

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Return of Private Foundation

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

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

OMB No 1545-0052

	Dep	oartn	nent of	the Treasury ue Service	•	Information al	out Fon	n 990- PF	and its separa	on u te ens	structions i	sat WWW.ii	rs.gc	v/form990	Opt.	Open to Public Inspection	'n
				r year 2014 (2014		, and er			L 31,			_
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		City or town, state or province, country, and ZIP or foreign postal ${\tt STAMFORD}$, ${\tt CT}$ 06901						ostal cod	Ð				C If exemption application is pending, check here				J
				that apply		Initial return			Initial return of a		ner public c	harity	D 1 Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here]
		_			\equiv	Final return Address change	l		Amended return Name change								J
	H		•	pe of organiz		X Section 50			vate foundation able private four	ndatio	on						
KA S		Fair market value of all assets at end of year (from Part II. col. (c), line 16) Of					ng method X Cash Accrual			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here							
		▶ \$, (-,,	2,257	,792. (Pa	rt I, colu	ımın (d) n	nust be on cas	h ba	is/s.)						
SCANNED	Ī	ar	ti	Analysis of R The total of am	evenue and ounts in colum al the amounts	Expenses nns (b), (c), and (d) s in column (a))	may not		Revenue and enses per books		(b) Net in			(c) Adjuste Incom	ed net e	(d) Disbursements for charitable purposes (cash basis only)	
	_	T				s, etc , received		1	95,212	•			1	N/A			
DEC						Is not required to attact	i Sch. B									-	
		- [3 In	iterest on saving	gs and tempor	rary											
Θ						m secunties .			50,905	•	5	0,905.				STATEMENT 2)
<i>C</i> 9			5a G	ross rents							·····	 -		,,		<u> </u>	
2015		-	bΝ	et rental income	or (loss)			<u> </u>				**********					·····
ಪ್ರ		•	6a N	et gain or (loss)	from sale of a	ssets not on line 1			26,031	•		·····	-			STATEMENT	<u></u>
9	2	: [b B	ross sales price ssets on line 6a	o for all	175,6	<u>30.</u>		*****************	-		2 400	ļ		**********		·
4:	S .	Hevenue	7 C	apital gain net i	ncome (from F	Part IV, Ilne 2)				-	8	2,422	:				
7	ς.	_		let short-term		1 -			 			· ····································	-			'	
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, 3	Ĕ	١,		iross profit o Other income	(1055)								+-			——————————————————————————————————————	
3	U	- 1		otal. Add lini	es 1 through	h 11			172,148		13	3,327					_
Marled	<u> </u>					ctors, trustees, etc						0					Ō.
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ī		SE		expenses. Ad					24,960).	1	9,433				1,000	0.
Certified Article Numb	9314	σ,		Contributions					124,500	7.	į	:	17			1,000	Ō.
	£			Total expens													
		S.		Add lines 24 a				<u> </u>	149,460).		9,433	ا.			125,50	0.
	_			Subtract line :		12		72.3		% }			3	\$. %, 5 %,			Mil.
			a e	Excess of reven	ue over expen	ses and disbursen	nents		22,688		<u> </u>	<u> 2427 ///22</u>	41				30.
			b f	Vet investme	nt income (f negative, enter -0	-)		897.24°			13,894	<u>• `</u>	<u> </u>			
	7	1220				egative, enter -0-)		30,000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u></u>	<u> Keriste</u>	N. Carlon		N/A	<u> </u>		
	4:	2350 1-24	-14	LHA For P	aperwork R	eduction Act No	tice, see	e Instructi	ions.							Form 990-PF (20	J14)

