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Form **990-PF** 

Department ல் நீளேeasury Internal Revenue Service

# EXTENDED TO NOVEMBER 16, 201 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	For	caler	idar year 2014 or tax year beginning		, and ending		
Check   Translet   Trust   T			4	A Employer identification	n number		
Posentiaries of Color number of each and earlies and							
C/O FRANK P. CONRAD 8 CEDAR ROAD  Cry for town, staff or province, country, and 2IP or foreign postal code  WESTON, MA 02493  G Check all that apply:  Initial return  Initial return of a former public charty  Initial return  Initial return  Initial return of a former public charty  Initial return  Initial return of a former public charty  Initial return  Initial return  Initial return  Initial return  Initial return  Initial return of a former public charty  Initial return  Initial return  Initial return  Initial return  Initial return of a former public charty  Initial return  Initi		HA	RITABLE TRUST	22-3025894			
City of town, state or provence, country, and 2/P or foreign postal code  WESTON, MA 02493 3 Check althata apply: Initial return Initial return of a former public charty Address change Initial apply: Initial return Initial return of a former public charty Address change Initial apply: Initial return Initial return of a former public charty Address change Initial apply: Initial return Initial return of a former public charty Address change Initial apply: Initial return Initial return of a former public charty Address change Initial return Initial return of a former public charty Address change Initial return Initial return of a former public charty Initial return Initial return of a former public charty Initial return Initial return of a former public charty Initial return Initial return of a former public charty Initial return Initial return of a former public charty Initial return of			•	· ·			
## WESTON, MA 0.24.93  G Check all that apply:		•				(781) 899-	-6460
a Check all that apply: Initial return	-			ostal code		C if exemption application is p	pending, check here
Final return	W	ES	TON, MA 02493	<del></del> -		ļ	
Name change	G (	Check	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
H Check type of organization: X Section 951(c)(3) exempt private foundation   Section 4947(a)(1) nonexempt charitable trust   Other tixable private foundation     Far market value of all assests at end of year   J Accounting method:   X Cash   Accounting method:   Term market value of all assests at end of year   J Accounting method:   X Cash   Accounting method:   Term market value of all assests at end of year   J Accounting method:   X Cash   X C			<del></del>			2 Foreign organizations me	eeting the 85% test
Section 4947(a)(1) (nonexempt charachet brust						check here and attach co	omputation
Fart market value of all assets at end of year	H C	_	• • • • • • • • • • • • • • • • • • • •	• •			
Total (	_					under section 507(b)(1	)(A), check here
Part 1   Analysis of Revenue and Expenses   (a) Revenue and   (b) Net investment   (c) Adjusted net   (c)			· · · · —		Accrual		
Part					2000 1	under section 507(b)(1	)(B), check here
1   Contributions, gifts, grafts, ct., received 2   Contributions, gifts, grafts, ct., received 3   Contributions, gifts, grafts, ct., received 4   Contributions, gifts, grafts, ct., received 5   Contributions, gifts, grafts, ct., received 6   Contributions, gifts, grafts, ct., received 6   Contributions, gifts, grafts, ct., received 6   Contributions, gifts, grafts, paid 6   Contributions, gifts, grafts, gra	_	_					(4) -
1 Contributions, girls, grants, etc., received 2 Check   X   the tendition is not request to such Sch 8 interest or namengs and reproperty 4 Dividends and interest from securities 5 a Gross rents 5 a Gross rents 5 Net ential income or poss) 6 Net game or (poss) 7 Capita dain price from alse of assets not on line 10 or borous assets on the first of the part income or poss) 8 Net short-term capital gain 9 Income modifications 10 Gross sales less returns 10 Stratement 1 10 Other income 11 Total. Add lines 1 through 11 12 Total. Add lines 1 through 11 13 Compensation of offices, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 17 Capita glades 18 Taxes 19 Total is a compensation of offices, directors, trustees, etc. 19 Other income 10 Cours and the processional fees 10 Cother professional fees 11 Total and directors and depletion 12 Total and directors and depletion 13 Compensation of offices, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 17 Capital days and the professional fees 18 Taxes 19 Total and directors and depletion 20 Cocupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total poperation and depletion 25 Other bursons, girls, grants paid 26 Total expenses and disbursements. 26 Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of reverse over expenses and disbursements 28 NA MA delines 13 through 23 29 Add lines 24 and 25 20 Add girls deline from the fire options, enter-0-1 20 Cocupancy 20 Add lines 24 for the programs, enter-0-1 20 Add lines 24 and 25 28 Contributions, girls, grants paid 29 Contributions, girls, grants paid 20 Cocupancy 20 Cocupancy 21 Travel, conferences, and meetings 22 Printing and disbursements. 23 Add lines 24 and 25 24 Total capteness and disbursements 25 Contributions girls, grants paid 26 Contributions girls, grants paid 27 Contributions girls, grants paid 28 Contributions girls, grants paid 29	P	ırt i	(The total of amounts in columns (b), (c), and (d) may not				for charitable purposes
