







For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation Colburn-Keenan Foundation Inc		A Employer identification number 20-4634920	
Number and street (or P.O. box number if mail is not delivered to street address) PO Box 811		B Telephone number (see instructions) (800) 966-2431	
City or town, state or province, country, and ZIP or foreign postal code Enfield, CT 06083		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 10,929,056		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	201,934	201,934		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10 	291,819			
	b Gross sales price for all assets on line 6a 970,554				
	7 Capital gain net income (from Part IV, line 2) . . .		291,819		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . . 	14,887			
	12 Total. Add lines 1 through 11 . . . . .	508,640	493,753		
	13 Compensation of officers, directors, trustees, etc.	51,500	6,850		37,801
	14 Other employee salaries and wages . . . . .	1,217	700		
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . . 	5,000	2,500		
	c Other professional fees (attach schedule) . . . . . 	37,904	37,904		
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . . 	14,851	12,215		3,177
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . . 	12,686			7,487
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	123,158	60,169		48,465
	25 Contributions, gifts, grants paid . . . . .	521,247			521,247
	26 Total expenses and disbursements. Add lines 24 and 25	644,405	60,169		569,712
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-135,765			
	b Net investment income (if negative, enter -0-)		433,584		
c Adjusted net income (if negative, enter -0-) . . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .		44,940	63,356	63,356
	<b>2</b>	Savings and temporary cash investments . . . . .				
	<b>3</b>	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____				
	<b>4</b>	Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____				
	<b>5</b>	Grants receivable . . . . .				
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____				
	<b>8</b>	Inventories for sale or use . . . . .				
	<b>9</b>	Prepaid expenses and deferred charges . . . . .				
	<b>10a</b>	Investments—U.S. and state government obligations (attach schedule)				
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .				
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .				
	<b>11</b>	Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____				
	<b>12</b>	Investments—mortgage loans . . . . .				
	<b>13</b>	Investments—other (attach schedule) . . . . .	10,563,951	9,347,317	10,850,120	
	<b>14</b>	Land, buildings, and equipment: basis ▶ _____ 4,948 Less: accumulated depreciation (attach schedule) ▶ 4,948				
<b>15</b>	Other assets (describe ▶ _____)		15,580	15,580		
<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	10,608,891	9,426,253	10,929,056		
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .				
	<b>18</b>	Grants payable . . . . .	47,417	102,740		
	<b>19</b>	Deferred revenue . . . . .				
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b>	Mortgages and other notes payable (attach schedule) . . . . .				
	<b>22</b>	Other liabilities (describe ▶ _____)	1,494	5,972		
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	48,911	108,712		
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>					
	<b>24</b>	Net assets without donor restrictions . . . . .	10,559,980	10,820,344		
	<b>25</b>	Net assets with donor restrictions . . . . .				
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>					
	<b>26</b>	Capital stock, trust principal, or current funds . . . . .				
	<b>27</b>	Paid-in or capital surplus, or land, bldg., and equipment fund				
	<b>28</b>	Retained earnings, accumulated income, endowment, or other funds				
	<b>29</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	10,559,980	10,820,344		
<b>30</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	10,608,891	10,929,056			

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	10,559,980
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-135,765
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	396,129
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	10,820,344
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	10,820,344

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> Capital Gain Distributions		P	2016-01-01	2020-12-31
<b>b</b> SEI Private Trust		P		
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 200,554			200,554
<b>b</b> 770,000		678,735	91,265
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			200,554
<b>b</b>			91,265
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b>	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	291,819
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 . . . . .		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved				
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved	
<b>2</b> Reserved . . . . .			<b>2</b>	
<b>3</b> Reserved . . . . .			<b>3</b>	
<b>4</b> Reserved . . . . .			<b>4</b>	
<b>5</b> Reserved . . . . .			<b>5</b>	
<b>6</b> Reserved . . . . .			<b>6</b>	
<b>7</b> Reserved . . . . .			<b>7</b>	
<b>8</b> Reserved , . . . .			<b>8</b>	