For	m 99	0-PF (2014) THE BURCH-SAFFORD FOUND	ATION, INC.	06-	06-1556693 Page 2			
n		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year			
	an	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing						
	2	Savings and temporary cash investments	39,262.	21,277.	21,277.			
	3	Accounts receivable	'	,	•			
	}	Less allowance for doubtful accounts	· · · · · · · · · · · · · · · · · · ·	- 141 - Jangaratata Kamananan marata	manarate alamany - · · · · · · · · · · · · · · · · · ·			
	4	Pledges receivable	·					
		Less allowance for doubtful accounts						
	1	Grants receivable						
	5	Receivables due from officers, directors, trustees, and other						
		disqualified persons			······································			
	7	Other notes and loans receivable			., .			
		Less allowance for doubtful accounts						
Assets	1 .	Inventories for sale or use						
Ass	9	Prepaid expenses and deferred charges						
•		Investments - U S and state government obligations						
	ı	Investments - corporate stock						
	1	Investments - corporate bonds			T TATE TO THE TOTAL PROPERTY OF THE PARTY OF			
	11	Investments - land, buildings, and equipment basis	'	,				
	_	Less accumulated depreciation						
	I	Investments - mortgage loans	1 017 535	1 050 200	2 226 515			
	13	Investments - other STMT 6	1,817,535.	1,858,208.	2,236,515.			
	14	Land, buildings, and equipment basis	!	,	,			
		Less accumulated depreciation						
	1	Other assets (describe			· · · · · · · · · · · · · · · · · · ·			
	16	Total assets (to be completed by all filers - see the	1 056 707	1 070 405	2 257 702			
	ļ	instructions Also, see page 1, item I)	1,856,797.	1,879,485.	2,257,792.			
	1	Accounts payable and accrued expenses						
	18	Grants payable						
es	19	Deferred revenue .						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
iat.	21	Mortgages and other notes payable			-			
_	22	Other liabilities (describe			,			
				0				
	23	Total liabilities (add lines 17 through 22)	0.	0.				
		Foundations that follow SFAS 117, check here			-			
õ		and complete lines 24 through 26 and Ilnes 30 and 31			-			
92	24	Unrestricted						
ala	1	Temporarily restricted						
g	26	Permanently restricted						
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here						
5		and complete lines 27 through 31.	0.	0.				
ets	27	Capital stock, trust principal, or current funds	0.	0.	(
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund	1,856,797.	1,879,485.				
at A	29	Retained earnings, accumulated income, endowment, or other funds	1,856,797.	1,879,485.	· · · · · ·			
ž	30	Total net assets or fund balances	1,030,737	1,019,403.				
		Tablibabilding and and anaded for displacement	1,856,797.	1,879,485.	· ·			
_	31	Total liabilities and net assets/fund balances		1,079,403.	<u>t</u>			
F	art	Analysis of Changes in Net Assets or Fund E	Balances					
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	9 30		<u> </u>			
•		st agree with end-of-year figure reported on prior year's return)	.	1	1,856,797.			
2	•	r amount from Part I, line 27a	••	2	22,688.			
3		or increases not included in line 2 (itemize)		3	0.			
		lines 1, 2, and 3		4	1,879,485.			
		reases not included in line 2 (itemize)		5	0.			
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	1,879,485.			

423511 11-24-14

Page 3

	e the kind(s) of property sold (e g nouse, or common stock, 200 sh			(b) How a P - Puro D - Don	chase	(c) Date acc (mo , day,		(d) Date sold (mo , day, yr)
a com ammadues o	CM y WEINER		··· ··· ··					
b SEE ATTACHED	STATEMENT							
d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale			(h) Gain (e) plus (f	or (loss)) minus (
<u>a</u>		ļ						
<u> </u>								
c		 						
e 175,630.			93,20	18.				82,422
Complete only for assets showing	gain in column (h) and owned by	the foundation				1) Gains (Col	(h) gain	
	(j) Adjusted basis	1	cess of col (I)			ol (k), but not	less than	ı -0-) or
(i) F M V as of 12/31/69	as of 12/31/69	over	col (j), if any			Losses (fr	om cor (i	1))
а								
b								
C		ļ						 -
d		ļ						82,422
<u>e</u>		J		$\overline{}$	Τ		,	02,422
Capital gain net income or (net capit	tal loss) { If gain, also enter difference and loss If (loss), enter difference and loss).	er in Part I, line ? D- in Part I, line	7 7	} 2	ļ			82,422
Net short-term capital gain or (loss)		nd (6)		٦				
If gain, also enter in Part I, line 8, co	lumn (c)			}			N/A	
Part V Qualification Un	der Section 4940(e) fo	r Reduced	Tax on Net	Invest	nent In	come	217.22	
For optional use by domestic private for	 							
		, o , o (2) tan on		,				
f section 4940(d)(2) applies, leave this	part blank							
Vas the foundation liable for the sectio	n 4942 tax on the distributable a	mount of any ye	ear in the base pe	enod?				Yes X No
f "Yes," the foundation does not qualify				 				
Enter the appropriate amount in ea		instructions bet	fore making any					(4)
(a) Base period years	(b) Adjusted qualifying di	etributions	Net value of n	(C) oncharitable	tazza azu-e	·s /o	Distrit	(d) oution ratio rided by col (c))
Calendar year (or tax year beginning	1117	70,000.	NOT VALUE OF ITS		52,15	10	or (u) uiv	.03411
2013		36,217.			13,29			.05246
2012 2011		97,828.		1.54	10,50	2.		.06350
2010		70,475.			27,09			.04615
2009		85,717.		1,28	32,89	4.		.06681
	 							
? Total of line 1, column (d)						2		.26304
3 Average distribution ratio for the 5-	•	l on line 2 by 5,	or by the numbe	r of years				
the foundation has been in existence	e if less than 5 years					3		.05260
								2 227 205
Enter the net value of noncharitable	-use assets for 2014 from Part X	, line 5				4		2,237,295
E. Marttanhi tino 4 his lino 2						5		117,702
Multiply line 4 by line 3				•		-		11///02
Enter 1% of net investment income	(1% of Part I line 27b)					6		1,139
	,			• •				
Add lines 5 and 6						7		118,841
B Enter qualifying distributions from		•				8		125,500
If line 8 is equal to or greater than I See the Part VI instructions	ine 7, check the box in Part VI, lin	ne 1b, and comp	olete that part us	ng a 1% tax	c rate			

