

## 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



## 990-PF

PO BOX 590098 City or town, state, and ZIP code

NEWTON CENTER, MA 02459

Number and street (or P O box number if mail is not delivered to street address)

## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Room/suite

OMB No 1545-0052

2012

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting For calendar year 2012 or tax year beginning 2012, and ending Name of foundation THE EDGERLEY FAMILY FOUNDATION

			L			
j re	quii	rements	Open to	o Public	c Insped	tion
9					, 20	
	A	Employer Idei	ntificatio	n numb	er	
		20-1867	709			
	В	Telephone nu	mber (se	e instruc	tions)	
		(	617)	516-	-2222	
	С	If exemption appending, check i	plication is			
у	D	1 Foreign organ	•			
		85% test, che computation			▶	
	E	If private found under section 50				
-	F	If the foundation				
_			1 6	d) Dish	Irsemer	ıts

G	Che	eck all that apply	Initial return		Initial return o	of a former public charit	D 1 Foreign organiza	ations, check here
			Final return		Amended ret	urn	2 Foreign organiz	ations meeting the
_			Address char		Name change		85% test, check computation •	here and attach
H		eck type of organizati					E if private foundation	on status was terminated
$\perp$		Section 4947(a)(1) non			Other taxable pri		1	b)(1)(A), check here
ı		market value of all a			ting method. X Ca	sh Accrual	F If the foundation is	s in a 60-month termination
		ear (from Part II, col			r (specify)		under section 507(t	o)(1)(B), check here
		<b>▶\$</b> 47,05			lumn (d) must be on	cash basis )		(d) Dishursomente
L	art	Analysis of Reventotal of amounts in co.	nue and Expenses Numns (b), (c), and (	d)	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily e column (a) (see instru		)	expenses per books	income	income	purposes
_	1				40,735,369.	ATCH 1	. <u> </u>	(cash basis only)
	2	Contributions, gifts, grants, e	undation is not require	ed to	10,100,0031	111011 1		<u> </u>
	3	Interest on savings and to	Sch B		89,549.	89,549.		ATCH 2
	4	Dividends and interes	•		166,749.	166,749.		ATCH 3
		-Gross-rents				· · · · · · · · · · · · · · · · · · ·		
	b	Net rental income or (loss	<u> </u>					
9	ľ	-Net gain or (loss) from si Gross sales price for all assets on line 6a	ale of assets not on line	10	8,518,565.			
Revenue	b	Gross sales price for all assets on line 6a	建2,649,3	326.				
ě	7	assets on line 6a Capital gain net incon	ne (from Part IV, line	2) .		8,518,565.		
Œ	8 [	Net short-term capital		🗀				
	9	Income modifications Gross sales less returns	1					
,		and allowances · · ·					·····	
	l .	Less Cost of goods sold						
	l .	Gross profit or (loss) (			-55,530.	-55,530.	····	
	11	Other income (attach			49,454,702.	8,719,333.	<del></del>	<del>                                     </del>
	13	Total 'Add lines 1 thro			0	0//13/333.	<del></del>	
	ا مدا	Other employee salar						<del> </del>
Ses	15	Pension plans, employ						
Expenses	16 a	Legal fees (attach sch						
		Accounting fees (atta	ch schedule)					
<u>š</u>	C		es (attach schedule)	[*: <u> </u>	51,191.	51,191.		
Administrative	17	Interest						
nisi	18	Taxes (attach schedule) (	see instructions)ATCH	. 6 . 🖳	156,419.	5,419.		
Ē	19	Depreciation (attach s	schedule) and deple	tion .				
A	20	Occupancy						
pu	21	Travel, conferences, a	and meetings				···-	
a G	44	Printing and publicate	ons					
랿	23	Other expenses (attac	•	- 1			<del> </del>	
Operating	24	Total operating and	-		207 (10	F.C. (10)		
ŏ	1	Add lines 13 through			207,610. 9,108,414.	56,610.		0 100 414
	25	Contributions, gifts, g			9,316,024.	56,610.	·	9,108,414.
	26 27	Total expenses and disburse Subtract line 26 from		nd 25	5,510,024.	30,010.		9,108,414.
		Excess of revenue over expe		.	40,138,678.			
	!	Net investment incom		· ·	10,100,0.0.	8,662,723.	·	
	[	Adiabad ask:	(ii iiogaliio, oilei	ٽ′			<del> </del>	<del> </del>

