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### EXTENDED TO AUGUST 17, 2015

### **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.cov/form990pf. For calendar year 2014 or tax year beginning and ending A Employer identification number Name of foundation THE PANJANDRUM FOUNDATION 03-6069606 C/O C&S WHOLESALE GROCERS, Number and street (or P O box number if mail is not delivered to street address) B Telephone number 603-354-4640 7 CORPORATE DRIVE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 03431-5042 KEENE, NH 6 Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash F If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 2,698,834. (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 necessanly equal the amounts in column (a)) (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and expenses per books (c) Adjusted net (b) Net investment income income N/A 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 11,385. 11,385. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 172,945 6a Net cain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 172,945 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other-meen Total, Add life E through 184,330 184,330 12 0. 13 Cor esemployee salanes and wages São plans, employee benefits b Accounting BEN 5,999. 3,000 2,999. c Other professional fee 17 Interest Ō. STMT 3 63. 63. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 6,871. 6,288 75. STMT 4 23 Other expenses 24 Total operating and administrative 12,933 3,074. 9,351 expenses. Add lines 13 through 23 1,059,000. 1,059,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 1,071,933 9,351 1,062,074. Add lines 24 and 25 27 Subtract line 26 from line 12; -887,603 & Excess of revenue over expenses and disbursements 174,979 b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

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

Form 990-PF (2014)

N/A

Form 990-PF

				J - 1 - 2 - 1 - 1 - 1	
C/0	C&S	WHOLESA	ALE	GROCERS.	INC

For	m 99	0-PF (2014) C/O C&S_WHOLESALE GROCEI	<del></del>	0	3-6069606 Page 2
Гр	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		nd of year
뜨	ait	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	12,542.	3,46	8. 3,468.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts	-		,
	4	Pledges receivable ▶			
	1	Less; allowance for doubtful accounts			-
	5	Grants receivable			<del></del>
	_				
	l º	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 6	3,472,297.	2,585,86	9. 2,585,869.
	ء ا	Investments - corporate bonds			
	l	Investments - land, buildings, and equipment basis			
	''				
	12	Less accumulated depreciation Investments - mortgage loans	+		<del>-</del>
	i i		105,005.	109,49	7. 109,497.
			103,003.	103,43	109,497.
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
		Other assets (describe )			
	16	Total assets (to be completed by all filers - see the			.
_		instructions. Also, see page 1, item I)	3,589,844.	2,698,83	4. 2,698,834.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ŝ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
ڌ		Other liabilities (describe )			
		/			
	23	Total liabilities (add lines 17 through 22)	0.		0.
_	2.5	Foundations that follow SFAS 117, check here	-		<del></del>
		·			ļ
S	۱.,	and complete lines 24 through 26 and lines 30 and 31.	3,589,844.	2,698,83	<u> </u>
ĕ	l	Unrestricted	3,303,044.	2,030,03	<del>** •</del>
Net Assets or Fund Balances	25	Temporarily restricted			<b>-</b>
8	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			I.
S	27	Capital stock, trust principal, or current funds			
se(	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
ě	30	Total net assets or fund balances	3,589,844.	2,698,83	4.
_					
	31	Total liabilities and net assets/fund balances	3,589,844.	2,698,83	4.
_				, , , , , , , , , , , , , , , , , , ,	
=	art				
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		2 500 011
		t agree with end-of-year figure reported on prior year's return)			1 3,589,844.
2	Ente	amount from Part I, line 27a			2 -887,603.
3	Othe	r increases not included in line 2 (itemize)		3 0.	
4	Add	ines 1, 2, and 3			4 2,702,241.
5	Decr	eases not included in line 2 (itemize)	SEE STA	TEMENT 5	5 3,407.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		6 2,698,834.
					Form 990-DF (2014)

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Part IV Capital Gains ar	nd Losses for Tax on li	nvestment	Income						
	e the kind(s) of property sold (e.ç house; or common stock, 200 sh			(p) l	low acc - Purch - Donal	quired (d lase tion	) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a				L					
b SEE ATTACHED	STATEMENT			<u> </u>					·
C									
d									
е				<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss (f) minus	
a b					_	•			<del></del>
С				$\Box$					
e 995,878.			822,93	3.					172,945.
Complete only for assets showing	gain in column (h) and owned by	the foundation		- 1		(1) (-	ains (C	ol. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any			col. (l	c), but n	ot less tha (from col. (	n -0-) or
a									
b									
С									
d									
e						,			172,945.
2 Capital gain net income or (net capit	al loss) { If gain, also entered if (loss), entered	er in Part I, line 0- in Part I, line	7 7	}	2				172,945.
Net short-term capital gain or (loss)	•								
If gain, also enter in Part I, line 8, co	lumn (c).			$\rightarrow$				NT / 3	
If (loss), enter -0- in Part I, line 8  Part V   Qualification Uni	der Section 4940(e) fo	n Dadwaad	Tow on Not		3	ant Inco		N/A	· · · · · · · · · · · · · · · · · · ·
Nas the foundation liable for the sectio f "Yes," the foundation does not qualify			•	rıod?					Yes X No
1 Enter the appropriate amount in each				ntries	i.				
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis	stributions	Net value of no	(c) inchai		use assets		Dıstrıl (col. (b) dı	(d) bution ratio vided by col. (c))
2013		34,908.		3	,703	3,057.			.171455
2012	1,51	L0,298.		4	,30!	5,431.			.350789
2011	1,95	51,003.		5	,120	0,122.			.381046
2010	1,71	L9,896.		7	,50	3,278.			.229219
2009	1,99	0,206.		8	,28	6,823.			.240165
2 Total of line 1, column (d)							2		1.372674
3 Average distribution ratio for the 5-y the foundation has been in existence		on line 2 by 5,	or by the number	of ye	ars		3		. 274535
4 Enter the net value of noncharitable	-use assets for 2014 from Part X,	, line 5					4		3,210,700.
5 Multiply line 4 by line 3				5		881,450.			
6 Enter 1% of net investment income	(1% of Part I, line 27b)						6		1,750.
7 Add lines 5 and 6							7		883,200.
8 Enter qualifying distributions from F	•						8	_	1,062,074.
If line 8 is equal to or greater than li See the Part VI instructions.	ne 7, check the box in Part VI, lin	e 1b, and comp	olete that part usin	ıg a 1'	% tax ra	ate.			
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THE PANJANDRUM FOUNDATION