Part VII Exists Tax Based on Investment Income (Section 4940(s), 4940(s), or 4948 - see Instructions)		330 11 (2011)		1226			age 4	
Date of ruling or determination latter: A continue of the process of the proce		······································	948 -	· see I	nstruc	tion	<u>(S)</u>	
b Domestic foundations that meet the section 4940[e) requirements in Part V, check Reve ► X and another 1% of Part I, line 977. c All other domestic foundations enter 2% of the 279. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947[e)[1) trusts and taxable foundations only Others enter -0-) 3 1,139. 4 Sobitité A (recorm) tax (domestic section 4947[e)[1] trusts and taxable foundations only Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on subspicious for excession of the 18 from 2014 5 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for excession of time to file (Form 8868) 6 Section with papilication for excession of time to file (Form 8868) 6 Section with part of the foundation and the part of the 18 from 2200 is attached 9 Tax doe. If the total of times 5 and 8 is more than hin 7, enter amount overland 11 Enter the amount of file 10 to be Credited by 2015 estimated tax 12 Dear of the foundation of the company of the 19 to 10 to	18	Exempt operating foundations described in section 4940(d)(2), check here and enter "IVA" on line 1		É .	,			
b Domestic foundations that meet the section 4940[e) requirements in Part V, check Reve ► X and another 1% of Part I, line 977. c All other domestic foundations enter 2% of the 279. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947[e)[1) trusts and taxable foundations only Others enter -0-) 3 1,139. 4 Sobitité A (recorm) tax (domestic section 4947[e)[1] trusts and taxable foundations only Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on subspicious for excession of the 18 from 2014 5 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for excession of time to file (Form 8868) 6 Section with papilication for excession of time to file (Form 8868) 6 Section with part of the foundation and the part of the 18 from 2200 is attached 9 Tax doe. If the total of times 5 and 8 is more than hin 7, enter amount overland 11 Enter the amount of file 10 to be Credited by 2015 estimated tax 12 Dear of the foundation of the company of the 19 to 10 to		Date of ruling or determination letter(attach copy of letter if necessary-see instructions)		f.	٠,	1	*5	
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b Exempt foreign organizations - lax withheld at source c Tax pad with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 12 Overpayment. If line 7 is more than the lines 5 and 8, enter the amount overpaid 13 Overpayment. If line 7 is more than the lines 5 and 8, enter the amount overpaid 14 449. Part VII-A Statements Regarding Activities 14 449. Retunded 15 Overpayment. If line 7 is more than the lines 5 and 8, enter the amount overpaid 16 Overpayment. If line 7 is more than the lines 5 and 8, enter the amount overpaid 17 If the answer is "Yes" to face 1 the state over (enter directly for or indirectly) for political expenditure and copies of any materials published or distributed by the foundation on the high or indirectly) for political expenditure tax imposed on foundation organized in any activities than	_	1 500	ł		,			
to Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 attrough 6d 8 Editer any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than line 7, enter amount owed 11 Enter the amount of the 10 to be Credited to 2015 estimated tax. ► 449 . Retunded ► 10 0 . PEART VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local liquistation or did it participate or intervene in any political campaign? 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 If the answer is "Yes" to face 16, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 17 Did it spend from 120-POL for this year? 18 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation in Endors to the activities. 19 Tax due to the foundation provided description of the activities. 20 Let the foundation manager of the activities of the control of th			ŧ ′					
Backup withholding erroneously withhold Set Total credits and payments. Add lines 6 at hrough 6d Total credits and payments. Add lines 6 at hrough 6d Total credits and payments of settimated tax. Check here If Form 2220 is attached Set Total district Total di				Ì		,		
7 Total credits and payments Add lines & through 6d 8 Enter any penalty for underpayment of estimated tax. Check here					, . ,	•		
8 Enter any penalty for underpayment of estimated tax. Check here				1	, 1	5.9	ΩΩ	
9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount overpal 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 44.9 . Rehunded ▶ 11 O Part VIII-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? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to Taor 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 lie Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \(\textit{ S}\) \(\textit{ S}\) \(\textit{ O}\). e Enter the remibursement (if any) pad by the foundation during the year for political expenditure tax imposed on foundation managers \(\textit{ S}\) \(\textit{ O}\). 2 Has the foundation made any changes, not previously been reported to the IRS? If "Yos," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously perioded 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 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-17 for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 7 Did the foundation that effectively amends the governing instrument so that no manadatory directions that conflict with the state law remain in the governing instrument, or e By state legislation that effect				 		, ,	50.	
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5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) 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 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 X 10 Did any persons become substantial contributors during the tax year? If "Yes," etition a schedule listing their names and addresses			N	1/A		_		
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<u>Forn</u>	n 990-PF (2014) THE BURCH-SAFFORD FOUNDATION, INC. 06-155	<u>669</u> 3		Page 5
Pi	art.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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► GREGORY A. HAYES Telephone no ►203-9	77–7	300	
	Located at ► DAY PITNEY, 1 CANTERBURY GREEN, STAMFORD, CT ZIP+4 ►0	6901		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year .	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the			,
	foreign country	<u> </u>		L
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	p		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a 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?	1.		,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	ŧ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1	1	,
	(5) Transfer any income or assets to a disqualified person (or make any of either available			•
	for the benefit or use of a disqualified person)?	` -		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	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)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			1
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	į		
	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	1.	,	X
9	before the first day of the tax year beginning in 2014? Taxes on fallium to distribute recent (section 4042) (does not easily for years the foundation was a private operation foundation.	1c		
	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 X No			
	If "Yes," list the years ▶	1		
	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	1		1
	statement - see instructions) N/A	2b	ĺ .	`
	c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
		ŀ		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		`	ľ
	during the year?	,	,	
	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	,""	¥.	ľ'.
	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	1.0		
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, ``	P.C
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	3b	Ĺ	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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?	46		X
	!	orm 99	0-PF	(2014)