\*ATCH 5

1 Cash - nch-interest-bearing   2 Sawings and temporary cash investments   3,239,499   30,277,212   30,281,911	·	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	E	nd of year
2 Savengs and temporary cash unwestments	L	artii	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
2 Savengs and temporary cash unwestments		1	Cash - non-interest-bearing			
Less allowance for doubtful accounts > Less allowance full allowance				3,239,499.	30,277,21	2. 30,281,911.
Less allowance for doubtful accounts ▶  4 Piedger acreavable ▶  Less allowance for doubtful accounts ▶  5 Grants receivable  6 Receivables due from officers, directors, trustess, and other disqualified persons (attach schedule) (see instructions).  7 Other notes and loans receivable (attach schedule) ▶  Less allowance for doubtful accounts ▶  8 Inventioners for sale or two schedule) ▶  10 e investments - orgorate stock (attach schedule) .  10 e investments - sorporate stock (attach schedule) .  11 investments - corporate book (attach schedule) .  12 investments - corporate book (attach schedule) .  13 investments - corporate book (attach schedule) .  14 Less accountable deprenation ▶  15 investments - sorporate stock (attach schedule) .  16 investments - sorporate stock (attach schedule) .  17 Accounts (attach schedule) .  18 Total assets (to be completed by all filers - see the natructions Allos see pege) . (am II) .  19 Cliner assets (describe ▶  10 Foundations that follow SFAS 117, check here ▶  11 Gorfard revenue .  12 London former, demonstrated .  12 Unrestructed .  13 Total liabilities (describe ▶  14 Accounts payable and accrued separetic schedule) .  15 Total assets (attach schedule) .  16 Grates payable .  17 Accounts payable and accrued separetic schedule) .  18 Grates payable .  20 Lones from offerer, democrate, fusteer, and direr dequated persons .  21 Conter liabilities (describe ▶  22 Total liabilities (describe ≯  23 Total liabilities (describe ≯  24 Demonstrated .  25 Personantly restricted .  26 Personantly restricted .  27 Foundations that do not follow SFAS 117, check here .  28 Pearls on organity sentented .  29 Personantly restricted .  20 Personantly restricted .  20 Personantly restricted .  21 Personantly restricted .  22 Personantly restricted .  23 Personantly restricted .  24 Personantly restricted .  25 Personantly restricted .  26 Personantly restricted .  27 Total liabilities and net assets frum beliances (see each of the personantly restricted .  28 Personantly restricted .  29		3	Accounts receivable ▶		_	
Piedges recevable						
Less allowance for doubtful accounts > 6 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (cliticals chacelule) (each schedule) > 1 Less allowance for doubtful accounts > 1 Solivers for side or two services of the schedule) > 1 Less allowance for doubtful accounts > 1 Less allowance for full allowance for doubtful accounts > 1 Less allowance for full allowance f		4	Pledges receivable			
S Grants receivable de from officers, directors, trustess, and other discusalified persons (affach schedule) teen instructions).  7 Other notes and loans receivable (attach schedule) ► Less allowance for doubtful accounts ► Less and deprised charges.  10 a Investments - US and state government obligators (attach schedule)			Less allowance for doubtful accounts ▶			ļ
Receivables due from officers, fursites, sustess, and other disqualified persons (attachs schedule)   Less allowance for doubtful accounts   Less allowance   Less allowanc		5				
