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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation COLBURN-KEENAN FOUNDATION INC		A Employer identification number 20-4634920	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 811		B Telephone number (see instructions) (800) 966-2431	
City or town, state or province, country, and ZIP or foreign postal code ENFIELD, CT 06083		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 11,023,637		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	74,393			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	12,953	12,953		
	4 Dividends and interest from securities.	355,448	355,448		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	8,605			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		8,605		
	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) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	451,399	377,006		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	56,563	0		30,240
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	12,975	6,487		6,488
	c Other professional fees (attach schedule)	50,934	50,934		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	7,314	2,826		2,399
	19 Depreciation (attach schedule) and depletion . . .	147	0		
	20 Occupancy				
	21 Travel, conferences, and meetings	3,015	0		0
	22 Printing and publications				
	23 Other expenses (attach schedule)	38,967	0		12,518
	24 Total operating and administrative expenses. Add lines 13 through 23	169,915	60,247		51,645
	25 Contributions, gifts, grants paid	550,975			422,055
	26 Total expenses and disbursements. Add lines 24 and 25 _____	720,890	60,247		473,700
	27 Subtract line 26 from line 12 _____				
	a Excess of revenue over expenses and disbursements _____	-269,491			
	b Net investment income (if negative, enter -0-) _____		316,759		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	345,631	179,150	179,150
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ 10,000 Less allowance for doubtful accounts ▶ _____	26,599	10,000	10,000
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 248,644 Less allowance for doubtful accounts ▶ _____ 0	264,599	248,644	248,644
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	10,550,917 	10,584,729	10,584,729
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ 4,948 Less accumulated depreciation (attach schedule) ▶ _____ 3,834		1,114	1,114
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
Liabilities	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	11,187,746	11,023,637	11,023,637
	17	Accounts payable and accrued expenses			
	18	Grants payable	69,795	123,920	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
Net Assets or Fund Balances	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	69,795	123,920	
		Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	11,077,377	10,889,417	
	25	Temporarily restricted	40,574	10,300	
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	11,117,951	10,899,717	
	31	Total liabilities and net assets/fund balances (see instructions) . . .	11,187,746	11,023,637	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 11,117,951
2	Enter amount from Part I, line 27a	2 -269,491
3	Other increases not included in line 2 (itemize) ▶ _____ 	3 51,257
4	Add lines 1, 2, and 3	4 10,899,717
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 10,899,717

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES - SEI PRIVATE TRUST COMPANY	P		
b	PUBLICLY TRADED SECURITIES - SEI PRIVATE TRUST COMPANY	P		
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 87,882		87,664	218
b 693,254		684,867	8,387
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			218
b			8,387
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	8,605
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) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	

Part V

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

☐ Yes ☒ No

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	451,670	9,270,705	0 048720
2012	289,995	8,153,666	0 035566
2011	220,115	6,720,573	0 032752
2010	234,363	5,421,365	0 043230
2009	187,268	4,189,928	0 044695

2	Total of line 1, column (d).	2	0 204963
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 040993
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	10,736,611
5	Multiply line 4 by line 3.	5	440,126
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	3,168
7	Add lines 5 and 6.	7	443,294
8	Enter qualifying distributions from Part XII, line 4.	8	473,700

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b		13,168	
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-)		0	
3		Add lines 1 and 2.		3,168	
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3,168	
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014		6a	3,756
b		Exempt foreign organizations—tax withheld at source		6b	
c		Tax paid with application for extension of time to file (Form 8868)		6c	3,570
d		Backup withholding erroneously withheld		6d	
7		Total credits and payments. Add lines 6a through 6d.		7	7,326
8		Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.		8	16
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	4,142
11		Enter the amount of line 10 to be Credited to 2015 estimated tax ☒ 4,142 Refunded ☐		11	0

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 any political campaign?		1a		No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?		1b		No
		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?		1c		No
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 ☒ \$ 0				
2		Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		No
		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		No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		No
		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	Yes	
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.		7	Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions) ☒ CT				
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 .		8b	Yes	
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," complete Part XIV		9		No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.		10		No

Part 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 section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶WWW COLKEEN ORG				
14	The books are in care of ▶KIMBERLY CONANT Telephone no ▶(800) 966-2431 Located at ▶PO BOX 811 ENFIELD CT ZIP+4 ▶06083			
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 ▶	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			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? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. ☐ Yes ☒ No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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 ☒ No (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). ☐ Yes ☒ No			
b	If any 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 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 2014?. 1c			No
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 statement—see instructions). 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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. ☐ Yes ☒ No			
b	If "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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>). 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

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

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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				

Total

number of other employees paid over \$50,000.

