREIGN TAXES GOLDMAN SACHS 653 WEST GULF FOREIGN TAXES PD	85010. 3.				0. 0.	
TO FORM 990-PF, PG 1, LN 18	157347.	87347.			0.	
=					_	

FORM 990-PF	OTHER E	XPENSES			STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM				
BROAD STREET REAL ESTATE CR PARTNERS	8272.	6	5204.		20	68.		
FILING FEES GOLDMAN SACHS 649-5	500.		0.			00.		
MANAGEMENT FEES GOLDMAN SACHS 653-2	176619.		2464.			.55.		
MANAGEMENT FEES MEMBERSHIP FEES SIGULER GUFF BRIC OPP FUND	576738. 3000.	432	2554.		1441 30	84.		
II LP SIGULER GUFF DIST OPP FUND	17807.	13	355.		4.4	52.		
IV, L.P. VINTAGE VII AIV OFFSHORE	27299.	20	474.		68	25.		
SCSP WEST GULF INV STRAT	3111. 49709.		2333. 282.			78. 27.		
TO FORM 990-PF, PG 1, LN 23	863055.	644	666.		2183	89.		
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	10		
DESCRIPTION			вос	K VALUE	FAIR MARKE VALUE	T		
GOLDMAN SACHS ACCOUNT #653-2			1	14204971.	1417105	47.		
TOTAL TO FORM 990-PF, PART II	, LINE 10B		1	14204971.	1417105	47.		
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	11		
DESCRIPTION			воо	K VALUE	FAIR MARKE VALUE	T		
GOLDMAN SACHS ACCOUNT #649-5		,		35720067.	371077	58.		
TOTAL TO FORM 990-PF, PART II	, LINE 10C			35720067.	371077	58.		

BOSTON, MA 02205

FORM 990-PF OTH	ER INVESTMENTS		STAT	EMENT 1
DESCRIPTION	VALUATION METHOD	BOOK VALUI		MARKET ALUE
SIGULER GUFF BRIC OPPORTUNITIES	COST			
FUND II, L.P.		117269		1321210
WEST GULF INVESTMENT STRATEGIES	COST	3476932	23.	1715387
SIGULER GUFF DIST OPPORTUNITIES	COST	146071	2.0	1 = 2 2 2 1 4
FUND IV, L.P. BROAD STREET REAL ESTATE CREDIT	COST	146873	39.	1532314
PARTNERS III OFFSHORE FUND, L.P.	COST	53163	3.0	413655
VINTAGE VII AIV OFFSHORE SCSP	COST		90.	5052560
TOTAL TO FORM 990-PF, PART II, LIN	E 13	3795197	76.	10035126
			EMPLOYEE	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	BEN PLAN	
NAME AND ADDRESS RICHARD C. SHIPLEY 3333 POINCIANA AVE COCONUT GROVE, FL 33133			BEN PLAN	EXPENSE ACCOUNT
RICHARD C. SHIPLEY 3333 POINCIANA AVE	AVRG HRS/WK PRESIDENT	SATION	BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARD C. SHIPLEY 3333 POINCIANA AVE COCONUT GROVE, FL 33133	AVRG HRS/WK PRESIDENT 5.00 TREASURER	SATION	BEN PLAN CONTRIB	EXPENSE ACCOUNT 0
RICHARD C. SHIPLEY 3333 POINCIANA AVE COCONUT GROVE, FL 33133 THOMAS P. JALKUT NUTTER, MCCLENNEN & FISH, LLP PO BOX 51400	AVRG HRS/WK PRESIDENT 5.00 TREASURER	SATION 0.	BEN PLAN CONTRIB	ACCOUNT 0
RICHARD C. SHIPLEY 3333 POINCIANA AVE COCONUT GROVE, FL 33133 THOMAS P. JALKUT NUTTER, MCCLENNEN & FISH, LLP PO BOX 51400 BOSTON, MA 02205 RICHARD C. SHIPLEY 3333 POINCIANA AVE COCONUT GROVE, FL 33133 JULIA S. COSENTINO	AVRG HRS/WK PRESIDENT 5.00 TREASURER 5.00 DIRECTOR 5.00 CLERK	O.	BEN PLAN CONTRIB	EXPENSE ACCOUNT 0
RICHARD C. SHIPLEY 3333 POINCIANA AVE COCONUT GROVE, FL 33133 THOMAS P. JALKUT NUTTER, MCCLENNEN & FISH, LLP PO BOX 51400 BOSTON, MA 02205 RICHARD C. SHIPLEY 3333 POINCIANA AVE COCONUT GROVE, FL 33133	AVRG HRS/WK PRESIDENT 5.00 TREASURER 5.00 DIRECTOR 5.00 CLERK	O.	BEN PLAN CONTRIB	ACCOUNT 0 0
RICHARD C. SHIPLEY 3333 POINCIANA AVE COCONUT GROVE, FL 33133 THOMAS P. JALKUT NUTTER, MCCLENNEN & FISH, LLP PO BOX 51400 BOSTON, MA 02205 RICHARD C. SHIPLEY 3333 POINCIANA AVE COCONUT GROVE, FL 33133 JULIA S. COSENTINO NUTTER, MCCLENNEN & FISH, LLP PO BOX 51400	AVRG HRS/WK PRESIDENT 5.00 TREASURER 5.00 DIRECTOR 5.00 CLERK 5.00	0. 0.	DEN PLAN CONTRIB 0. 0.	ACCOUNT 0 0

* SHIPLEY FOUNDATION, INC #0755496			23-70	15570
JULIA S. COSENTINO NUTTER, MCCLENNEN & FISH, LLP PO BOX	DIRECTOR			
51400 BOSTON, MA 02205	5.00	0.	0.	0.
KAREN L. SHIPLEY 1000 ISLAND BLVD, #3103 AVENTURA, FL 33160	DIRECTOR 5.00	0.	0.	0.
JASON R. SHIPLEY 7901 HISPANOLA AVE #1512 NORTH BAY VILLAGE, FL 33141	VICE PRESIDENT 5.00	0.	0.	0.
JASON R. SHIPLEY 7901 HISPANOLA AVE #1512 NORTH BAY VILLAGE, FL 33141	DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.