7 Other notes and clans receivable (attach schedule) ▶ Less allowance for outbild accounts ▶ 10 Prepard expenses and deferred changes 10 Investments - Corporate stock (attach schedule) 11 Investments - Corporate stock (attach schedule) 12 Investments - Corporate stock (attach schedule) 13 Investments - Corporate stock (attach schedule) 14 Less accumulated depenses 15 Investments - Corporate stock (attach schedule) 15 Investments - Corporate stock (attach schedule) 16 Investments - Onthe (attach schedule) 17 Investments - Onthe (attach schedule) 18 Investments - Onthe (attach schedule) 19 Investments - Onthe (attach schedule) 19 College assets (describe ■ Less accumulated depenses 10 College assets (describe ■ Less accumulated depenses 10 College assets (describe ■ Less accumulated depenses 11 College assets (describe ■ Less accumulated depenses 12 College assets (describe ■ Less accumulated depenses 13 Investments - Onthe (attach schedule) 14 College assets (describe ■ Less accumulated depenses 15 College assets (describe ■ Less accumulated depenses 16 College assets (describe ■ Less accumulated depenses 17 Total labilities (add lines 17 Ihrough 22)		6				
7 Other notes and clans receivable (attach schedule) ▶ Less allowance for outbild accounts ▶ 10 Prepard expenses and deferred changes 10 Investments - Corporate stock (attach schedule) 11 Investments - Corporate stock (attach schedule) 12 Investments - Corporate stock (attach schedule) 13 Investments - Corporate stock (attach schedule) 14 Less accumulated depenses 15 Investments - Corporate stock (attach schedule) 15 Investments - Corporate stock (attach schedule) 16 Investments - Onthe (attach schedule) 17 Investments - Onthe (attach schedule) 18 Investments - Onthe (attach schedule) 19 Investments - Onthe (attach schedule) 19 College assets (describe ■ Less accumulated depenses 10 College assets (describe ■ Less accumulated depenses 10 College assets (describe ■ Less accumulated depenses 11 College assets (describe ■ Less accumulated depenses 12 College assets (describe ■ Less accumulated depenses 13 Investments - Onthe (attach schedule) 14 College assets (describe ■ Less accumulated depenses 15 College assets (describe ■ Less accumulated depenses 16 College assets (describe ■ Less accumulated depenses 17 Total labilities (add lines 17 Ihrough 22)			disqualified persons (attach schedule) (see instructions)			
Less allowance for adoubtful accounts   ■		7				
1						1
9   Prepared expenses and deferred charges   10   a investments - Carporate bonds (attach schedule)   9,966,933   10,077,369   15,599,113   1,175,252   1,175,2	ţ	8				
b Investments - corporate bonds (attach schedule) 9, 9, 966, 933. 10, 077, 369. 15, 599, 113.  c Investments - corporate bonds (attach schedule) 1, 261, 818. 1, 136, 834. 1, 175, 252.  li Investments - corporate bonds (attach schedule) 1, 261, 818. 1, 136, 834. 1, 175, 252.  li Investments - mortgage loans 1, 1, 136, 834. 1, 175, 136.  li Investments - mortgage loans 1, 1, 136, 183. 1, 136, 183. 1, 137, 137, 137, 137, 137, 137, 137, 1	Se					
b investments - corporate stock (etlatch schedule)	Ä	10 a				
to Investments - corporate bonds (attach schedule) 1,261,818 1,136,834 1,175,252 1 1 Investments - land, buildings. and equipment basis (attach schedule) 12 Investments - time (attach schedule) 13 Investments - time (attach schedule) 14 Land, buildings, and equipment basis (attach schedule) 15 Cibre rassist (describe				9,966,933.	10,077,36	9. 15,599,113.
Investments : End. buildings, and according to proceed the complete interest schedule)    Investments : mortgage loans				1,261,818.		
Investments - mortgage loans		11	Investments - land, buildings, and equipment basis  Less accumulated depreciation			
13   Investments - other (attach schedule)		12	· · · · · · · · · · · · · · · · · · ·			
Land, buildings, and   Land, and and   L			Investments - other (attach schedule)			
Less accumulated depreciation   (altates schedule)   15 Olther assets (describe		14	Land, buildings, and			
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)			Less accumulated depreciation			
16		15	Other assets (describe )			
17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶		16				
17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶			instructions Also, see page 1, item !)	14,468,250.	41,491,41	5. 47,056,276.
18 Grants payable 99 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (ded lines 17 through 22)		17		T		