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	6,027
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2.	<b>3</b>	6,027
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	6,027
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	794
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	3,500
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	4,294
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	105
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	1,838
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?.	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ► \$ _____ <b>(2)</b> On foundation managers. ► \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?.	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> 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?	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ► CT		
<b>b</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? <i>If "No," attach explanation.</i>	<b>8b</b>	No
<b>9</b> 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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>http://colkeen.org</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>Kimberly Conant</u> Telephone no. ► <u>(800) 966-2431</u>			


Located at ► PO Box 811 Enfield CTZIP+4 ► 06083

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			


**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 2019 , 2018 , 20____ , 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____ , 20____ , 20____ , 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</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 2020?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

		Yes	No
<b>5a</b>	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . 	<input type="checkbox"/>	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . If "Yes" to 6b, file Form 8870.		<b>6b</b> No
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		<b>7b</b>
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Kimberly Conant	Executive Director	51,500		
7 Melody Lane	030.00			
East Longmeadow, MA 01028				
<b>Total number of other employees paid over \$50,000.</b> . . . . 				

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation

**Total** number of others receiving over \$50,000 for professional services. . . . . ►

**Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
<b>1</b> The foundation supports community, local and national organizations and institutions in the United States, whose programs serve the needs of those with chronic inherited bleeding disorders and other chronic illnesses.	381,756
<b>2</b> The foundation provides assistance and support to individuals and families, in the United States, who are affected by chronic inherited bleeding disorders and other chronic illnesses.	69,892
<b>3</b> Scholarships are awarded to undergraduate students with hemophilia, von Willebrand disease, or a related inherited bleeding disorder	70,000
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . ►

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	10,053,489
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	82,853
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	10,136,342
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	10,136,342
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	152,045
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	9,984,297
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	499,215

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	499,215
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	6,027
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	6,027
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	493,188
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	8,566
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	501,754
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	501,754

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	569,712
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	569,712
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	569,712

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				501,754
<b>2</b> Undistributed income, if any, as of the end of the 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			223,153	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ <u>569,712</u>				
<b>a</b> Applied to 2019, but not more than line 2a			223,153	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2020 distributable amount. . . . .				346,559
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				155,195
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**Part XV**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

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

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

VARIOUS INDIVIDUALS  
NAMES WITHHELD TO COMPLY WITH HIPPA  
ENFIELD, CT 06082  
(800) 966-2431  
Admincolkeen.org

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

APPLICATION SUBMITTED ELECTRONICALLY <http://colkeen.org/beth-carew-new/>

**c** Any submission deadlines:

APRIL 1ST OF EACH YEAR

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

Applicants must be diagnosed with an inherited bleeding disorder. Applicants must have volunteered time and energy to directly benefit the bleeding disorders community and must be entering or attending an accredited 2 year or 4 year undergraduate institution in the United States.

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				521,247
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .			14	201,934	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	291,819	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue:					
<b>a</b> <u>refunds forfeitures</u>			03	14,887	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .				508,640	

(See worksheet in line 13 instructions to verify calculations.)

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-11-04	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Nicholas LaPier		2021-11-04		P01227383
	Firm's name ▶ Nicholas LaPier CPA PC				Firm's EIN ▶
	Firm's address ▶ 71 Park Ave W Springfield, MA 01089				Phone no. (413) 732-0200