2 Check   X   A the sensitives is elitrory for size   S		Π.			- Illoome		(cash basis only)
Interest on average and temporary				1,311,2/9		N/A	
A Dividends and interest from securities   5a Gross rents   5a Gross rents   5a Horizontal noces or (loss)   5a Net gain or (loss) from sale of assets not on line 10   531,123.   5TATEMENT 1   531,123.   5TATEMENT 2   531,123.   5TATEMENT 3   531,123.   531,123.   5TATEMENT 3   531,123.   531,		_					
Sa Gross rents   Sa G		-		225 006	225 006		CM2 WENENIO 2
D Not rental income or (loss)   6a Not gain or (loss) from sale of assets not on ine 10   531,123.   STATEMENT 1		-		443,660.	223,000.		SIAIEMENI Z
Statement   1		"-					
Description	e			531 123	· · · · · · · · · · · · · · · · · · ·		CONTEMENT 1
Net snort-term capital gain		i .	Gross sales price for all 1 672 212	331,143.			SIAIEMENI I
Net snort-term capital gain	Ven				706 515		
9   Income modifications   10a and allowarroses   10a and allowarroses   10b and allowaro	Re	-			130,313.		<u> </u>
10a and allowances		٥	, •				-
b Lass Cost of goods sold c Gross profit or (loss)  11 Other income 228,068.> <28,068.> STATEMENT 3  12 Total. Add lines 1 through 11 2,040,220. 994,333.  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 15 Cotter professional fees 16 Cotter professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 2 C Adjusted net lincome (if negative, enter -0-) 3 Contributions, gifts, enter -0-) 3 Contributions, gifts, grants paid 4 C Contributions, gifts, grants paid 4 C Contributions, gifts, grants paid 4 C Contributions (if negative, enter -0-) 3 C Contributions, gifts, grants paid 4 C C C C C C C C C C C C C C C C C C C		102	Gross sales less returns				
e Gross profit or (loss)  11 Other income 12 Total. Add lines 1 through 11  2 Other income 12 Total. Add lines 2 dand 25  e Gross profit or (loss)  11 Other income 12 Total. Add lines 2 and despise, enter -0-)  e Gross profit or (loss)  12 Other income 12 Total. Add lines 2 dand 25  e Gross profit or (loss)  2 Other programs  2 Other professional fees  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16 Legal fees  17 Interest 18 Taxes  17 Interest 18 Taxes  17 Interest 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses  24 Total expenses  25 Contributions, gifts, grants paid 26 Total expenses and disbursements  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)							
11 Other Income							
12   Total Add lines 1 through 11   2   040   220   994   333   .			' '	<28,068.	> <28,068.	>	STATEMENT 3
13   Compensation of officers, directore, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16   Legal fees   STMT   4   7,883.   0.		12	Total, Add lines 1 through 11				
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 4 7,883. 0. 166 0.  b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 5 2,242. 0. 17 Interest 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 7,030. 0. 0.  24 Total operating and administrative expenses. Add lines 13 through 23 17,155. 0. 0.  25 Contributions, gifts, grants paid 468,500. 468,500.  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 994,333. N/A		13	Compensation of officers, directors, trustees, etc	0.			0.
16a Legal fees STMT 4  7,883.  17 Interest 18 Taxes 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)		14	Other employee salaries and wages			PROPERTY OF THE PARTY AND	
b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A		15	Pension plans, employee benefits			RECTIV	
b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ses	16a	Legal fees STMT 4	7,883.	0.	3.0	- T公: 0.
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	ě	Ь	Accounting fees			I O NOV TO 2	115
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	Ä	C	Other professional fees				NO.
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	ĕ.	17					222
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	trat	l	Taxes STMT 5	2,242.	0.	1 VO 60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	nist	19	Depreciation and depletion				
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	Ē	20					
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	Ϊ¥	l					
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	auc		•		·· <del>···</del>		
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	g		•	7,030.	<u> </u>		0.
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	rati	24	•		-		
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	å		•		0.		0.
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ŭ	1		468,500.	***************************************		468,500.
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A		26		405 655	•		460 500
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		_		485,655.	<u> </u>		468,500.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A				1 554 565			
c Adjusted net income (if negative, enter -0-)		1		1,334,565.	004 222	<u> </u>	
					J74,333 <b>.</b>	NT / A	
	4235			instructions		11/15	Form <b>990-PF</b> (2014)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		<del> </del>
	(must agree with end-of-year figure reported on prior year's return)	1	8,670,780.
2	Enter amount from Part I, line 27a	2	1,554,565.
3	Other increases not included in line 2 (itemize) ► BASIS ADJUSTMENT FOR GAAP	3	98,340.
4	Add lines 1, 2, and 3	4	10,323,685.
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	10,323,685.