19 Deferred revenue 20 Loans from officers, directors, frustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶  23 Total liabilities (add lines 17 through 22)		18				
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule)  22 Other liabilities (describe ► )  23 Total liabilities (add lines 17 through 22)	Ş	l				<del>-  </del>
23 Total liabilities (add lines 17 through 22)	ij	20				$\neg$
23 Total liabilities (add lines 17 through 22)	abi	21	•			$\neg$
Total liabilities (add lines 17 through 22)	Ξ	22				
Foundations that follow SFAS 117, check here					-	<del>-</del>
and complete lines 24 through 26 and lines 30 and 31.  Unrestricted Temporarily restricted		23	Total liabilities (add lines 17 through 22)	0		d
and complete lines 24 through 26 and lines 30 and 31.  Unrestricted Temporarily restricted			Foundations that follow SFAS 117, check here			
Permanently restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   Capital stock, trust principal, or current funds  Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see instructions)  Total llabilities and net assets/fund balances (see instructions)  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  ATCH 7  ATCH 7  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   X  14, 468, 250. 41, 491, 415.  41, 491, 415.  41, 468, 250. 41, 4	Ø					
Permanently restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   Capital stock, trust principal, or current funds  Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see instructions)  Total llabilities and net assets/fund balances (see instructions)  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  ATCH 7  ATCH 7  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   X  14, 468, 250. 41, 491, 415.  41, 491, 415.  41, 468, 250. 41, 4	ဥ	24	Unrestricted			
Permanently restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   Capital stock, trust principal, or current funds  Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see instructions)  Total llabilities and net assets/fund balances (see instructions)  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  ATCH 7  ATCH 7  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   X  14, 468, 250. 41, 491, 415.  41, 491, 415.  41, 468, 250. 41, 4	ala I	25				
Total net assets or fund balances (see instructions)	ä	26	Permanently restricted			
Total net assets or fund balances (see instructions)	Ĕ					
Total net assets or fund balances (see instructions)	ī					
Total net assets or fund balances (see instructions)	o	27				
Total net assets or fund balances (see instructions)	set	28				
Total net assets or fund balances (see instructions)	Asi	29		14,468,250.	41,491,41	5.
Instructions)	et	30	- · · · · · · · · · · · · · · · · · · ·	14,468,250.		<del></del>
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  ATCH 7  5 13,115,513	Z	31				
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  ATCH 7  5 13,115,513			instructions)	14,468,250.	41,491,41	.5.
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ►  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ►  ATCH 7  5 13,115,513		art II				<del></del>
end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  ATCH 7  1 14, 468, 250. 2 40, 138, 678. 3 4 54,606,928. 5 13,115,513.					(must agree with	
2 Enter amount from Part I, line 27a       2 40,138,678         3 Other increases not included in line 2 (itemize) ▶       3         4 Add lines 1, 2, and 3       4 54,606,928         5 Decreases not included in line 2 (itemize) ▶       ATCH 7       5 13,115,513				• •	`	1 14,468,250.
3 Other increases not included in line 2 (itemize) ►  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ►  ATCH 7  5 13,115,513.	2	Ente	r amount from Part I, line 27a	• • • • • • • • • • • • • • •	• • • • • • • •	
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (flemize) ► ATCH 7 4 54,606,928 5 13,115,513	3	Othe	r increases not included in line 2 (domize)			<del></del>
5 Decreases not included in line 2 (itemize) ► ATCH 7 5 13,115,513.						<del></del>
				• • • • • • • • • • • • • • •	· · · · · · · · · -	
					), line 30	6 41,491,415.