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Dawn Bryant	President 002.00	0		
PO Box 811 Enfield, CT 06082				
Dr Rich Steingart	Board Member 001.00	0		
PO Box 811 Enfield, CT 06082				
Hilary Keenan	Board Member 001.00	0		
PO Box 811 Enfield, CT 06082				
Chritine Pineo	Board Member 001.00	0		
PO Box 811 Enfield, CT 06082				
Susan Keenan	Secretary 001.00	0		
PO Box 811 Enfield, CT 06082				
Kimberly Conant	Executive Director 030.00	51,500		
PO Box 811 Enfield, CT 06082				
Renee Oliveri	Treasurer 001.00	0		
PO Box 811 Enfield, CT 06082				
Colleen Berndt	Board Member 001.00	0		
PO Box 811 Enfield, CT 06082				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Bleeding Disorders Alliance of Illinois 210 S DesPlaines Chicago, IL 606615500		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	5,503
Camp Holiday Trails 400 Holiday Trails Lane Charlottesville, VA 22903		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	5,194
Great Lakes Hemophilia Foundation 638 N 18th Street Suite 108 Milwuake, WI 53233		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	4,500
<b>Total . . . . . ▶ 3a</b>				521,247

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Hemophilia Assoc of New York 131 W 33rd Street Suite 11D New York, NY 10001		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	10,000
Hemophilia Foundation of Greater FL 1350 Orange Avenue Suite 227 Winter Park, FL 32789		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	5,000
Hemophilia Foundation of Maryland 13 Class Court Parkville, MD 21234		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	9,750
<b>Total . . . . . ▶ 3a</b>				521,247



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Hemophilia Foundation of Michigan 1921 W Michigan Ave Ypsilanti, MI 48197		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	14,000
Hemophilia Foundation of MNDakotas 750 South Plaza Dr - Suite 207 Menota Heights, MN 55120		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	7,500
Hemophilia Foundation of Northern CA 6400 Hollis Street Suite 6 Emeryville, CA 94608		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	6,150
<b>Total . . . . . ► 3a</b>				521,247

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Hemophilia of Indiana 6910 N Shadeland Ave Suite 140 Indianapolis, IN 46220		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	2,500
Hemophilia of North Carolina 260 Town Hall Dr Suite A Morrisville, NC 27560		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	11,000
Hemophilia of South Carolina 439 Congaree Rd Suite 5 Greenville, SC 29607		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	8,850
<b>Total . . . . . ▶ 3a</b>				521,247

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Lone Star Bleeding Disorders Foundation 5600 Northwest Central Suite 140 Houston, TX 77092		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	2,500
Louisiana Hemophilia Foundation 3084 Westfork Dr Suite A Baton Rouge, LA 70816		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	2,500
Midwest Hemophilia Association 1471 W South St Suite F Ozark, MO 65721		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	3,794
<b>Total . . . . . ▶ 3a</b>				521,247

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
New England Hemophilia Association 347 Washington St Suite 401 Dedham, MA 02026		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	14,899
Oklahoma Hemophilia Foundation 9524 E 81st St Suite B1510 Tulsa, OK 74133		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	2,500
Pacific Northwest Bleeding Disorder 456 SW Monroe Ave 102 Corvallis, OR 97333		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	10,000
<b>Total . . . . . ▶ 3a</b>				521,247

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TN Hemo & Bleeding Disorders Foundation 242 Heritage Park Dr Suite 105 Murfreesboro, TN 37129		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	11,650
United Hemophilia Foundation 12138 Cenrral Ave Suite 872 Mitchellville, MD 20721		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	11,750
Virginia Hemophilia Foundation 410 N Ridge Rd Suite 215 Richmond, VA 23229		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	5,693
<b>Total . . . . .</b> ► <b>3a</b>				521,247

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Western PA Chapter of NHF 20411 Route 19 Unit 14 Cranberry Township, PA 16066		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	7,003
St Judes Childrens Research Hospital 262 Danny Thomas Place MS 509 Memphis, TN 381053678		PC	Liver Biosy Research	100,000
Individual Scholarships HIPPA Prohibits disclosure Enfield, CT 06082		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	70,000
<b>Total . . . . . ▶ 3a</b>				521,247