	HARITA	BLE TRUST						2	2-302	5894	Page 3
		sses for Tax on In		Income	(h) !	How ac	oured	(-) Data		(4) Date	
(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.)						How ac - Purch - Dona	nase tion	(c) Date : (mo., d	acquired ay, yr.)	(d) Date (mo., da	
1a											
b SEE ATTACH	IED STA	TEMENTS									
C		- · · · · · <u>- ·</u>			ļ						
<u>d</u>			<u> </u>		ļ						
<u>e</u>					Ļ.,					<u> </u>	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale		<u>.</u>			ain or (loss s (f) minus		
8										<del></del>	
<u>b</u>					-		<del></del>			<del> </del>	
<u>C</u>					$\dashv$						
d 1,672,21	3			1,030,57	0					796	,515.
		column (h) and owned by t			•		- 40	Coupe (C	Col. (h) gain		, 515.
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (I)			col.	(k), but r	not less tha (from col. (	n -0-) or	
a										<del></del>	
b											-
C		· · · · · · · · · · · · · · · · · · ·	-								
d			•								
e									••	796	,515.
2 Capital gain net income or (	net capital loss	If gain, also enter  If (loss), enter -0-			}	2					,515.
3 Net short-term capital gain		( ' ( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		•	7						,
If gain, also enter in Part 1, 1	· ·	, ,	u (o).		1						
If (loss), enter -0- in Part I,	ine 8	,			ľ	3			N/A		
Part V Qualification	on Under S	section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome	•		
For optional use by domestic p	rivate foundati	ons subject to the section 4	940(a) tax on	net investment in	come	e.)					
f section 4940(d)(2) applies, le	ave this part h	ank									
1 Section 4340(U)(Z) applies, it	ave uns part of	alik.									
Was the foundation liable for th	e section 4942	tax on the distributable am	ount of any ye	ar in the base per	iod?					Yes	X No
f "Yes," the foundation does no											
	nt in each colu	mn for each year; see the in	structions be	ore making any e	ntries	<b>.</b>		1	,	7.1	
(a) Base period years	;	(b)		Not color of on	(c)				Distrit	(d) oution ratio	
Calendar year (or tax year be	ginning in)	Adjusted qualifying dist		Net value of no					(col. (b) div	vided by col.	
2013			6,200.				<u>6,023</u>				<u> 26570</u>
2012			2,200.				5,599				<u> 10941</u>
2011			9,250.				8,808				3801 <u>1</u>
2010			7,450.				9,096				<u> 11840</u>
2009		1,22	7,313.		3	,14	2,281	+		. 3	<u>90580</u>
										. م	
2 Total of line 1, column (d)								2		. 6.	379 <b>42</b>
3 Average distribution ratio fo	-	•	n line 2 by 5,	or by the number	of ye	ars					
the foundation has been in (	existence if less	than 5 years						3		.17	<u> 27588</u>
4 Enter the net value of nonch	arıtable-use as	sets for 2014 from Part X, I	ine 5					4	1	0,807	,047.
5 Multiply line 4 by line 3								5		1,378	<u>,850.</u>
6 Enter 1% of net investment	income (1% of	Part I, line 27b)						6		9	,943.
	,	. ,									
7 Add lines 5 and 6								7		1,388	<u>,793.</u>
B Enter qualifying distribution								8		468	,500.
If line 8 is equal to or greate See the Part VI instructions.		neck the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax ra	ate.				