orm 990-PF (2014) THE BURCH-SAFFORD FOUNDA			06-15566	93 Page 6
Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be F	Required (continu	ıed)	
5a During the year did the foundation pay or incur any amount to			[
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		.] [
any voter registration drive?		T Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes:	?	Ye	s X No	4
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		<u> </u>	
4945(d)(4)(A)? (see instructions)		Ye	s X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	10		
the prevention of cruelty to children or animals?	•	Ye	s X No	
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described i	n Regulations	-	
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it maintai	ned		
expenditure responsibility for the grant?		/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53.4945	 5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •		-	
a personal benefit contract?		☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	hetter transaction?	√ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Part VIII Information About Officers, Directors, Trust		nagers. Highly	· 	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	allowances
BARBARA B. SAFFORD	PRESIDENT			
141 NOD ROAD				
RIDGEFIELD, CT 06877	1.00	0.	0.	0.
	SECRETARY-TRE	ASURER		
141 NOD ROAD	1			ļ
RIDGEFIELD, CT 06877	1.00	0.	0.	0.
	DIRECTOR			
50 WALBIN COURT	1	}	1	ĺ
FAIRFIELD, CT 06430	0.25	0.	0.	0.
<u> </u>				
	1			
	1			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		1
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	allowances
NONE				
			<u> </u>	
	<u></u>			
]_	l		
		<u> </u>		
Total number of other employees paid over \$50,000			. ▶	0
			Form	990-PF (2014)

Form 990-PF (2014) THE BURCH-SAFFORD FOUNDATION, I		1556693 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, en	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Treat number of other recognics over \$50,000 for professional consistent		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	tistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers p		Expenses
1 N/A		
2		
		··
3		
4		
B. IN BIO		
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
77 / 7	on lines 1 and 2	
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<u> </u>	0.

Form **990-PF** (2014)

Amounts set aside for specific charitable projects that satisfy the 3a a Suitability test (prior IRS approval required) 3b b Cash distribution test (attach the required schedule) Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4

125,500. 1,139.

Adjusted qualifying distributions. Subtract line 5 from line 4

income Enter 1% of Part I, line 27b

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Form 990-PF (2014)

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,	comment, on my	n i m nterete retermin		2014
line 7			1 " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	110,726.
2 Undistributed income, if any, as of the end of 2014	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		110/120.
a Enter amount for 2013 only	4		25,368.	. calma ex
b Total for prior years				
,	a , can compr	. 0.		, , , , , , , , , , , , , , , , , , , ,
3 Excess distributions carryover, if any, to 2014	 			***************************************
a From 2009			•	"4475
b From 2010	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		"" •"""	3 " 4
c From 2011		, , , , , , , , , , , , , , , , , , ,		
d From 2012	,			
e From 2013		`		-
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Part XII, line 4 ►\$125,500.	· "	,	21	
a Applied to 2013, but not more than line 2a	, , , , , , , , , , , , , , , , , , , ,	" ^ .	25,368.	
b Applied to undistributed income of prior	Maria in indianalisma			mmi mmmmm - in - m
years (Election required - see instructions)	rimer, recommend	0.	## ## ###	
c Treated as distributions out of corpus		,	a'r al ann trhumaidh an ann a	mummininiii in
(Election required - see instructions)	0.	;	,	
d Applied to 2014 distributable amount	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	111144	··· · · · · · · · · · · · · · · · · ·	100,132.
e Remaining amount distributed out of corpus	0.	······································		
5 Excess distributions carryover applied to 2014	0.	**************************************	· · · · · · · · · · · · · · · · · · ·	0.
(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:			a, cennum	"
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'	<u> </u>	0.		
undistributed income for which a notice of	"" in all the		* ;	
deficiency has been issued, or on which			, ""	
the section 4942(a) tax has been previously assessed		0.	, ,	91 mm
d Subtract line 6c from line 6b Taxable				
amount - see instructions	1	0.	`	. ,
e Undistributed income for 2013 Subtract line		· · · · · · · · · · · · · · · · · · ·	/ / / / / / / / / / / / / / / / / / / /	
4a from line 2a Taxable amount - see instr			0.	, ,
f Undistributed income for 2014. Subtract	" \\\(\frac{1}{2}\)\(\frac{1}{2}\)	*	,	
lines 4d and 5 from line 1. This amount must	,		,	
be distributed in 2015	an mean reelige relien.	azer eri ratatearer ing		10,594.
7 Amounts treated as distributions out of	1		- annamentation de la company de la comp	10/334.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			Carrier Contraction	and the stand of the same
may be required - see instructions)	0.	, , , , , , , , , , , , ,		
8 Excess distributions carryover from 2009		**************************************	 	romanny firitanda digunana ana
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015		maritimating the manuscript of the second	Aminging Carry Standard	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Subtract lines 7 and 8 from line 6a	0.			
D Analysis of line 9			- Andrew Sandyan blind	
a Excess from 2010	Same Same	June 20 S. 1883 110 11 11 11 11 11 11 11 11 11 11 11 11	" " and a single than the single that the sing	mining for Some of the
b Excess from 2011				
c Excess from 2012				Control (Species of the
d Excess from 2013				man de medica de digulação de la compansión
e Excess from 2014				
23581 1-24-14	<u></u>		2: mr - 4 v - w - v - 4	Corm 000 DE (0044)