Form 990-PF (2014) C/O C&S WHOLESALE GROCERS, IN		03-606		F	Page 4
Part VI Excise Tax Based on Investment Income (Section 494		948 - see	instru	ction	าร)
1a Exempt operating foundations described in section 4940(d)(2), check here  and e					ļ
Date of ruling or determination letter: (attach copy of letter if ne					i
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter 1%	1		1,7	<u>50.</u>
of Part I, line 27b					1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part I, line 12, col. (b). リ				ل <u>ـــــ</u> ـــــــــــــــــــــــــــــــ
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. 0	thers enter -0-)	2			<u>0.</u>
3 Add lines 1 and 2		3		1,7	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		1,7	<u>50.</u>
6 Credits/Payments:					,
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a 10,195.				
<b>b</b> Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c	] ]			;
d Backup withholding erroneously withheld	6d				نـــــــ
7 Total credits and payments. Add lines 6a through 6d		7	1	0,1	<u>95.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>•</b>	10		8,4	
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax	8,445. Refunded ▶	11			<u>0.</u>
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or intervene	អា	<u> </u>	Yes	
any political campaign?			1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purpo			16		X
If the answer is "Yes" to $_{1a}$ or $_{1b}$ , attach a detailed description of the activities ar	nd copies of any materials publish	ed or			li
distributed by the foundation in connection with the activities					- <u></u>
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	=				1
(1) On the foundation. > \$ (2) On foundation managers		•			
e Enter the reimbursement (if any) paid by the foundation during the year for political expend	liture tax imposed on foundation				
managers. ► \$ 0.					<u> </u>
2 Has the foundation engaged in any activities that have not previously been reported to the I	RS?		2		X
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	•	)r			,
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?	37 / 3	4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?	_	N/A	4b		77
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	,		5		Х
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 e	eitner;				
By language in the governing instrument, or		. 1			
By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with the state	s Iaw		X	
remain in the governing instrument?		,	6	X	$\vdash \vdash$
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	трієте Рап II, соі (с), апо Рап XV	,	7		<del> </del>
Be Enter the other to which the foundation are to be with which it is registered (one instruction	nna) <b>N</b>				
8a Enter the states to which the foundation reports or with which it is registered (see instruction	JIIO) -	<del></del>			
NH	Marnoy Constal (or december)				
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					
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," of 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched			10		X
To bid any persons decome subsantial contributors during the tax year it res, attach a sched	uie iisung trieit names and addresses		T 10		

### THE PANJANDRUM FOUNDATION

orin	990-PF (2014) C/O C&S WHOLESALE GROCERS, INC. 03-606	<u>960</u> 6		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	T - T	·	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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	X	
	Website address ► WWW.PANJANDRUM.ORG			
14	The books are in care of ▶ JULIE DRAKE  Telephone no. ▶ 603-3			
	Located at ►C/O C&S, 7 CORPORATE DRIVE, KEENE, NH ZIP+4 ►0	<u>3431</u>	<u>-50</u>	42
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		/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	.	Yes	l .
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			1
	foreign country >			4
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
12	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?			l i
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(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?			1 :
	(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)?			;
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			٠
	If the foundation agreed to make a grant to or to employ the official for a period after			i
	termination of government service, if terminating within 90 days.)			i i
t	of fany answer is "Yes" to 1a(1)-(6), did any 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)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		i	x
	before the first day of the tax year beginning in 2014?	1c		
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)):	ļ		
i	that the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?  Yes X No			
,	If "Yes," list the years \( \) ,			} `
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  N/A	2b	-	j
	the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
•	The provisions of section 45 42(a)(2) are being approache any of the years noted in 2a, not the years noted.			
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	•		
٠,	during the year?			'
1	of "Yes," did it have excess business holdings in 2014 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 2014)  N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2014?	4b		X
_				

				l
2 Compensation of five highest-paid employees (other than those in	cluded 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, othe allowances
NONE				
· · · · · · · · · · · · · · · · · · ·				
	1			
	1			
	=		]	
·				
<del></del>	1			
Total number of other employees paid over \$50,000	<u> </u>			

THE PANJANDRUM FOUNDATION C/O C&S WHOLESALE GROCERS, INC. 03-6069606 Form 990-PF (2014) Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 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 N/A Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount

Form **990-PF** (2014)

▶

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	3,233,051.
b	Average of monthly cash balances	1b	3,233,051. 26,543.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,259,594.
	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	3,259,594.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	48,894.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,210,700.
6	Minimum investment return. Enter 5% of line 5	6	160,535.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	160,535.
2a	Tax on investment income for 2014 from Part VI, line 5 2a 2, 750.		
	Income tax for 2014. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	1,750.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,750. 158,785.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	158,785.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	158,785.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,062,074.
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	1,062,074.
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	1,750. 1,060,324.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,060,324.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section

### THE PANJANDRUM FOUNDATION

Form 990-PF (2014)

C/O C&S WHOLESALE GROCERS, INC.