Page 3

(a) List and	and Losses for lax on Inventor of the kind(s) of property sold (continued in the kind(s) of property sold (continued in the kind(s) of common stock, 200 section (s) and the kind (s) and the kin	e g , real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a SEE PART IV SCHE	·		B BOMBBOM		
b					
С					
d					
е		<del></del>		<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b			<u> </u>		
<u>C</u>	·- ·-		<u> </u>		<del></del>
d			l		
Complete only for assets	showing gain in column (h) and owner	d by the foundation on 12/31/60			<u> </u>
(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		Gains (Col. (h) g (k), but not less i Losses (from co	than -0-) <b>or</b>
a	<del></del>				
b			<u> </u>	·	
С					
d					
е					
2 Capital gain net income or		gain, also enter in Part I, line 7		0	E10 ECE
2. Not short torm conital gair	r ا or (loss) as defined in sections 12	(loss), enter -0- in Part I, line 7	2	- 8,	518,565.
• •	rt I, line 8, column (c) (see insti		]		
<del>-</del>			3		0
Part V Qualification		duced Tay on Net Investment Is			<u> </u>
	the section 4942 tax on the distrib		ase perio	d?	Yes X No
	ount in each column for each year		any entr	105	
(a)	(b)		any criti	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	atro
2011	7,545,849.	14,739,803.		(oor (b) arriada b)	0.511937
2010	5,154,862.	12,559,175.			0.410446
2009	4,912,874.	14,262,513.			0.344461
2008	5,740,600.	20,336,538.			0.282280
2007	3,650,105.	18,926,987.			0.192852
2 Total of line 1, column (d)			2		1.741976
-	for the 5-year base period - divide dation has been in existence if less		3		0.348395
4 Enter the net value of nor	ncharitable-use assets for 2012 fro	m Part X, line 5	4	17,	717,967.
5 Multiply line 4 by line 3			5	6,	172,851.
6 Enter 1% of net investme	int income (1% of Part I, line 27b)		6		86,627.
			7	6,	259,478.
	ons from Part XII, line 4		8		108,414.
If line 8 is equal to or gr Part VI instructions	eater than line 7, check the box i	n Part VI, line 1b, and complete t			

	1	•
Form	990-PF	(2012)

,			
THE	FOGERIEY	FAMTLY	FOUNDATION

) <b>—</b> ]	Я	67	7	n	q		

Dan	_	4

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ctions	s)
1 a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1 )			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		86,	627.
	here X and enter 1% of Part I, line 27b		-	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		_	
3	Add lines 1 and 2		86,6	627.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		86,6	627.
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 89,356.			
b	Exempt foreign organizations - tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c 45,000.			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		134,3	356.
8	Enter any penalty for underpayment of estimated tax. Check here X 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 overpaid.		47,	729.
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 47,729. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
	definition)?	1b		x
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$(2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers ▶\$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict.			
	with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MA,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
-	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses ATCH 8	10	Х	

_	•			
Form 990-PF (2012)	THE	EDGERLEY	FAMILY	FOUNDATION

20-1	8	67	7	0	9
------	---	----	---	---	---

Dona I	

Pai	t 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)			<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		Х	
14	The books are in care of ▶ PAUL EDGERLEY  Located at ▶119 HYSLOP ROAD BROOKLINE, MA  ZIP+4 ▶ 02445	-222	2	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	-	Yes	No
		4.0		X
	over a bank, securities, or other financial account in a foreign country?	16		
	the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
1 (4)			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	NO
18	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No	•		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days ) Yes X No			
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	,		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2012?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2012?			
	if "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	İ		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b		Х
(	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3 8	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
ı	olf "Yes," did it have excess business holdings in 2012 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 2012)	2.		1
A -	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		Х
		_4a		- ^
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	,		x
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	O DE	(2012)

Form	990-PF	(2012)

