

**COPY****Information copy. Do not send to IRS.**Form **990-N**Department of the Treasury  
Internal Revenue Service**Electronic Notice (e-Postcard)**for Tax-Exempt Organizations not Required To File Form 990 or  
990-EZOMB No. 1545-  
2085**2013**Open to Public  
InspectionA For the 2013 calendar year, or tax year beginning 1/1/2013, and ending 12/31/2013.

B Check if applicable

 Terminated, Out of  
Business Gross receipts are  
normally \$50,000 or lessC Name of organization: COLBY FOUNDATION  
d/b/a:PO Box 934  
Saranac Lake, NY, US, 12983F Name of Principal Officer: Ernest E KeetD Employer  
Identification  
Number  
46-0671663E Website: www.Colby-  
Foundation.orgPO Box 934  
Saranac Lake, NY, US, 12983

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

This Form 990-N (e-Postcard) was accepted by the IRS on 4/18/2014.

**Brian Dukett**

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**From:** epostcard@urban.org  
**Sent:** Friday, April 18, 2014 9:31 AM  
**To:** brian@raymartin CPA.com  
**Subject:** Form 990-N E-filing Receipt - IRS Status: Accepted

Organization: COLBY FOUNDATION  
EIN: 46-0671663  
Submission Type: Form 990-N  
Year: 2013  
Submission ID: 7800582014108az69340  
e-File Postmark: 4/18/2014 9:24:33 AM  
Accepted Date: 4/18/2014

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

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e-Postcard technical support  
Phone: 866-255-0654 (toll free)  
email: ePostcard@urban.org  
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COLBY FOUNDATION  
PO Box 934  
Saranac Lake, NY 12983

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	<b>2013</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

**1. General Information**

a. For the fiscal year beginning (mm/dd/yyyy) <b>01/01/2013</b> and ending (mm/dd/yyyy) <b>12/31/2013</b>		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>COLBY FOUNDATION</b>  Number and street (or P.O. box if mail not delivered to street address) Room/suite <b>PO BOX 934</b>  City or town, state or country and ZIP + 4 <b>SARANAC LAKE, NY 12983</b>	d. Fed. employer ID no. (EIN) <b>46-0671663</b> e. NY State registration no. <b>43-54-57</b> f. Telephone number <b>518 261-6608</b> g. Email <b>INFO@COLBY-FOUNDATI</b>

**2. Certification - Two Signatures Required**

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer	<b>COPY</b>	Ernest E. Keet Signature Printed Name Title Date <b>SECRETARY</b>	
b. Chief Financial Officer or Treas.	Signature Printed Name Title Date <b>DEBORAH NEILL</b>	<b>TREASURER</b>	

**3. Annual Report Exemption Information**

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)  
 Check  if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  
**NOTE:** An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)  
 Check  if gross receipts did not exceed \$25,000 **and** assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.  
**Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.**

**4. Article 7-A Schedules**

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ...  Yes\*  No  
 \* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? .....  Yes\*  No  
 \* If "Yes", complete Schedule 4b.

**5. Fee Submitted:** See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form: a. Article 7-A filing fee ..... \$ _____ b. EPTL filing fee ..... \$ _____ c. <b>Total fee</b> ..... \$ _____	<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
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**6. Attachments** - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments **▶▶▶**