Page 9 Part XIII Undistributed Income (see instructions) (b) (c) (d) 2013 2014 Corpus Years prior to 2013 1 Distributable amount for 2014 from Part XI, 158,785. 2 Undistributed income, if any, as of the end of 2014 Ö a Enter amount for 2013 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2014: 1,576,563 a From 2009 1,345,322. **b** From 2010 1,695,331 c From 2011 1,295,094 d From 2012 450,591 e From 2013 6,362,901 f Total of lines 3a through e 4 Qualifying distributions for 2014 from Part XII, line 4: ▶\$ 1,062,074. 0 a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 158,785. d Applied to 2014 distributable amount 903,289 e Remaining amount distributed out of corpus 0. Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 7,266,190. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2013. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2015 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 2009 1,576,563 not applied on line 5 or line 7 Excess distributions carryover to 2015. 5,689,627 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 1,345,322. a Excess from 2010 1,695,331. b Excess from 2011

e Excess from 2014 423581 11-24-14

Form 990-PF (2014)

c Excess from 2012

dExcess from 2013

1,295,094.

450,591.

903,289

### THE PANJANDRUM FOUNDATION

Form 990-PF (2014) C/O C&S WHOLESALE GROCERS, 03-6069606 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2014 (b) 2013 (c) 2012 (d) 2011 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter. (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(i)(3)(B)(iii) (3) Largest amount of support from an exempt organization 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.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 🔝 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: JULIE DRAKE, 603-354-4640 C/O C&S WHOLESALE GROCERS, INC., 7 CORPORATE DRIVE, KEENE, NH 034315042 b The form in which applications should be submitted and information and materials they should include: IN WRITING c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE 423601 11-24-14

Form 990-PF (2014)

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year 501 (C) (3) CHARITY NONE KEENE FAMILY YMCA 200 SUMMIT ROAD 409,000. KEENE, NH 03431 AUSCHWITZ INSTITUTE FOR PEACE AND NONE 501 (C) (3) CHARITY RECONCILIATION 2 WEST 45TH ST, STE 1602 NEW YORK, NY 10036 100,000. NONE 501 (C) (3) CHARITY KEENE ICE CENTER ENTERPRISE PO BOX 1178 550,000. KEENE, NH 03431 ▶ 3a 1,059,000. Total b Approved for future payment NONE **▶** 3b Total

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)		
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt		
1 Program service revenue:	code	Alliouiit	code	Amount	function income		
a				,			
b							
c							
d							
e					<u></u>		
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments							
4 Dividends and interest from securities			14	11,385.	·		
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 property							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory			18	172,945.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a	1						
b							
C							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)			0.	184,330.	C		
13 Total. Add line 12, columns (b), (d), and (e)				13	184,330		
(See worksheet in line 13 instructions to verify calculations.)							

the foundation's exempt purposes (other than by providing funds for such purposes).	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	-
 	. ==

	тн	E PANJANDRUM	FOUNDATION						
Fotn	n 990-PF (2014) C/	O C&S WHOLES	ALE GROCERS,	INC.		03-60696	06	Pa	age 13
Pa	ort XVII Information	n Regarding Trans	sfers To and Transa	ctions and	Relationships Wi	th Noncharita	able	;	
	Exempt O	rganizations							
1	Did the organization directly	or indirectly engage in any o	of the following with any other	r organization de	scribed in section 501(c)	of	ľ	Yes	No
	the Code (other than section	501(c)(3) organizations) or	in section 527, relating to po	olitical organizatio	ins?	]		,	
a	Transfers from the reporting	foundation to a noncharitat	le exempt organization of:						_
	(1) Cash					11	a(1)		X
	(2) Other assets					1	a(2)		Х
b	Other transactions:								
	(1) Sales of assets to a non	charitable exempt organizat	on			1	b(1)		X
	(2) Purchases of assets fro	n a noncharitable exempt o	rganization			<b>⊢</b>	b(2)		Х
	(3) Rental of facilities, equip	ment, or other assets				1	b(3)		X
	(4) Reimbursement arrange	ments				1	b(4)		Х
	(5) Loans or loan guarantee	es .				1	b(5)		X
	(6) Performance of services	or membership or fundrais	ing solicitations			1	b(6)	<u> </u>	X
	Sharing of facilities, equipme	•				Ŀ	1c		X
d	If the answer to any of the al							ets,	
	• • •	_	idation received less than fair	market value in a	any transaction or sharing	j arrangement, shov	ın v		
<del></del>	column (d) the value of the				7				
(a)L	ine no (b) Amount involv	ed (c) Name of	noncharitable exempt organiz	zation	(d) Description of transfers,	, transactions, and shar	ing an	angeme	ents
			N/A						
						<del></del>			
				<del></del>		<del></del>			
						<del></del>		—	
	<del> </del>								
			···········						-
				-					
—		-	<del></del>	<del>-</del>					
_		<del>-</del>		<del></del>		A - L			
_	<del></del>								
22	ls the foundation directly or	I	elated to, one or more tax-ex	emot organizatio	ns described				
-4	in section 501(c) of the Cod						Yes	X	☐ No