-orm	990-PF (2012) THE EDGERLEY	FAMILY FOUNDA	TION	2	0-1867709	Page <b>6</b>
	VIJ-B Statements Regarding Activities f					
	During the year did the foundation pay or incur any amount		y	100/////		
Ja	(1) Carry on propaganda, or otherwise attempt to influe		14045(e)\2	Yes X	] No	
	(2) Influence the outcome of any specific public ele	•	,		, 40	
	• • • • • • • • • • • • • • • • • • • •	•	•		1	
	directly or indirectly, any voter registration drive?			·	1 <sup>™</sup>	
	(3) Provide a grant to an individual for travel, study, or o				JNo	ļ
	(4) Provide a grant to an organization other than a		<b>-</b>		,	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?				No	
	(5) Provide for any purpose other than religious, c	·	•		,	
	purposes, or for the prevention of cruelty to children				No	
þ	If any answer is "Yes" to 5a(1)-(5), did any of the			xceptions describe	d in	
	Regulations section 53 4945 or in a current notice regard				<u>   5b  </u>	
	Organizations relying on a current notice regarding disas	ster assistance check h	nere		. ▶∟_	
C	If the answer is "Yes" to question 5a(4), does the		•		,	
	because it maintained expenditure responsibility for the g	grant?		. Yes X	No	
	If "Yes," attach the statement required by Regulations see	ction 53 4945-5(d)				
6a	Did the foundation, during the year, receive any fun	•			,	
	on a personal benefit contract?			Yes X	No	
þ	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct?	6b	X
	If "Yes" to 6b, file Form 8870				,	
	At any time during the tax year, was the foundation a pa	•	•	. — —	No .	
	If "Yes," did the foundation receive any proceeds or have				7b	
Pa	Information About Officers, Directors and Contractors	s, Trustees, Foun	dation managers,	Highly Paid En	npioyees,	
1	List all officers, directors, trustees, foundation			instructions).		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred compensa	s (e) Expense	
ATO	Н 9				d	0
				<u> </u>		
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin		-	ne, enter
(a	Name and address of each employee paid more than \$50,000	(b) Title, and everage hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense	account, vances
	NONE					
					<del></del>	
		-				

Form **990-PF** (2012)

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



•	THE EDGERLEY FAMILY FOUNDATION	20-1	367709
orm 990-PF	<del></del>		Page
art VIII	Information About Officers, Directors, Trustees, Foundation Mai and Contractors (continued)	nagers, Highly Paid Employ	ees,
3 Five	highest-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	·		
	·		
tal numb	er of others receiving over \$50,000 for professional services	<u></u>	
art IX-A			
	ndation's four largest direct charitable activities during the tax year. Include relevant statistica s and other beneficiaries served, conferences convened, research papers produced, etc	al information such as the number of	Expenses
1 N/A			
2			
3			
4			
		·	
Part IX-B			
	e two largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
1 NONE			

Form 990-PF (2012)

3 NONE

All other program-related investments. See instructions

Total. Add lines 1 through 3 . . . . . . . .

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	10,020,956.
b	Average of monthly cash balances	1b	5,856,070.
C	Fair market value of all other assets (see instructions)	1c	2,110,758.
d		1d	17,987,784.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	3	17,987,784.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	269,817.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,717,967.
6	Minimum investment return. Enter 5% of line 5	6	885,898.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this	part.)	
1	Minimum investment return from Part X, line 6	1	885,898.
2 a	Tax on investment income for 2012 from Part VI, line 5 2a 86,627.		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2012. (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	86,627.
3	Distributable amount before adjustments. Subtract line 2c from line 1		799,271.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4		799,271.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		<del> </del>
	line 1	7	799,271.
		<del></del>	
Pá	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	9,108,414.
b	Program-related investments - total from Part IX-B	1b	
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<del> </del>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	9,108,414.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	86,627.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,021,787.
_	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.	.coloding W	notific the foundation



Form 990-PF (2012) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (d) Years prior to 2011 2011 2012 Corpus Distributable amount for 2012 from Part XI, 799,271. Undistributed income, if any, as of the end of 2012 Enter amount for 2011 only Total for pnor years 20 10 20 09 20 08 Excess distributions carryover, if any, to 2012 From 2007 . . . . . . 2,863,546. From 2008 . . . . . . 4,746,123. From 2009 . . . . . . 4,201,914. 4,547,255. From 2010 . . . . . . From 2011 . . . . . . 7,036,731. 23,395,569. Total of lines 3a through e . . . . . . . . . . . . Qualifying distributions for 2012 from Part XII, line 4 ► \$ 9,108,414. a Applied to 2011, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . . 799,271. Applied to 2012 distributable amount . . . . . 8,309,143. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 31,704,712. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . . . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 ......... Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) 2,863,546. Excess distributions carryover to 2013. 28,841,166. Subtract lines 7 and 8 from line 6a . . . . . . . 10 Analysis of line 9 4,746,123. a Excess from 2008 . . . 4,201,914. b Excess from 2009 . . . 4,547,255. Excess from 2010 . . . d Excess from 2011 . . . 7,036,731. 8,309,143 e Excess from 2012 . . .