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Camp Sunshine at Sebago Lake 35 Acadia Rd Casco, ME 04015		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	2,500
Camp Taylor Inc8224 W Grayson Rd Modesto, CA 95358		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	3,000
Colorado Chapter NHF 1385 S Colorado Boulevard Suite 610 Denver, CO 80222		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	1,537
<b>Total . . . . . ▶ 3a</b>				521,247

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
The Painted Turtle1300 4th St Suite 300 Santa Monica, CA 90401		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	2,370
Individual Grants HIPPA Prohibits disclosure Various, CT 06082		PC	Financial Aid to those with bleeding disorders and other chronic illness	7,719
Individual Scholarships HIPPA Prohibits disclosure Various, CT 06082		PC	Assistance for those with bleeding disorders	62,173
<b>Total . . . . .</b> ► <b>3a</b>				521,247



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Arizona Bleeding Disorders 826 N 5th Ave Phoenix, AZ 85003		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	4,750
Camp Boggy Creek 3050 Brantley Branch Rd Eustis, FL 32736		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	4,160
Camp Good Days & Special Times 1332 Pittsford-Mendon Rd Mendon, NY 14506		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	1,000
<b>Total . . . . . ▶ 3a</b>				521,247

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Camp John Marc 4925 Greenville Ave Suite 400 Dallas, TX 75206		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	4,000
Central Ohio Chapter NHFPO Box 147 Richmond, OH 43344		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	1,000
Eastern PA Hemophilia Foundation 1489 Baltimore Pike Suite 227 Springfield, PA 19064		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	4,500
<b>Total . . . . . ▶ 3a</b>				521,247

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Florida Hemophilia Association Inc 915 Middle River Dr Suite 501 Ft Lauderdale, FL 33304		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	4,750
Gateway Homphilia Associations 4976 Eichelberger St St Louis, MO 63109		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	1,000
Hawaii Chapter - NHF 75-5660 Kopiko St Suite C7 294 Kailua Kona, HI 96740		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	1,000
<b>Total . . . . . ▶ 3a</b>				521,247

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HCWNY Foundation1010 Main St Buffalo, NY 14202		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	1,000
Hemophilia Assoc of New Jersey 197 Route 18 South Suite 206 North East Brunswick, NJ 08816		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	1,000
Hemophilia Assoc of San Diego County 3550 Camino Del Rio North Suite 105 San Diego, CA 92108		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	5,000
<b>Total . . . . . ► 3a</b>				521,247


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Hemophilia Assoc of the Capital Area 8136 Old Keene Mill Rd Suite A312 Springfield, VA 22152		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	8,500
Hemophilia Federation of America 999 North Capitol St NE Suite 301 Washington, DC 20002		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	8,500
Hemophilia Foundation of Southern CA 959 E Walnut St Suite 114 Pasadena, CA 91106		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	11,500
<b>Total . . . . . ▶ 3a</b>				521,247

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Kentucky Hemophilia Foundation Inc 1850 Taylor Ave Suite 2 Louisville, KY 402131594		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	1,000
Nebraska Chapter of the NHF 8031 W Center Rd Suite 304 Omaha, NE 68124		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	1,000
Nevada Chapter of the NHF 222 S Rainbow Blvd Suite 203 Las Vegas, NV 89145		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	2,000
<b>Total . . . . . ▶ 3a</b>				521,247

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Rocky Mountain Hemophilia Association 1627 West Main St 142 Bozeman, MT 59715		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	2,250
West Virginia Chapter of NHF 2858 University Ave Apt 7 Morgantown, WV 26505		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	8,852
Bleeding Disorder Foundation of WA 20126 Ballinger Way NE 165 Shoreline, WA 98155		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	7,500
<b>Total . . . . . ▶ 3a</b>				521,247

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Hemophilia Alliance of Maine 45 Robertson blvd Suite 5 Brewer, ME 04412		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	7,500
Hemophilia Council of California 717 K Street Suite 501 Sacramento, CA 95814		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	3,750
New York City Hemophilia Chapter 315 West 30th St 2nd Floor New York, NY 10018		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	7,500
<b>Total . . . . . ► 3a</b>				521,247