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

Sign Here TRUSTEE Signature of officer or trustee Date Title Check \_\_\_\_\_ if Print/Type preparer's name Date self- employed Paid LOUIS B. OBERMEIER LOUIS B. OBERMEIE 07/30/15 P00113679 **Preparer** SHAPIRO & COMPANY, P.C., CPA'S **Use Only** Firm's address ► 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000 Phone no. 860 561-4000

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,	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
2-story brick warehouse; or common stock, 200 shs. MLC Co.	D - Donation	(mo., day, yr.)	(mo., day, yr.)
1a STATE STREET BANK 1090	P		
b STATE STREET BANK 1090	P	· · · · · · · · · · · · · · · · · · ·	
c 226.2842 UNITS SEVEN BRIDGES MULTI STRATEGY FU			01/01/14
d 218.5652 UNITS SEVEN BRIDGES MULTI STRATEGY FU			07/01/14
e 216.7061 UNITS SEVEN BRIDGES MULTI STRATEGY FU	ND P	02/01/12	10/01/14
f CAPITAL GAINS DIVIDENDS			
<u> </u>			
<u>h</u>			ļ
1			<u> </u>
<u> </u>			
<u>k</u>		•	<del></del>
N			
0		0 0	<u> </u>
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
22 116	(0) P	(g)	4,329.
	·		80,137.
250 000			23,716.
0.50 0.00			31,435.
250 000			33,294.
e 250,000. 216,706.			34.
		<del> </del>	
g h		<del></del>	
1			
k			
			<del></del>
m			
n		<del> </del>	
0	<del>,</del>	<del> </del>	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69	(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain òve ot less than "-0-")	r col. (k),
25 01 122 1100 001. ()), ii diiy		<u> </u>	4,329.
<u>a</u>			
<u>b</u>			80,137. 23,716.
c d			31,435.
e			33,294.
f			34.
g			
h l			
		-	
k			
1			
m			
n			
0			
. If some also enter in Dort Lines 7			
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 }	2		172,945.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8		N/A	

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	RITIES ST	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
K-1 GREEN GAP FUNDING LLC STATE STREET 1090 TD BANK 20015 TD BANK 21013	5,000 5,755 0 664	•	0. 5,000 0. 5,755 0. 0 4. 630	5,755.	
TO PART I, LINE 4	11,419	. 3	11,385	11,385.	
FORM 990-PF		ACCOUNTI	NG FEES	S	FATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES		5,999.	3,000.		2,999.
TO FORM 990-PF, PG	1, LN 16B =	5,999.	3,000.		2,999.
FORM 990-PF		TAX	ES	S	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	_	63.	63.		0.
TO FORM 990-PF, PG	1, LN 18	63.	63.		0.

FORM 990-PF	OTHER EX	KPENSES		STATEMENT	4
DESCRIPTION		(B) NET INVEST- MENT INCOME			
INVESTMENT MANAGEMENT FEES NH ANNUAL REPORT K-1 GREEN GAP FUNDING LLC	6,288. 75. 508.	6,288. 0. 0.			0. 75. 0.
TO FORM 990-PF, PG 1, LN 23	6,871.	6,288.			75.
FORM 990-PF OTHER DECREASE	ES IN NET ASS	SETS OR FUND	BALANCES	STATEMENT	5
DESCRIPTION				AMOUNT	
UNREALIZED GAINS AND LOSSES I	RECORDED FOR	BOOK		3,4	07.
				2 1	
TOTAL TO FORM 990-PF, PART II	II, LINE 5			=======================================	07 <b>.</b>
	CORPORATE	E STOCK	<del></del>	STATEMENT	
FORM 990-PF	·		OOK VALUE		6
FORM 990-PF	·		OOK VALUE 539,799. 2,046,070.	STATEMENT FAIR MARKE	6 r
FORM 990-PF  DESCRIPTION  INVESTMENTS IN EQUITIES STOCK INVESTMENTS	CORPORATE		539,799.	STATEMENT  FAIR MARKE VALUE  539,7	99.
FORM 990-PF  DESCRIPTION  INVESTMENTS IN EQUITIES STOCK INVESTMENTS  TOTAL TO FORM 990-PF, PART I	CORPORATE	BC	539,799. 2,046,070.	STATEMENT  FAIR MARKE VALUE  539,7 2,046,0	699.
FORM 990-PF  DESCRIPTION  INVESTMENTS IN EQUITIES	CORPORATE  I, LINE 10B  OTHER INVE	ESTMENTS	539,799. 2,046,070.	STATEMENT  FAIR MARKE VALUE  539,7 2,046,0 2,585,8	99. 70.
FORM 990-PF  DESCRIPTION  INVESTMENTS IN EQUITIES STOCK INVESTMENTS  TOTAL TO FORM 990-PF, PART II	CORPORATE  I, LINE 10B  OTHER INVE	ESTMENTS	539,799. 2,046,070. 2,585,869.	STATEMENT  FAIR MARKE VALUE  539,7 2,046,0 2,585,8  STATEMENT  FAIR MARKE	99. 70. 69.