Form 990-PF	(2012)

TT 1 1 TT	COCCOLEN	DANATES	FOUNDATION
T H H	P. I H = P. R. L. P. Y	F AIVI I I.Y	FOR HOLDAR TELEVISION

20-1867709	Page 10
20 1007703	raye i

Pa	rt XIV Private Oper	rating Foundations (	see instructions ar	d Part VII-A, question	n 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter th	at it is a private opera	ating	
	foundation, and the ruling	g is effective for 2012, e	nter the date of the ruling	9	. •	
b	Check box to indicate wh				4942(յ	)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(a) Tatal
24	justed net income from Part	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	exempt activities Subtract line					
3	2d from line 2c			·		-
а	alternative test relied upon "Assets" alternative test - enter					
•	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(ı)					
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	<ol> <li>Total support other than gross investment income (interest, dividends, rents,</li> </ol>	:				
	payments on secunties loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(III)					
	(3) Largest amount of sup- port from an exempt					
	organization (4) Gross investment income			<del>                                     </del>	<u> </u>	
Pa		ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
	at any time of	during the year - see	e instructions.)	· · · · · · · · · · · · · · · · · · ·	•	
1	Information Regarding	-		ra than 20/ of the tota	l contributions recons	ad by the foundation
а	List any managers of before the close of any			more than \$5,000). (S		ed by the roundation
	N/A				···	
þ	List any managers of					large portion of the
	ownership or a partner	ramp or other entity) of	windi the foundatio	n has a 10% or greater	unterest	
	NI / 7					
2	N/A Information Regardin	g Contribution Grant	Gift Loan Scholars	hin etc Programs:		
-		=		to preselected charm	table organizations a	nd does not accent
				ants, etc. (see instruct		
	other conditions, comp			•	•	
а	The name, address, a	nd telephone number	or e-mail of the pers	on to whom applications	s should be addressed	- <del> </del>
b	The form in which app	lications should be sul	omitted and informat	ion and materials they	should include	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Any submission deadle	ines.				
_	,					
d	Any restrictions or li	mitations on awards,	such as by geogr	aphical areas, charita	ble fields, kinds of i	nstitutions, or other
	factors.					

Form 990-PF (2012) Page 11 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 | Purpose of grant contribution | Purpose of grant contri Purpose of grant or contribution Amount a Paid during the year ATCH 10 9,108,414. **b** Approved for future payment

20-1867709

Part XVI-A Analysis of Income-Produ  Enter gross amounts unless otherwise indicated	1	ated business income	Excluded by	section 512, 513, or 514	(e)
-	(a) Business code	(b) Amount	(c)	(d) Amount	Related or exempt function income
1 Program service revenue	0000	Amount	Exclusion code	Amount	(See instructions)
a					·
b					
c					
d					
e					
f			_		
g Fees and contracts from government agencies					
2 Membership dues and assessments			1.4	00.540	
3 Interest on savings and temporary cash investments			14	89,549.	
4 Dividends and interest from securities			14	166,749.	<del></del>
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property			10		
7 Other investment income			18	<u>-55,530.</u>	
8 Gain or (loss) from sales of assets other than inventory			18	8,518,565.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					· · · · · · · · · · · · · · · · · · ·
b					
C					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				8,719,333.	
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calci				13	8,719,333.
Explain below how each activit accomplishment of the foundation					
		· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·		
	···				