	CH-SAFFORD				56693 Page 10
Part XIV Private Operating For	oundations (see in	structions and Part V	II-A, question 9)	N/A	-
1 a If the foundation has received a ruling or	determination letter tha	t 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 found	ation is a private operati	ng foundation described	in section	4942(J)(3) or 49)42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Pnor 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 85% of line 2a					
© Qualifying distributions from Part XII.		 	-		
					ł
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,		ì		Ì	
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt			1		
organizations as provided in					
section 4942(j)(3)(B)(III)					ļ
(3) Largest amount of support from			-		
an exempt organization		· · · · · · · · · · · · · · · · · · ·			
(4) Gross Investment income	<u> </u>	<u> </u>			<u> </u>
Part XV Supplementary Info			/ If the foundatio	on had \$5,000 or m	ore in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh			ntributions received by ti	he foundation before the clo	ose of any tax
year (but only if they have contributed r	nore than \$5,000) (See	section 507(d)(2))			
SEE STATEMENT 7					
b List any managers of the foundation who other entity) of which the foundation ha	o own 10% or more of t	he stock of a corporatio	n (or an equally large por	rtion of the ownership of a p	partnership or
NONE	g				
2 Information Regarding Contribut	ion Grant Gift Loar	Scholarchin etc	Ornarame:		
Check here ► X if the foundation of				e not accont uncollected rea	nacte for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num					
a The hame, address, and telephone hun	idei di emilali addiess di	tile person to whom ap	plications should be actu	162260	
b The form in which applications should l	oe submitted and inform	ation and materials they	should include		
c Any submission deadlines					· · · · · · · · · · · · · · · · · · ·
				· 	
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable field	is, kinds of institutions, o	or other factors:	
					

423611 11-24-14

Total

0

▶ 3b

Part XVI-A	Analysis of	Incomo	Droducina	A ativition
Pari Avita	MIIOIVSIS UI		rrouucinu	ACHVILLES

nter gross amounts unless otherwise indicated	Unrelated t	ousiness income		y section 512, 513, or 514	(e)	
A Decorpor continuo revoltus	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
Program service revenue	code		~~			
3	- -					
b						
<u> </u>				·		
d				-		
e			+			
g Fees and contracts from government agencies						
Membership dues and assessments						
•						
Interest on savings and temporary cash			14			
Investments			14	50,905.		
Dividends and interest from securities				30,903.	······································	
Net rental income or (loss) from real estate	<u> </u>	<u></u>				
a Debt-financed property					<u> </u>	
b Not debt-financed property			 	-		
Net rental income or (loss) from personal						
property						
Other investment income						
Gain or (loss) from sales of assets other			18	26,031.		
than inventory			10	20,031.	······································	
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory						
Other revenue						
3		<u>.</u>				
b	_		 			
C	_		 			
d	_					
e			. 	76 026	 	
	<u> </u>).	76,936.		
				. 13	76,93	
Total Add line 12, columns (b), (d), and (e)						
Total Add line 12, columns (b), (d), and (e)	5)					
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations		nplishment of	Exempt P	urposes		
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	es to the Accor				plishment of	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie INDEX. INDEX	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie INDEX. INDEX	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Ine No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie INDEX. INDEX	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Ine No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Ine No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Ine No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	
.ine No. Explain below how each activity for which	es to the Accor	column (e) of Part XV			plishment of	

423621 11-24-14

Form **990-PF** (2014)

Part AVI	Information Re Exempt Organ		iters Io a	ind Transactions a	and Rela	tionsr	lips With Non	cnaritable	€	
1 Did the			f the followin	g with any other organization	on described	in contin		T '	Yes	No
	•			y with any other organization. 7, relating to political organ		iii secuc	11 30 1(0) 01		, 03	-110
	rs from the reporting found:				1124110113					
(1) Cas	. •	ation to a mononantabl	o oxompt org	jumzation of				1a(1)	Ì	Х
• •	ier assets							1a(2)		X
b Other tra								13157		
-	es of assets to a noncharita	ible exempt organization	nn					16(1)	i	Х
	rchases of assets from a no	• •						1b(2)		Х
• •	ntal of facilities, equipment,	•	gumzation	•				1b(3)		Х
	mbursement arrangements							1b(4)		X
• •	ans or loan guarantees							1b(5)		X
	formance of services or me	embership or fundraisi	no solicitatio	ns				1b(6)		X
	of facilities, equipment, ma							10		Х
_		-		dule Column (b) should als	wavs show t	he fair m	arket value of the go	·	ets.	
or servi	ces given by the reporting fo	oundation If the found	dation receive	ed less than fair market valu					·	
(a) Line no	(d) the value of the goods, (b) Amount involved	,		exempt organization	(4) 0.					
(a) Line no	(b) Amount involved	(c) Name of t	N/A	exempt organization	(0) 00	escription	of transfers, transaction	is, and sharing ar	rangeme	nts
			N/A		-					
	<u> </u>									
									···	
										