FORM 990-PF		LIST OF OFFICERS, I		STATI	EMENT 8
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
RICHARD B. COHEN 7 CORPORATE DRIVE KEENE, NH 03431		TRUSTEE 0.50	0.	0.	0.
JANET L. COHEN 7 CORPORATE DRIVE KEENE, NH 03431		TRUSTEE 0.25	0.	0.	0.
PERRY L. COHEN 7 CORPORATE DRIVE KEENE, NH 03431		TRUSTEE 0.50	0.	0.	0.
JILL R. COHEN 7 CORPORATE DRIVE KEENE, NH 03431		TRUSTEE 0.50	0.	0.	0.
RACHEL C. KANTER 7 CORPORATE DRIVE KEENE, NH 03431		TRUSTEE 0.50	0.	0.	0.
TOTALS INCLUDED OF	N 990-PF, PAGI	E 6, PART VIII	0.	0.	0.
FORM 990-PF		ART XV - LINE 1A F FOUNDATION MANAGE	≅RS	STATI	EMENT 9

NAME OF MANAGER

RICHARD B. COHEN JANET L. COHEN

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

	ou are filing for an Automatic 3-Month Extension, complete	-				$\triangleright$ $X$
	ou are filing for an Additional (Not Automatic) 3-Month Ex					
	t complete Part II unless you have already been granted a					
	ronic filing (e-file). You can electronically file Form 8868 if y					
	ed to file Form 990-T), or an additional (not automatic) 3-moi					
	e to file any of the forms listed in Part I or Part II with the exc	•	, , , , , , , , , , , , , , , , , , ,			
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details o	n the elec	tronic filing of t	hıs form,
	www.irs.gov/efile.and.click.on.e-file.for.Charities & Nonprofits			1 1		
Par					<del></del>	<del>,</del> .
,	poration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete		. $\Box$
Part I	•				٠.	▶ □
	er corporations (including 1120-C filers), partnerships, REM income tax returns	ICs, and t	rusts must use Form 7004 to reques			_
	·				r's identifying	
Туре	or Name of exempt organization or other filer, see instru- THE PANJANDRUM FOUNDATION	ctions.		Employe	dentification n	umber (EIN) or
print	C/O C&S WHOLESALE GROCERS,	TNC			03-6069	1606
File by 1	he			0		
due dat filing yo		ee instruc	tions	Social se	cunty number (	55N)
return S instruct	See	voian odd	rese see metruetions			
	City, town or post office, state, and ZIP code For a for KEENE, NH 03431-5042	reign add	ress, see instructions			
	RELIEF, III 00101 3011					
Enter	the Return code for the return that this application is for (file	a senara	te application for each return)			0 4
Litter	the Netarriode for the retain that this application is for the	a separa	te application for each return,			ر- ر-
Annli	cation	Return	Application			Return
Is For		Code	Is For			Code
	990 or Form 990-EZ	01	Form 990-T (corporation)			07
	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720 (other than individual)			09
	990-PF	04	Form 5227			10
_	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
	JULIE DRAKE	•				<u>'</u>
• Th	e books are in the care of  C/O C&S, 7 CORI	PORATI	E DRIVE - KEENE, N	н 034	31-5042	
Te	ephone No ▶ 603-354-4640		Fax No ▶			
• If t	he organization does not have an office or place of business	s in the Ur	nited States, check this box			
• If t	his is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) II	f this is fo	r the whole grou	ıp, check this
box }	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension	on is for
1	I request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
	AUGUST 15, 2015 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension	
	is for the organization's return for					
	► X calendar year 2014 or					
	tax year beginning	, an	d ending		_ ·	
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on 📖 Initial return 📖 I	Final retur	n	
	Change in accounting period			<del></del>		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			10 105
	nonrefundable credits. See instructions.			3a	\$	10,195.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069			- 1	_	10 105
	estimated tax payments made. Include any prior year overp			3b	. \$	10,195.
С	Balance due. Subtract line 3b from line 3a Include your pa	-	• • •			•
	by using EFTPS (Electronic Federal Tax Payment System)			3c	_ <b>\$</b>	0.
	on. If you are going to make an electronic funds withdrawal ctions	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-E	O for payment
					F: 000	0.004.004.00
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		rom 886	B (Rev. 1-2014)

State: STATE STREET BANK & TRUST COMPANY PO BOX 5300 BOSTON, MA 02206-5300 Payer's Name and Address: WMS TAX DEPARTMENT

XX-XXX9606 20-8007203 SS1090 Payer's Federal ID Number: Recipient's Tax ID Number: Payer's State ID Number: Account Number:

풀

PANJANDRUM FOUNDATION Recipient's Name and Address: 7 CORPORATE DR **KEENE, NH 03431** 

> 2nd TIN notice (844)221-1939 Corrected **Questions?**

# 2014 Forth 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums. Covered (Box 5 is not checked)

Description of property (Box 1a)