THE CLIFFORD FAMILY FOUNDATION

	n 990-PF (2014) CHARITABLE TRUST 22-30 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	025894 see instru	ıctio	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			
10	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	9.8	87.
·	of Part I, line 27b			<del></del>
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2	1	9,8	87.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1	9,8	87.
	Credits/Payments:			
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 11, 200.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)  6c 10,082.			
	Backup withholding erroneously withheld 6d 6d			
	Total credits and payments. Add lines 6a through 6d	2	1.2	82.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1.3	95.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax			0.
	art VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
Ī	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		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	<del></del>	_	
v	(1) On the foundation.  \$\( \bigcup \) \( \b	,		
Δ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
٠	managers. > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
4	If "Yes," attach a detailed description of the activities	<u></u>	<u> </u>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
Ü	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<b>x</b> _
A a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<del></del>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
٠	If "Yes," attach the statement required by General Instruction T.	<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1
·	By language in the governing instrument, or			ł
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
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	X	
•	The the foundation have at least \$6,000 in assets at any time during the year. It is 700, Complete Fait II, Con (c), and Fait NV	- <b>'</b> -	1	
Ra	Enter the states to which the foundation reports or with which it is registered (see instructions)			
Ja	MA	<del>-</del>		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	<del></del>		
J	of each state as required by General Instruction G? If "No," attach explanation	8ь	x	
Q	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	00	<del>                                     </del>	
J	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		x
10	am m	9 10	X	
	The state of the s	Form <b>990</b>		(2014)

423531 11-24-14

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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

Form 990-PF (2014) CHARITABLE TRUST	22-30	25894 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
• (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del>-</del>	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the	Expenses
1 NONE	duced, etc.	· · · · · · · · · · · · · · · · · · ·
1 NONE		
		0.
2		
<u> </u>		
3		
4		<del></del>
4		
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
1 NONE		
		0
2		0 .
·		
All other program-related investments. See instructions.		
3 NONE		
		_
		0.
Total. Add lines 1 through 3	<b>&gt;</b> _ _	0 .

For	orm 990-PF (2014) CHARITABLE TRUST	22-	3025894	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part Fo	oreign foundations,	see instructions.	)
<del>1</del>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del> </del>	
	Average monthly fair market value of securities	1a	8,331	<u>,336.</u>
ь	Average of monthly cash balances	1b	109	<u>,519.</u>
	Fair market value of all other assets	1c	2,530	,766.
d	d Total (add lines 1a, b, and c)	1d	10,971	,621.
	Reduction claimed for blockage or other factors reported on lines 1a and			-
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	10,971	,621.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	164	,574.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,807	,047.
6	Minimum investment return Enter 5% of line 5	6	540	,352.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fou	ndations and certain		-
	foreign organizations check here  and do not complete this part.)			
1	Minimum investment return from Part X, line 6	1	540	,352.
2a	Tax on investment income for 2014 from Part VI, line 5	,887.		
b	Income tax for 2014. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b	2c		<u>,887.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	520	,465.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	520	,465.
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	520	,465.
P	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	468	,500.
	Program-related investments - total from Part IX-B	1b		0.
2	-	2	•	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)	3a		
	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	468	,500.
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		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	468	,500.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the f	nundation qualifies for		<u> </u>

4940(e) reduction of tax in those years.