								-,		
										
										
										
										
										
										
2a Is the fo	oundation directly or indirect	tly affiliated with or re	lated to one	or more tax-exempt organi	zations desc	ribed				
	on 501(c) of the Code (other	•			200,000			Yes	X	No
	complete the following sch		o,, o ooo.							
	(a) Name of org			(b) Type of organization		(() Description of rel	ationship		
	N/A									
							<u> </u>			
Und	der penalties of penury, I declare	that I have examined this	retum, includin	g accompanying schedules and	statements, a	nd to the b	est of my knowledge	May the IRS	discuss	this
	belief it is true, correct, and cor	mplete Declaration of prep	parer (other that	n taxpayer) is based on all inform	nation of Which	CRET	ÄRY ĽŸŔĔas	return with the	e prepar	er
Here) () (I).	· 3/1/4		N/21/15	UR	ER		X Yes		No
Si	ignature of officer or trustee	,		Date	Title					
	Print/Type preparer's na	ame	Preparer's s	gnature	Date		Check if	PTIN		
			\checkmark		1 1	اـ	self- employed			
Paid	GREGORY A.			_) <i>\</i> \	11119	12		P00836		
Prepare	111111011111111111111111111111111111111	PITNEY LI	LP	_ :			Firm's EIN ► 0 6	5-03174	80	
Use Only	*									_
	Firm's address ► ON									
	I ST	AMFORD. CT	ኮ 0690	1			Phone no 203	3-977-7	300	

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 its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Name of the organization **Employer identification number** 06-1556693 THE BURCH-SAFFORD FOUNDATION, INC. Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. 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).

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

Name of organization

Employer identification number

THE BURCH-SAFFORD FOUNDATION, INC.

06-1556693

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	BARBARA B. SAFFORD 141 NOD ROAD RIDGEFIELD, CT 06877	\$	Person Payroli Noncash X (Complete Part If 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 Noncash (Complete 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 Noncash (Complete 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)

Employer identification number

	-SAFFORD FOUNDATION, INC.		1556693
rt II Non	cash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 469	SHS. PIONEER NATURAL RES. CO.		
		\$ 95,212.	08/14/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(a) No. From	(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
		\$	

ime of orga	nization	Employer identification number					
HE BU	RCH-SAFFORD FOUNDATION,	INC.	06-1556693				
art III	Exclusively religious, charitable, etc., contribiting year from any one contributor. Complete columniating Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	utions to organizations described imns (a) through (e) and the follow haritable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo wing line entry For organizations				
a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
Part I							
.							
		(e) Transfer of gif	ft				
	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 git	ft				
-	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 git	ft				
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				

	O FOUNDATION, IN	C. 00-13:	6693	PAGE]	l OF 1
Part IV Capital Gains and Los	ses for Tax on Investment income				
(a) List and 2-story bri	describe the kind(s) of property sol ck warehouse, or common stock, 2	d, e g , real estate, 00 shs MLC Co.	(b) How acqui P - Purchas D - Donatio	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a 2,967.797 SHS.	DFA INFLATION P	ROTECTED SEC PORT			211/07/14
b 100 SHS. PIONER			D		008/18/14
		0.	D		08/18/14
d 169 SHS. PIONER			D		08/18/14
e 135 SHS. VANGUA			P		206/30/15
1 100 SHS. VANGUA			P		206/30/15
q CAPITAL GAINS I					, , , , , , , , , , , , ,
h			·		
1					
1					
k			"		
1					
m					
n					
0	<u> </u>				
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale	((e) plus (f) minus (g)	
a 35,000.		36,974.			-1,974.
b 20,196.		8,277.			11,919.
c 40,393.		16,555.			23,838.
d 34,131.		13,989.	-		20,142.
e 14,433.		10,003.			4,430.
1 10,691.		7,410.			3,281.
g 20,786.					20,786.
h					
1					
k					
1					
m					
m n					
n o					
0	g gain in column (h) and owned by	the foundation on 12/31/69		Losses (from col (h	
n 0	g gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	the foundation on 12/31/69 (k) Excess of col (i) over col (j), if any	Gains (exce) Losses (from col. (h ess of col. (h) gain ov out not less than "-0-")	ercol (k),
n 0 Complete only for assets showin	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	ercol (k), -1,974.
Complete only for assets showin (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	ercol (k), -1,974. 11,919.
Complete only for assets showing (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838.
Complete only for assets showing (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142.
Complete only for assets showing (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430.
Complete only for assets showing (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
Complete only for assets showing (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430.
Complete only for assets showing (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
Complete only for assets showing (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
Complete only for assets showin (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
Complete only for assets showin (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
Complete only for assets showing (I) F M V as of 12/31/69 a	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
Complete only for assets showing (I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
n Complete only for assets showing (I) F M V as of 12/31/69 a b C d e f g h l l l l l l l l l l l l l l l l l l	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
Complete only for assets showing (I) F M V as of 12/31/69 a	(j) Adjusted basis	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
Complete only for assets showing (I) F M V as of 12/31/69 a	(j) Adjusted basis as of 12/31/69	(k) Excess of col (1)	Gains (exce	ess of col (h) gain ov	-1,974. 11,919. 23,838. 20,142. 4,430. 3,281.
Complete only for assets showing (I) F M V as of 12/31/69 a b c d e f g h I K I m n o Capital gain net income or (net ca	(j) Adjusted basis as of 12/31/69 as of 12/31/69 (if gain, also ente if (loss), enter*-	(k) Excess of col (l) over col (j), if any or in Part I, line 7 o- in Part I, line 7	Gains (exceed by	ess of col (h) gain ov	ercol (k), -1,974. 11,919. 23,838. 20,142. 4,430. 3,281. 20,786.
Complete only for assets showing (I) F M V as of 12/31/69 a b c d e f g h I K I m n o Capital gain net income or (net ca	(j) Adjusted basis as of 12/31/69 as of 12/31/69 pital loss) { If gain, also ente if (loss), enter "- as) as defined in sections 1222(5) a column (c)	(k) Excess of col (l) over col (j), if any or in Part I, line 7 o- in Part I, line 7	Gains (exceed by	ess of col (h) gain ov	ercol (k), -1,974. 11,919. 23,838. 20,142. 4,430. 3,281. 20,786.