State Tax Withheld	(Box 16)		0.00		0.00		00.00		0.00		00.00		0.00		00.00	0.00
Federal Income Tax Withheld	(Box 4)		0.00		0.00		0.00		00.00		0.00		00.0		00.00	0.00
Net Gain or Loss			1,767.69		701.76		1,111.32		338.43		89.64		-71.82		392.32	4,329.34
Adjustments	(Box 1g)		00.0		0.00		0.00		00.0		0.00		0.00		0.00	0.00
Code if any	(Box 1f)				:										:	
Cost or Other Basis	(Box 1e)		2,720.00		7,907.74		3,212.98		3,400.63		7,708.66		2,021.92		2,143.62	29,115.55
Proceeds	(Box 1d)		4,487.69		09.609,8		4,324.30		3,739.06		7,798.30		1,950.10		2,535.94	33,444.89
Form 8949 Checkbox		JR	Α		4		Ą		4	U	A	工	٧		4	
ğ	-	3-SP AC	2014				2013	HES C	2014	FOX	2014	CALS IN	2014		2014	m
Date Acquired	(Box 1b)	9-8 HOLDIN	09/18/		Various	ORP-A	07/01	PLC-SER	80/60	NTURY	01/10	ACEUTI	02/06/	<u>م</u>	01/02	n 1099-
Date Sold or Disposed	(Box 1c)	Short Term Sales Reported on 1099-B 40.0 ALIBABA GROUP HOLDING-SP ADR	11/24/2014 09/18/2014	CITIGROUP INC	10/29/2014 Various	DISH NETWORK CORP-A	05/21/2014 07/01/2013	LIBERTY GLOBAL PLC-SERIES C	10/29/2014 09/08/2014	TWENTY-FIRST CENTURY FOX INC	10/29/2014 01/10/2014 A	VALEANT PHARMACEUTICALS INTL	10/29/2014 05/06/2014	WR BERKLEY CORP	084423102 10/29/2014 01/02/2014	Total Short Term Sales Reported on 1099-B
Cusip Number		Short Term Sale 40.0	01609W102	165.0	172967424	75.0	25470M109	85.0	G5480U120	235.0	90130A200	15.0	91911K102	50.0	084423102	Total Short Teri



(844)221-1939 9096XXX-XX 20-8007203 SS1090 Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number: Account Number: Questions? State: STATE STREET BANK & TRUST COMPANY BOSTON, MA 02206-5300 Payer's Name and Address: WMS TAX DEPARTMENT PO BOX 5300

PANJANDRUM FOUNDATION Recipient's Name and Address: 7 CORPORATE DR KEENE, NH 03431

Page 9 of 22

## 2nd TIN notice Corrected

# 2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.

Description of property (Box 1a) Covered (Box 5 is not checked)

Cusip Number	Date Sold or Disposed	Date Acquired	Form 8949 Checkbox	Proceeds	Cost or Other Basis	Code ıf any	Adjustments	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld
	(Box 1c)	(Box 1b)		(Box 1d)	(Box 1e)	(Box 1f)	(Box 1g)	. <del></del> -	(Box 4)	(Box 16)
Report on For	Report on Form 8949, Part I, with Box A checked	th Box A checked								
ong Term Sale 20.0	Long Term Sales Reported on 1099-B 20.0	19-B						<del></del>		
88579Y101	88579Y101 10/29/2014 02/15/2012	02/15/2012	:	3,006.73	1,740.99		0.00	1 265.74	00:00	0.00
40.0	ALTERA CORP COM	MC								
021441100	10/29/2014 02/15/2012		D	1,340.37	1,592.00		00.0	-251.63	00.0	0.00
50.0	AON PLC									
G0408V102	05/06/2014 02/15/2012	02/15/2012	۵	4,259.96	2,452.37		00.0	1,807.59	00.0	0.00
80.0	AON PLC							· · · · · ·		
G0408V102	10/29/2014	10/29/2014 02/15/2012	۵	6,620 65	3,923.80		0.00	2,696.85	0.00	0.00
105.0	BERKSHIRE HATHAWAY INC	1AWAY INC			-3					
084670702	10/29/2014	10/29/2014 04/24/2012	0	14,626 17	8,335.05		0.00	6,291.12	00.0	0.00
50.0	BERKSHIRE HATHAWAY INC	HAWAY INC								
084670702	11/11/2014 Various	Various	۵	7,247.68	3,948.55	:	000	3,299.13	00.00	0.00
110.0	COCA COLA CO									
191216100	10/29/2014 02/15/2012	02/15/2012		4 489 69	3 761 25			770 77		Ġ

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This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

STATE STREET BANK & TRUST COMPANY BOSTON, MA 02206-5300 Payer's Name and Address: WMS TAX DEPARTMENT PO BOX 5300

9096XXX-XX 20-8007203 SS1090 Payer's Federal ID Number: Recipient's Tax ID Number: Payer's State ID Number:

Account Number:

Recipient's Name and Address:

PANJANDRUM FOUNDATION 7 CORPORATE DR **KEENE, NH 03431** 

### 2nd TIN notice Corrected

**Questions?** 

State:

(844)221-1939

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# 2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums. Covered (Box 5 is not checked)

Description of property (Box 1a)