0

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Part VIII

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

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

Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	10,731,740
b	Average of monthly cash balances.	1b	168,373
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	10,900,113
e	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	10,900,113
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	163,502
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,736,611
6	Minimum investment return. Enter 5% of line 5.	6	536,831

Part XI

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

1	Minimum investment return from Part X, line 6.	1	536,831
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	3,168
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,168
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	533,663
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	533,663
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	533,663

Part 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	473,700
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		
a	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	473,700
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 (see instructions).	5	3,168
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	470,532

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				533,663
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			218,787	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 473,700				
a Applied to 2013, but not more than line 2a			218,787	
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 2014 distributable amount.				254,913
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2014 (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:				
a 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 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				278,750
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 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .				

Part XIV

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

1a

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.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
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 investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

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

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ 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

COLBURN-KEENAN FOUNDATION INC
PO BOX 811
ENFIELD, CT 06083
(800) 966-2431
ADMIN@COLKEEN.ORG

b

The form in which applications should be submitted and information and materials they should include

CALL, WRITE OR SEE WWW.COLKEEN.ORG FOR AN APPLICATION

c

Any submission deadlines

OCTOBER 1ST EACH YEAR

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

PROJECTS MUST INTEND TO IMPROVE THE QUALITY OF LIFE AND HEALTH OF MEMBERS OF THE BLEEDING DISORDERS AND CHRONIC ILLNESSES COMMUNITIES

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	422,055
b Approved for future payment 21 INDIVIDUALS PO BOX 811 ENFIELD,CT 06083	NONE	N/A	SCHOLARSHIPS & ASSISTANCE TO INDIVIDUALS WITH CHRONIC BLOOD DISORDERS	78,920
ST JUDE'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS,TN 38105	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	50,000
Total			3b	128,920

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

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.

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SASHA ZATYRKA	PRESIDENT 1 00	0	0	0
PO BOX 811 ENFIELD,CT 06082				
JANE CAVANAUGH SMITH	EXCUTIVE DIRECTOR 30 00	0	0	0
PO BOX 811 ENFIELD,CT 06082				
DAWN BRYANT	TREASURER 2 00	0	0	0
PO BOX 811 ENFIELD,CT 06082				
DR RICH STEINGART	BOARD MEMBER 1 00	0	0	0
PO BOX 811 ENFIELD,CT 06082				
HILARY KEENAN	BOARD MEMBER 1 00	0	0	0
PO BOX 811 ENFIELD,CT 06082				
CHRISTINE PINEO	SECRETARY 1 00	0	0	0
PO BOX 811 ENFIELD,CT 06082				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
100 INDIVIDUALS PO BOX 811 ENFIELD,CT 06083	NONE	N/A	SCHOLARSHIPS & ASSISTANCE TO INDIVIDUALS WITH CHRONIC BLOOD DISORDERS	248,055
AIDS FOUNDATION OF WESTERN MASS CHICOPEE 48 CENTER STREET -209-211 CHICOPEE,MA 01013	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	9,500
NORTHERN OHIO HEMOPHILIA FOUNDATION 5000 ROCKSIDE ROAD 230 INDEPENDENCE,OH 44131	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	7,500
ROCKY MOUNTAIN HEMOPHILIA & BLEEDING DISORDERS ASSOCIATION 2100 FAIRWAY DRIVE 107 BOZEMAN,MT 59715	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	6,500
BOUNDLESS PATHS INC 4913 RANDEL ROAD ONEIDA,NY 13421	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	2,500
CENTRAL OHIO CHAPTER OF NHF 200 E CAMPUS VIEW BLVD SUITE 200 COLUMBUS,OH 43235	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	5,000
FLORIDA HEMOPHILIA ASSOCIATION 915 MIDDLE RIVER DRIVE SUITE 421 FORT LAURDERDALE,FL 33304	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	10,000
GREAT LAKES HEMOPHILIA FOUNDATION 638 N 18TH STREET SUITE 108 MILWAUKEE,WI 53233	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	5,000
HEMOPHILIA ASSOC OF THE CAPITOL AREA 10560 MAINE STREET SUITE 309 FAIRFAX,VA 22030	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	10,000
HEMOPHILIA ALLIANCE OF MAINE PO BOX 177 HAMPDEN,ME 04444	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	12,500
HEMOPHILIA COUNCIL OF CALIFORNIA 4629 WHITNEY AVENUE SUITE 1 SACRAMENTO,CA 95821	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	5,000
HEMOPHILIA FEDERATION OF AMERICA DC 820 FIRST STREET NE SUITE 720 WASHINGTON,DC 20002	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	10,000
HEMOPHILIA FOUNDATION OF MARYLAND 13 CLASS COURT PARKVILLE,MD 21234	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	10,000
NEW ENGLAND HEMOPHILIA ASSOCIATION 347 WASHINGTON STREET SUITE 402 DEDHAM,MA 02026	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	5,000
NEXT STEP FUND 99 BISHOP ALLEN DRIVE CAMBRIDGE,MA 02139	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	10,000
Total  3a				422,055