22-3025894

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				520,465.
2 Undistributed income, if any, as of the end of 2014			_	
a Enter amount for 2013 only		······································	0.	
<b>b</b> Total for prior years:		•		
		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 995,911. b From 2010 246,271.				
c From 2011				
d From 2012				
e From 2013	1,242,182.			
f Total of lines 3a through e  4 Qualifying distributions for 2014 from	1,242,102.			<del> </del>
Part XII, line 4: \$ \$ 468,500.				
a Applied to 2013, but not more than line 2a			0.	
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				468,500.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	51,965.			51,965.
(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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,190,217.	· · · · · · · · · · · · · · · · · · ·		
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.		<del></del>
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 instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				^
be distributed in 2015				0.
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	0.			· · · · · ·
not applied on line 5 or line 7	943,946.			
9 Excess distributions carryover to 2015.	7 20 7 2 2 3			
Subtract lines 7 and 8 from line 6a	246,271.			
10 Analysis of line 9:				
a Excess from 2010 246, 271.				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013			ĺ	
e Excess from 2014				
423581 11-24-14				Form <b>990-PF</b> (2014)

1 a If the foundation has received a ruling or o	determination letter that	t it is a private operating			
foundation, and the ruling is effective for 2	2014, enter the date of	the ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the foundar	tion is a private operatii	ng foundation described i	n section	4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed			_		
<b>b</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)	<del></del>				
(3) Largest amount of support from					
an exempt organization		1		· •	

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.)

#### 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).)

#### J. CHRISTOPHER CLIFFORD

(4) Gross investment income

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

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

Check here **\bigsiz** 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:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BELMONT HILL SCHOOL NONE PUBLIC CHARITY GENERAL CHARITABLE 350 PROSPECT STREET 10,000. BELMONT, MA 02478 BOYS AND GIRLS CLUB OF BOSTON NONE PUBLIC CHARITY GENERAL CHARITABLE 115 WARREN STREET 100,000. ROXBURY MA 02119 BOYS AND GIRLS CLUB OF INDIAN RIVER NONE PUBLIC CHARITY GENERAL CHARITABLE COUNTY 1729 17TH AVENUE 5,000. VERO BEACH, FL 32960 PUBLIC CHARITY GENERAL CHARITABLE NONE BUILD 6 BEACON STREET, STE. 415 1,500. BOSTON, MA 02108 PUBLIC CHARITY GENERAL CHARITABLE NONE COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON NY 13346 10 000 CONTINUATION SHEET(S) SEE Total 468 500 b Approved for future payment NONE Total

423811 11-24-14

CHARITABLE TRUST

Part XVI-A	Analysis of Income-Producing Act	ivities
	raining of a modeling real and a second of the second of t	