State Tax Withheld	(Box 16)	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Federal Income Tax Withheld	(Box 4)	00:0		0.00		0.00		0.00		0.00		00.0		0.00		00:0
Net Gain or Loss		2,687.91		1,325.55		752.02		2,389.48		1,837.62		714.48		2,994.34		2,282.88
Adjustments	(Box 1g)	0.00		0.00		0 00		00.0		0.00		0.00		0.00		0.00
Code ıf any	(Box 1f)			:		:		:		:		:		:		
Cost or Other Basis	(Box 1e)	2,761.96		1,380.98		690.49		2,167.87		1,734.30		1,447.07		4,012.50		3,144.99
Proceeds	(Box 1d)	5,449.87		2,706.53		1,442.51		4,557.35		3,571.92		2,161.55		7,006.84		5,427.87
Form 8949 Checkbox		Q		Q		D	<b>4</b>	0	۷.	Q		O		<u>.</u>	CS INC	٥
ō		2012		2012		2012	INC CL	2013	INC CI	2013		:		2012	VS NOI	2012
Date Acquired	( <i>Box 1b</i> )	02/15	SPL	02/15/	SPL	02/15/	BRANDE	02/14/	BRAND	02/14/	ORP-A	Various	(**)	02/15/	-ORMA]	02/15/
Date Sold or Disposed	(Box 1c) (Box COMCAST CORP-A SPL	10/29/2014 02/15/2012	COMCAST CORP-A SPL	11/20/2014 02/15/2012	COMCAST CORP-A SPL	12/26/2014 02/15/2012 D	CONSTELLATION BRANDS INC CL A	07/03/2014 02/14/2013	CONSTELLATION BRANDS INC CL A	10/29/2014 02/14/2013	DISH NETWORK CORP-A	10/29/2014 Various	ECOLAB INC COM (**)	10/29/2014 02/15/2012	FIDELITY NATL INFORMATION SVCS INC	03/19/2014 02/15/2012
Cusip Number	100.0	20030N200	50.0	20030N200	25.0	20030N200	50.0	21036P108	40.0	21036P108	35.0	25470M109	65.0	278865100	100.0	31620M106



STATE STREET BANK & TRUST COMPANY BOSTON, MA 02206-5300 Paver's Name and Address: WMS TAX DEPARTMENT PO BOX 5300

(844)221-1939 9096XXX-XX 20-8007203 SS1090 풀 Payer's Federal ID Number: Recipient's Tax ID Number: Payer's State ID Number: Account Number: Corrected **Questions?** State:

PANJANDRUM FOUNDATION Recipient's Name and Address:

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7 CORPORATE DR KEENE, NH 03431

2nd TIN notice

# 2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums. Covered (Box 5 is not checked)

Description of property (Box 1a)

Cusip Number	Date Sold or Disposed	Date Acquired	Form 8949 Checkbox	Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	rederal Income Tax Withheld	Tax Withheld
100.0	(Box 1c) FIDELITY NATL IN	(Box 1c) (Box 1b) FIDELITY NATL INFORMATION SVCS INC	S INC	(Box 1d)	(Box 1e)	(Box 1f)	(Box 1g)		(Box 4)	(Box 16)
31620M106	03/31/2014 02/15/2012		٥	5,343.18	3,144.99	,	00.00	2 198.19	00.0	0.00
15.0	GOOGLE INC-A									
38259P508	10/29/2014 02/15/2012	02/15/2012	۵	8,368.76	4,538.00		0.00	3/830.76	00.0	0.00
100.0	LOEWS CORP									
540424108	04/21/2014	04/21/2014 02/15/2012	٥	4,372.52	3,786.12		0.00	586.40	00:0	00.00
100.0	LOEWS CORP									
540424108	06/30/2014 02/15/2012	02/15/2012		4,398.91	3,786.12		0.00	612.79	00.0	0.00
100.0	LOEWS CORP									
540424108	10/30/2014 02/15/2012	02/15/2012	O	4,310.51	3,786.12	:	0.00	524.39	00.00	0.00
260.0	MICROSOFT CORP COM	IP COM								
594918104	10/29/2014	10/29/2014 02/15/2012	D 12,0	12,086.69	7,850.99		0.00	4,235.70	00:0	0.00
0.06	MONDELEZ INTERNATIONAL-W/I	RNATIONAL-W/I								
609207105	10/29/2014	10/29/2014 02/15/2012 D 3,115.73	۵	3,115.73	2,243.59		0.00	872.14	0.00	0.00
100.0	MORGAN STANL	MORGAN STANLEY DEAN WITTER DISCOVER & COCOM NEW	DISCOVER & COC	OM NEW						
617446448	03/31/2014 08/01/2012	08/01/2012	۵	3,119.80	1,360.46	:	0.00	1,759.34	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

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Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number: Account Number:

STATE STREET BANK & TRUST COMPANY

WMS TAX DEPARTMENT

PO BOX 5300

Payer's Name and Address:

BOSTON, MA 02206-5300

9096XXX-XX 20-8007203 SS1090

PANJANDRUM FOUNDATION Recipient's Name and Address: 7 CORPORATE DR KEENE, NH 03431

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### 2nd TIN notice (844)221-1939 Corrected **Questions?** State:

# 2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less corhmissions and option premiums.

Covered (Box 5 is not checked)

Description of property (Box 1a)