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
HEARING HEALTH FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED	
363 7TH AVENUE				
NEW YORK, NY 10001				30,00
LOON ECHO LAND TRUST	NONE	PUBLIC CHARITY	UNRESTRICTED	
1 CHASE STREET				}
BRIDGTON, ME 04009				10,00
MULTNOMAH LIBRARY FOUNDATION, EVERY	NONE	PUBLIC CHARITY	UNRESTRICTED	
CHILD INITIATIVE 205 N.E. RUSSELL STREET				
PORTLAND, OR 97212				5,00
NG DOMANICAL GARREN TOVERNATION	NOVE .	PUBLIC CHARITY	Thin a count count	
NC BOTANICAL GARDEN FOUNDATION THE UNIVERSITY OF NC	NONE	PUBLIC CHARITI	DARESTRICIED	
CHAPEL HILL, NC 27599-3375				5,00
RIDGEFIELD VISITING NURSE ASSOCIATION	NONE	PUBLIC CHARITY	UNRESTRICTED	
90 EAST RIDGE RIDGEFIELD CT 06877-4645				15,00
KIDDELIBE, CI OCOTT 4045				,,,,
UNC LIBRARIES - THE WILLIAM WELDEN	NONE	PUBLIC CHARITY	UNRESTRICTED	
BURCH ENDOWMENT				
CAMPUS BOX 3900, 208 RALEIGH STREET				
CHAPEL HILL, NC 27515-8890	 	 		2,00
				ļ
WATERWATCH OF OREGON	none	PUBLIC CHARITY	UNRESTRICTED	
213 SW ASH STREET				
PORTLAND, OR 97204				5,00
WILTON LIBRARY ASSOCIATION	NONE	PUBLIC CHARITY	UNRESTRICTED	
137 OLD RIDGEFIELD ROAD				
WILTON, CT 06897	-			4,00
WOMEN'S CENTER OF GREATER DANBURY	NONE	PUBLIC CHARITY	UNRESTRICTED	
2 WEST STREET				
DANBURY, CT 06810				25,00
OPENING DOORS FOR WESTERLY'S	NONE	PUBLIC CHARITY	UNRESTRICTED	
CHILDREN, UNITED WAY OF RHODE ISLAND				
50 VALLEY STREET				
PROVIDENCE RI 02909-2459	<u> </u>		<u> </u>	2,00
Total from continuation sheets	·		<u> </u>	105,00

FORM 99)-PF	GAIN OR (LOSS) F	ROM SALE	OF A	ASSETS		STA	TEMENT	1
DESCRIP	(A) FION OF PROPERT	Y			MANNER CQUIRED	DA' ACQU		DATE SO	OLD
2,967.79 PORT	97 SHS. DFA INF	 LATION PROTECTED	SEC	PU	RCHASED	09/0	5/12	11/07/	/14
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)	
_	SALES PRICE	OTHER BASIS	SALE		DEPRE	C.	GAIN	OR LOSS	S
	35,000.	36,974.		0.		0.		-1,97	74.
DESCRIP'	(A) FION OF PROPERT	Y			MANNER CQUIRED	DA' ACQU		DATE SO	OLD
100 SHS	. PIONEER NATUR	AL RES CO.		D	ONATED	05/1	8/10	08/18/	/14
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	s
	20,196.	20,301.		0.		0.		-10	05.
DESCRIP	(A) FION OF PROPERT	Y .			MANNER CQUIRED	DA ACQU	TE IRED	DATE S	OLD
200 SHS	. PIONEER NATUR	AL RES CO.		D	ONATED	05/1	8/10	08/18	/14
	(B)	(C)	(D)		(E)			(F)	
	GROSS SALES PRICE	VALUE AT TIME OF ACQ.	EXPENSE SALE		DEPRE	c.	GAIN	OR LOS	S
	SALES PRICE	11112 01 110 g /							