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL HEMOPHILIA FOUNDATION THE 116 WEST 32ND STREET 11TH FLOOR NEW YORK,NY 10001	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	10,000
HEMOPHILIA FOUNDATION OF OREGON 10940 SW BARNES RD 129 PORTLAND,OR 97225	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	5,000
SANGRE DE ORO HEMOPHILIA FOUNDATION 6301 4TH STREET NW - SUITE 6 ALBUQUERQUE,NM 87107	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	7,000
TEXAS CENTRAL HEMOPHILIA ASSOCIATION 12700 HILLCREST ROAD SUITE 191 DALLAS,TX 75230	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	8,500
PAINTED TURTLE THE 1300 4TH STREET SUITE 300 SANTA MONICA,CA 90401	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	7,500
WESTERN PENNSYLVANIA CHAPTER OF THE NHF 40411 ROUTE 19 UNIT 14 CRANBERRY TOWNSHIP,PA 16066	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	5,500
COMMITTEE OF TEN THOUSAND DC 236 MASSACHUSETTS AVE NE/609 WASHINGTON DC,MD 20002	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	13,000
HEMOPHILIA FOUNDATION OF MNDAKOTAS 750 SOUTH PLAZA DRIVE - SUITE 207 MENOTA HEIGHTS,MN 55120	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	3,000
MITO ACTION PO BOX 51474 BOSTON,MA 02205	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	2,000
ONE HEARTLAND MN 2101 HENNEPIN AVENUE SOUTH - SUITE 200 MINNEAPOLIS,MN 55405	NONE	501(C) 3	PROVIDE ASSISTANCE TO PATIENTS WITH SPECIFIC CHRONIC ILLNESES	4,000
Total  3a				422,055

TY 2014 Accounting Fees Schedule

Name: COLBURN-KEENAN FOUNDATION INC

EIN: 20-4634920

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	12,975	6,487		6,488

TY 2014 General Explanation Attachment**Name:** COLBURN-KEENAN FOUNDATION INC**EIN:** 20-4634920

Identifier	Return Reference	Explanation
DISCLOSURE OF GRANT RECIPIENT INFORMATION	FORM 990PF, PG 11, PART XV	IDENTIFYING INFORMATION FOR GRANT RECIPIENTS HAS BEEN OMITTED FROM PART XV FOR PRIVACY CONCERNS AS DESCRIBED IN PART XV, ITEM 3, GRANTS ARE MADE TO INDIVIDUALS WITH A SPECIFIC MEDICAL CONDITION IDENTIFYING INFORMATION WILL BE SUBMITTED TO THE IRS UPON REQUEST

**TY 2014 Investments Corporate
Stock Schedule**

Name: COLBURN-KEENAN FOUNDATION INC
EIN: 20-4634920

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS- SEI	10,584,729	10,584,729

TY 2014 Other Expenses Schedule

Name: COLBURN-KEENAN FOUNDATION INC

EIN: 20-4634920

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	2,583	0		0
OFFICE EXPENSE	16,888	0		12,518
MISCELLANEOUS EXPENSES	632	0		0
FUNDRAISING	18,864	0		0

TY 2014 Other Increases Schedule**Name:** COLBURN-KEENAN FOUNDATION INC**EIN:** 20-4634920

Description	Amount
CASH TO ACCRUAL CONVERSION ADJUSTMENT	564
NET UNREALIZED GAINS	50,693

TY 2014 Other Professional Fees Schedule

Name: COLBURN-KEENAN FOUNDATION INC

EIN: 20-4634920

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISOR FEES	50,934	50,934		0

TY 2014 Taxes Schedule**Name:** COLBURN-KEENAN FOUNDATION INC**EIN:** 20-4634920

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	4,488	0		2,399
EXCISE TAX	2,826	2,826		0

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization	Employer identification number
COLBURN-KEENAN FOUNDATION INC	20-4634920

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	☒ 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COLBURN-KEENAN FOUNDATION INC	Employer identification number 20-4634920
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Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	AMERICAN HOMECARE FEDERATION INC PO BOX 985 ENFIELD, CT 06083	\$ 6,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
<u>2</u>	THE HEMOPHILIA ALLIANCE FOUNDATION 1758 ALLENTOWN ROAD 170 LANSDALE, PA 19446	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
<u>3</u>	BIOGEN IDEC 133 BOSTON POST ROAD WESTON, MA 02493	\$ 5,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
<u>4</u>	POSITUDES INC DBA THE ALLIANCE PHAR 44 BOND STREET WESTBURY, NY 11590	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
<u> </u>	 	\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
<u> </u>	 	\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization COLBURN-KEENAN FOUNDATION INC	Employer identification number 20-4634920
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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
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization COLBURN-KEENAN FOUNDATION INC	Employer identification number 20-4634920
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Part III

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 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 information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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