State Tax Withheld	(Box 16)	0.00		0.00		0.00		0.00		0.00		00.00		0.00		0.00.
Federal Income Tax Withheld	(Box 4)	0.00		0.00		0.00		0.00		0.00		00.00		0.00		0.00
Net Gain or Loss		1,831,11		3,793.36		329.20		1,021.90		1,554.56		2,640.39		89.769		323.98
Adjustments	(Box 1g)	00.00		00.0		0.00		00.00		0.00		0.00		00.0		0.00
Code if any	(Box 1f)													:		
Cost or Other Basis	(Box 1e)	1,360.46		2,346.30		1,481.25		1,295.48		7,687.73		5,383,43		3,230.34		2,153.56
Proceeds	(Box 1d) COM NEW	3,191.57	COM NEW	6,139.66		1,810.45		2,317.38		9,242.29		8,023.82		3,928.02		2,477.54
Form 8949 Checkbox	(Box 1c) (Box 1b) (Box 1c) (Box 1c) (Box 1c) (Box 1c)	07/14/2014 08/01/2012 D 3,1	MORGAN STANLEY DEAN WITTER DISCOVER & COCOM NEW	10/29/2014 07/26/2012 D 6,1	REPSTG REG SH	10/29/2014 02/15/2012 D		12 D		a		12 D		12. D		12 D
Date Acquired	<i>(Box 1b)</i> Y DEAN WI	08/01/20	, DEAN WI	7/26/20	OREDAD	2/15/20		2/12/20		/arious		2/15/20		2/15/20		2/15/20
Date Sold Cor Disposed	( <i>Box 1c)</i> MORGAN STANLEY	07/14/2014 C	MORGAN STANLEY	10/29/2014	NESTLE S A SPONSORED ADR REPSTG REG SH	10/29/2014	NEWS CORP NEW	01/30/2014 02/15/2012	ORACLE CORP COM	10/29/2014 Various	PEPSICO INC	10/29/2014 02/15/2012	PRAXAIR INC COM	05/06/2014 02/15/2012	PRAXAIR INC COM	74005P104 10/29/2014 02/15/2012 D
Cusip Number	100.0	617446448	180.0	617446448	25.0	641069406	143.0	65249B109	240.0	68389X105	85.0	713448108	30.0	74005P104	20.0	74005P104



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STATE STREET BANK & TRUST COMPANY WMS TAX DEPARTMENT BOSTON, MA 02206-5300 Payer's Name and Address: PO BOX 5300

9096XXX-XX 20-8007203 SS1090 돌 Payer's Federal ID Number: Recipient's Tax ID Number: Payer's State ID Number: Account Number: **Questions?** State:

PANJANDRUM FOUNDATION Recipient's Name and Address: 7 CORPORATE DR KEENE, NH 03431

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Corrected

(844)221-1939

2nd TIN notice

# 2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums. Covered (Box 5 is not checked)

Description of property (Box 1a)

Cusip Number	Date Sold or Disposed	Date Acquired	Form 8949 Checkbox	Proceeds	Cost or Other Basis	Code If any	Adjustments	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld
15.0	<i>(Box 1c)</i> THE GOLDMAN S	(Box 1c) (Box 1b) THE GOLDMAN SACHS GROUP INC		(Box 1d)	(Box 1e)	(Box 1f)	(Box 1g)		(Box 4)	(Box 16)
38141G104	05/19/2014	05/19/2014 02/15/2012	۵	2,361.84	1,703.83		00'0	658.01	00.0	00.0
20.0	THE GOLDMAN S	THE GOLDMAN SACHS GROUP INC								
38141G104	10/29/2014 02/15/2012		Q	3,717.71	2,271.77	:	0.00	1,445.94	00.00	0.00
65.0	THERMO ELECTRON CORP COM	ION CORP COM								
883556102	10/29/2014 02/15/2012	02/15/2012		7,523.58	3,630.22		0.00	3,893.36	00.00	0.00
575.0	TWENTY-FIRST C	TWENTY-FIRST CENTURY-CL A-WI								
90130A101	01/10/2014 02/15/2012	•	D	19,161.66	9,659.99		00.0	9,501.67	00:0	0.00
25.0	UNITED HEALTH GROUP INC									
91324P102	03/28/2014 02/15/2012	02/15/2012		2,043.95	1,366.50		00.0	677.45	00:0	0.00
90.0	UNITED HEALTH GROUP INC	GROUP INC								
91324P102	10/29/2014 02/15/2012	-	O	8,377.91	4,919.39		0.00	3,458.52	00:0	0.00
75.0	WAL MART STORES INC COM	SES INC COM								
931142103	10/29/2014 02/15/2012	02/15/2012	<b>Q</b>	5,730 63	4,637.99		0.00	1,092.64	00:0	00.00
25.0	WAL MART STORES INC COM	IES INC COM								
931142103	931142103 11/06/2014 02/15/2012		Q	1,943.75	1,545 99	:	00.0	397.76	. 00.00 .	000

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STATE STREET BANK & TRUST COMPANY BOSTON, MA 02206-5300 Payer's Name and Address: WMS TAX DEPARTMENT PO BOX 5300

Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number: Account Number:

9096XXX-XX 20-8007203 SS1090

PANJANDRUM FOUNDATION Recipient's Name and Address: 7 CORPORATE DR **KEENE, NH 03431** 

Corrected **Questions?** 

2nd TIN notice

(844)221-1939

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State:

# 2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.

Covered (Box 5 is not checked)

Description of property (Box 1a)

Cusip Number	Date Sold or Disposed	Date Acquired	Form 8949 Checkbox		Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld
50.0	(Box 1c) (Box 1b) WAL MART STORES INC COM	(Box 1b) RES INC CON	_	<i>1</i> )	(Box 1d)	(Box 1e)	(Box 1f)	(Box 1g)		(Box 4)	(Box 16)
931142103	11/13/2014 02/15/2012	02/15/20	Ω,	4	4,107.63	3,091.99		00.00	1,015.64	0.00	0.00
25.0	WR BERKLEY CORP	- A									
084423102	10/29/2014 02/15/2012	02/15/20	12 D	<b>-</b> '	1,267.97	905.48		0.00	362.49	0.00	0.00
Total Long Ter	Total Long Term Sales Reported on 1099-	n 1099-B		212	212,399.15	132,262.26		0.00	80,136.89	0.00	0.00
			7								

Report on Form 8949, Part II, with Box Dahecked