DESCRIPT	(A) ION OF PROPERTY					ANNER QUIRED		TE	DATE SOLD
169 SHS.	PIONEER NATURAL	L RES CO.		_	DOI	NATED	05/1	8/10	08/18/14
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	₹	(E)			(F)
_	SALES PRICE	TIME OF ACQ.	SALE			DEPRE	C.	GAIN	OR LOSS
<u>. </u>	34,131.	34,309.	· · · · · · · · · · · · · · · · · · ·				0.		-178.
DESCRIPT	(A) ION OF PROPERTY					ANNER QUIRED		TE IRED	DATE SOLD
135 SHS.	VANGUARD TOTAL	STOCK MARKET		I	PURC	CHASED	09/1	4/12	06/30/15
	(B) GROSS	(C) COST OR	(D) EXPENSE	OI	Ŧ	(E)		a	(F)
_	SALES PRICE	OTHER BASIS	SALE			DEPRE		GAIN	OR LOSS
	14,433.	10,003.		(). 		0.		4,430.
DESCRIPT	(A) ION OF PROPERTY					ANNER QUIRED		TE JIRED	DATE SOLD
100 SHS.	VANGUARD TOTAL	- STOCK MARKET		1	PUR	CHASED	09/1	4/12	06/30/15
	(B) GROSS	(C) COST OR	(D) EXPENSE	O)	F	(E)			(F)
	SALES PRICE		SALE		_	DEPRE	С.	GAIN	OR LOSS
_	10,691.	7,410.		(0.		0.		3,281.
CAPITAL	GAINS DIVIDENDS	FROM PART IV							20,786.
	FORM 990-PF, P	T (2							26,031.

FORM 990-PF D	IVIDENDS	S AND INTER	REST E	FROM SECUR	AITIES ST	PATEMENT	2
	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTI NET INCO	
CHARLES SCHWAB/DIVIDENDS	71,691	20,78	 86.	50,905.	50,905.		
TO PART I, LINE 4	71,691	20,78	36. =======	50,905.	50,905.		
FORM 990-PF		LEGAI	FEES		S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- I INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
DAY PITNEY LLP	-	5,527.	5,527. 0.		1,		00.
TO FM 990-PF, PG 1, LN 16A		5,527. 0.			1,000.		
FORM 990-PF	0'	THER PROFES	SSION	AL FEES	S	FATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
CHARLES SCHWAB MANAGEN	MENT	19,433	•	19,433.			0.
TO FORM 990-PF, PG 1,	LN 16C	19,433	•	19,433.			0.
		FOOTI	NOTES		S	TATEMENT	5

STATEMENT IN SUPPORT OF LINE 4, PART X:

CASH DEEMED HELD FOR CHARITIBLE ACTIVITIES --

 $1 \frac{1}{2}$ OF LINE 3 = \$35,442

ACTUAL AMOUNT OF PART I, COLUMN (D), LINE 26 USED

FORM 990-PF OTI	HER INVESTMENTS		STATEMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
4,965.305 SHS. DFA EMERGING MARKET	rs COST		
CORE EQUITE		92,060.	89,375.
2,476.426 SHS. DFA EMERGING MARKE	IS COST	10.050	40 705
SMALL CAP	ООСШ	49,060.	48,736.
5,682.21 SHS. DFA INT'L. SMALL COMPANY PORTFOLIO FUND	COST	87,055.	104,325.
17,937.063 SHS. DFA INT'L. CORE	COST	07,033.	104,323.
EQUITY PORTFOLIO	CODI	203,080.	242,496.
30,216.223 SHS. DFA US VECTOR	COST		,
EQUITY PORTFOLIO		358,095.	507,330.
1,645 SHS. VANGUARD REIT	COST	109,758.	129,955.
4,640 SHS. VANGUARD TOTAL STOCK	COST		505 010
MARKET	COCT	343,819.	505,018.
15,980.787 SHS. DFA INFLATION	COST	199,096.	187,614.
PROTECTED SEC PORT 16,135.70 SHS. DFA WORLD EX US	COST	199,090.	107,014.
GOVT.	CODI	170,090.	167,650.
7,014.028 SHS. DFA INT'L. REAL	COST	2.0,0200	20.,000
ESTATE SECURITIES		35,035.	36,964.
9,915.57 SHS. VANGUARD INTERM TERM	M COST		
GOV'T. BOND		211,060.	217,052.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	1,858,208.	2,236,515.
FORM 990-PF PART	XV - LINE 1A		STATEMENT

NAME OF MANAGER

BARBARA B. SAFFORD CHARLES D. SAFFORD