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)		
•	(a) Business	<b>(b)</b> Amount	(C) Exclu- sion	(d)	Related or exempt function income		
1 Program service revenue:	code	Amount	code	Amount	Tunction income		
a	·		$\perp$				
b		<del> </del>	4				
C			1		<u></u>		
d							
e			-				
f	.				<del></del>		
g Fees and contracts from government agencies							
2 Membership dues and assessments			-				
3 Interest on savings and temporary cash							
investments	<del></del>		-		225 006		
4 Dividends and interest from securities			-		225,886.		
5 Net rental income or (loss) from real estate:			+				
a Debt-financed property	-		-				
b Not debt-financed property					<del> </del>		
6 Net rental income or (loss) from personal							
property					20.00		
7 Other investment income		<del></del>			<28,068.		
8 Gain or (loss) from sales of assets other	1						
than inventory	<u></u>				531,123.		
9 Net income or (loss) from special events	-						
10 Gross profit or (loss) from sales of inventory	1						
11 Other revenue:							
a	.		<del> </del>				
b	<del></del>						
c	·		<del> </del>				
d							
e			-				
12 Subtotal. Add columns (b), (d), and (e)		0.		0.			
13 Total. Add line 12, columns (b), (d), and (e)				13 _	728,941.		
(See worksheet in line 13 instructions to verify calculations.)	<del></del>	· · · · · · · · · · · · · · · · · · ·					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xemp	t Purposes			
Line No. Explain below how each activity for which inci	ama in rapartad i	n column (a) of Part VVI	1 contrib	uutad importantlii ta tha aana	makshment of		
the foundation's exempt purposes (other than			4 COHUID	ruled importantly to the acco	implisament of		
NOT APPLICABLE	r by providing lat	ido for saon parposos).					
NOT APPLICABLE			<del></del>				
<del></del>				· · · - · · · · · · · · · · · · · · · ·	<del></del> · · · · · · · · · · · · · · · · · ·		
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		<del></del>		<del></del>			
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					· · · · · · · · · · · · · · · · · · ·		
		<del></del>					
				_			
				-			

	<ul> <li>Exempt Organ</li> </ul>	izations								
1 Did th	e organization directly or indir	rectly engage in any of	f the followin	g with any other organization	described in sectio	n 501(c) of		Yes	No	
the•Co	de (other than section 501(c)	)(3) organizations) or	ın section 52	7, relating to political organiz	ations?				l	
a Transi	ers from the reporting founda	ation to a noncharitabl	le exempt orç	ganization of:					Х	
(1) Cash										
(2) 0	ther assets						1a(2)		X	
<b>b</b> Other	transactions:									
(1) S	ales of assets to a noncharital	ble exempt organization	on				1b(1)		X	
( <b>2</b> ) P	urchases of assets from a no	ncharitable exempt or	ganization				1b(2)		X	
	ental of facilities, equipment,						1b(3)		X	
	eimbursement arrangements						1b(4)		X	
4.7	oans or loan guarantees						1b(5)		X	
٠,,	erformance of services or me	•	-				1b(6)		X	
	ig of facilities, equipment, ma	• •		· ·	we about the four ma	arket volue of the goods of	1c	l		
	answer to any of the above is vices given by the reporting fo			• •				iers,		
	n (d) the value of the goods,			su 1655 tilali lali litalket value	in any transaction t	n sharing arrangement, s	IOW III			
(a) Line no	(b) Amount involved			exempt organization	(d) Description of	of transfers, transactions, and	haring ar	rangeme	nts	
(4) 20 110	(b) / intodic involved	(b) Marrio or r	N/A	oxompt or gamzadon	(b) Description o	r uansiers, transactions, and	maring ar	angente		
			11/ Л	· · · · · · · · · · · · · · · · · · ·						
		_			†					
	<del></del>									
	·- · · · · · · · · · · · · · · · · · ·				-					
	<del> </del>							•		
	······································									
2a Is the	foundation directly or indirect	tly affiliated with, or re	lated to, one	or more tax-exempt organiza	itions described	_	_		_	
ın sec	tion 501(c) of the Code (other	r than section 501(c)(	3)) or in sect	ion 527?			Yes	LX	No	
b If "Yes	,* complete the following sch	edule.								
	(a) Name of org	anization		(b) Type of organization	(0	) Description of relationsh	ııp			
	N/A									
						- · · · · · · · · · · · · · · · · · · ·				
			-							
·				<u></u>						
<b>I</b>	nder penalties of perjury, I declare ad belief, it is true, correct, and con					May	the IRS	discuss (	his	
Sign and Here	0.1	2///	•	Julilia		sho	rn with the	(see ins	<u>ar</u> )?	
Ι.		1		11/8/15	TRUSTE	E   L	【  Yes	L.	J No ∣	
	Signature of officer or trustee		D	Date /	Title	Chook Tell of DTIN				
	Print/Type preparer's na	iiie	Preparer's si	ynature //	7	Check X if PTIN self- employed				
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Use Or		NK P. CONF	KAD, E	sQ.		Firm's EIN ►				
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	Firm's address ► 8					Dhana 701 07	۰ ،	160		
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						FC	1111 J.J.	)-FF	(2014)	