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Northern Ohio Hemophilia Foundation 17407 Lorain Ave 206 Cleveland, OH 44111		PC	Support activities that benefit the bleeding disorders and chronic illness communitie	6,700
<b>Total</b> . . . . .  <b>3a</b>				521,247

**TY 2020 Accounting Fees Schedule****Name:** Colburn-Keenan Foundation Inc**EIN:** 20-4634920**Software ID:** 20011406**Software Version:** 20.0.2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LAPIER DILLON AND ASSOCIATES PC	5,000	2,500		

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 Depreciation Schedule

Name: Colburn-Keenan Foundation Inc

EIN: 20-4634920

Software ID: 20011406

Software Version: 20.0.2.0

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
Software	2015-07-01	1,000	1,000	SL MM	0000000003.000000000000				

**TY 2020 Explanation of Non-Filing with Attorney General Statement**

**Name:** Colburn-Keenan Foundation Inc

**EIN:** 20-4634920

**Software ID:** 20011406

**Software Version:** 20.0.2.0

**Statement:**

CT does not require report to be filed for organizations that do not solicit contributions

**TY 2020 Investments - Other Schedule****Name:** Colburn-Keenan Foundation Inc**EIN:** 20-4634920**Software ID:** 20011406**Software Version:** 20.0.2.0**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
various mutual funds	FMV	9,347,317	10,850,120

**TY 2020 Land, Etc.  
Schedule****Name:** Colburn-Keenan Foundation Inc**EIN:** 20-4634920**Software ID:** 20011406**Software Version:** 20.0.2.0

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Office Equipment Software	4,948	4,948		

**TY 2020 Other Assets Schedule****Name:** Colburn-Keenan Foundation Inc**EIN:** 20-4634920**Software ID:** 20011406**Software Version:** 20.0.2.0**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SEI HOLDING ACCOUNT		15,580	15,580

# TY 2020 Other Expenses Schedule

**Name:** Colburn-Keenan Foundation Inc

**EIN:** 20-4634920

**Software ID:** 20011406

**Software Version:** 20.0.2.0

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Board meeting expenses	211			
Office Supplies	3,852			2,853
Insurance	1,539			
Telephone	940			1,966
Internet IT support	1,801			
Postage	415			298
payroll fees	900			645
Fees	195			
Miscellaneous	401			
Online Scholarship Services	1,725			1,725



# Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Workmans Comp	579			
Subscription Fees	128			

**TY 2020 Other Income Schedule****Name:** Colburn-Keenan Foundation Inc**EIN:** 20-4634920**Software ID:** 20011406**Software Version:** 20.0.2.0**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Forfeit of organizational grant	14,887		

**TY 2020 Other Increases Schedule**

**Name:** Colburn-Keenan Foundation Inc

**EIN:** 20-4634920

**Software ID:** 20011406

**Software Version:** 20.0.2.0

**Other Increases Schedule**

Description	Amount
Unrealized Gains	396,129

**TY 2020 Other Liabilities Schedule****Name:** Colburn-Keenan Foundation Inc**EIN:** 20-4634920**Software ID:** 20011406**Software Version:** 20.0.2.0

Description	Beginning of Year - Book Value	End of Year - Book Value
Accrued payroll Tax Liabilities	1,494	1,551
Accrued Foreign Tax		4,421

**TY 2020 Other Professional Fees Schedule****Name:** Colburn-Keenan Foundation Inc**EIN:** 20-4634920**Software ID:** 20011406**Software Version:** 20.0.2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Fees	37,904	37,904		

**TY 2020 Taxes Schedule****Name:** Colburn-Keenan Foundation Inc**EIN:** 20-4634920**Software ID:** 20011406**Software Version:** 20.0.2.0**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
Foreign taxes	4,421	4,421		
payroll taxes	4,430	1,794		3,177
TAXES	6,000	6,000		