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

Information about Schedule B (Form 990, 990-EZ, or 990-PF) a its instructions is at www.lrs.gov/form990 . OMB No 1545-0047

**2014** 

Name of the organization

THE CLIFFORD FAMILY FOUNDATION CHARITABLE TRUST

Employer identification number

22-3025894

Organization type (check one)											
Filers of:	illers of: Section:										
Form 990	or 990-EZ	5 <i>t</i>	601(c)(	) (enter number) orga	nization						
		4	1947(a)(1) r	onexempt charitable t	rust not treated as	a private founda	ation				
		55	527 politica	lorganization							
Form 990	PF	X 50	i01(c)(3) ex	empt private foundati	on						
		4:	1947(a)(1) r	onexempt charitable t	rust treated as a pr	vate foundation	1				
		50	601(c)(3) ta	xable private foundation	on						
•	y a section 501(c)(7		-	eneral Rule or a Spec nization can check box		neral Rule and a	Special Rule. S	ee instructions			
				90-EZ, or 990-PF that r omplete Parts I and II					oney or		
Special R	ules										
s	ections 509(a)(1) a	and 170(t r, during	b)(1)(A)(vı), the year, t	on 501(c)(3) filing Forn that checked Schedu otal contributions of th arts I and II	le A (Form 990 or 9	90-EZ), Part II, lıı	ne 13, 16a, or 16	6b, and that rece	ived from		
У	ear, total contribut	tions of n	more than	on 501(c)(7), (8), or (10 \$1,000 <i>exclusively</i> for r animals Complete P	religious, charitable		-	•	•		
is A	ear, contributions of schecked, enter he ourpose. Do not co	exclusive ere the to emplete a	ely for relig otal contril any of the I	on 501(c)(7), (8), or (10) ious, charitable, etc., poutions that were receparts unless the <b>Gene</b> is totaling \$5,000 or m	ourposes, but no su wed during the year ral Rule applies to t	ch contributions for an exclusive	s totaled more tl ely religious, cha	han \$1,000. If the antable, etc.,	s box		
but it mus	t answer "No" on F	Part IV, li	line 2, of its	y the General Rule and S Form 990, or check t ents of Schedule B (Fo	he box on line H of	its Form 990-EZ	•				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
THE CLIFFORD FAMILY FOUNDATION
CHARITABLE TRUST

Employer identification number

22-3025894

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
1	J. CHRISTOPHER CLIFFORD  537 WHITE PELICAN CIRCLE  VERO BEACH, FL 32963	\$ 1,308,354.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	J. CHRISTOPHER CLIFFORD  537 WHITE PELICAN CIRCLE  VERO BEACH, FL 32963	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occuplete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization
THE CLIFFORD FAMILY FOUNDATION
CHARITABLE TRUST

Employer identification number

22-3025894

art'll N	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 P	UBLICLY TRADED SECURITIES		
		\$\\$\\$\\$	03/14/14
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 P	UBLICLY TRADED SECURITIES		
		\$\\$\\$891,287.	12/15/14
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

of organiz		Employer identification number				
	FFORD FAMILY FOUNDATI BLE TRUST	ON	22-3025894			
र्॥	Exclusively religious, charitable, etc., cont the year from any one contributor Complete of completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the folions, charitable, etc., contributions of \$1,000 c	in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
	Torrestore to the second discount	(e) Transfer of gi				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No.	(b) Purpose of gift	(a) Use of gift	(d) Description of how gift is hold			
<del>-ii</del> i	(b) Ful pose 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					
_	Transfer of Francis and Coop at		Relationship of transferor to transferee			
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_   _						
		(e) Transfer of gi	ft			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
lo.						
m :1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_   _						
		(e) Transfer of gir	ft			