Part !	XVII	Information R Exempt Organ		ansfers To an	d Transacti	ions a	nd Relation	ships With Non	chari	table	•
		organization direct	ly or indirectly		· ·	-	-			Yes	No
0	rganız	ations?	•	. , ,	, •	•		· ·	1		
a T	ransfe	ers from the reporting	g foundation to	a noncharitable	exempt organ	ization i	of.		-		
(,	1) Cas	ከ							1a(1)		X
(:	2) Oth	er assets							1a(2)		X
		ransactions:									
(	1) Sale	es of assets to a no	ncharitable exe	mpt organization					1b(1)		X
(:	2) Pur	chases of assets fro	om a noncharit	able exempt organ	nization				1b(2)		X
(:	3) Rer	ital of facilities, equi	ipment, or othei	assets					1b(3)		X
(4	4) Rei	mbursement arrang	ements						1b(4)		X
( :	<b>5)</b> Loa	ns or loan guarantee	es						1 b (5)		X
		formance of service							1b(6)		X
		of facilities, equipm							1c	لـــــا	X
								should always show			
								lation received less s, other assets, or s			
		(b) Amount involved	<del></del>	noncharitable exempt		,		fers, transactions, and sha			
(a) Line	: 110	N/A	(C) Name of	nonchantable exempt	organization	N/A		lers, transactions, and sna	ing ana	ingerner	its
	-+	14/ A			<u>-</u>	IV/ II					
						-					
-		· · · · · · · · · · · · · · · · · · ·				· · · · · ·					
								•			
			<u> </u>			<u> </u>					
2a Is	the t	foundation directly	or indirectly at	filiated with, or r	related to, on	e or m	ore tax-exemp	t organizations	<u>-</u>		_
d	escrib	ed in section 501(c)	of the Code (c	ther than section	501(c)(3)) or	ın sect	on 527?	l	Y	es X	No
<b>b</b> _lf	"Yes,	" complete the follo	wing schedule				r				
		(a) Name of organization	n	(b) Type	of organization			(c) Description of relations	hib		
					· · · · · · · · · · · · · · · · · · ·			······································			
										······	
				· .							
	11-4		are that I have even	and the rate and advan		-badulan n	nd statements and	to the best of my beautage		aluat et	
Sign	correct	, and complete Declaration o	f preparer (other than	taxpayer) is based on all in	nformation of which	preparer ha	nd statements, and as any knowledge	to the best of my knowledg	je and t	Jeler, It	is true
		10 10 1	Chia a.	1 1/10/	1.3	_		• •	discus		retum
Here	Sign	ature of officer or trustee	cogney	Date		Title	rustee		eparer	л г	below
	Jaign	atore or officer or trustee	- 0	Date		17410		(see instruction	a)t 🔽	Yes	No
	_L	Print/Type preparer's	name	Peparer's sign	natyre		Date	Check If	PTIN		
Paid		JOHN G. HENDE		Hortica	elus		11/5/	self-employed	P009	7057	2
Prepa	arer		RICEWATERHO	USECOOPERS I	LLP			Firm's EIN ▶13-4			
Use (	Only	Firm's address ▶ 12									
`	•	·	STON, MA			0	2110	Phone no 617-5	30 <b>-</b> 5	384	

## 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.

OMB No 1545-0047

201**2** 

Name of the organization Employer identification number THE EDGERLEY FAMILY FOUNDATION 20-1867709 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (11) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$5,000 or more during the year ..... > \$\_\_\_\_\_\_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2012)

Employer Identification number 20-1867709

Name of organization	THE	EDGERLEY	FAMILY	FOUNDATION	_

	Contributors (see instructions). Use duplicate copies of	Part I il additional space is fleet	300.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	PAUL AND SANDRA EDGERLEY		Person X
	119 HYSLOP ROAD	\$583,994.	Payroll X
	BROOKLINE, MA 02445		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	PAUL AND SANDRA EDGERLEY		Person X
	119 HYSLOP ROAD	\$ <u>3,640,818.</u>	Payroll X
	BROOKLINE, MA 02445		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	PAUL AND SANDRA EDGERLEY		Person X
	119 HYSLOP ROAD	\$594,569.	Payroll X
	BROOKLINE, MA 02445		(Complete Part II if there is a noncash contribution)
/-1			
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4		Type of contribution
No.	Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY	Total contributions	Person X Payroll
No.	Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD	Total contributions	Person X Payroll X (Complete Part II if there is
No. 4	Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445  (b)	Total contributions \$ 2,452,121 (c)	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a)	Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445  (b) Name, address, and ZIP + 4	Total contributions \$ 2,452,121 (c)	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution
(a)	Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445  (b) Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY	Total contributions  \$ 2,452,121 (c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll  X
(a)	Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445  (b) Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD	Total contributions  \$ 2,452,121 (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is
(a) No.	Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445  (b)  Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445  (b)	Total contributions  \$2,452,121 (c) Total contributions  \$5,417,022 (c)	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution)  (d) Type of contribution  Person  A  (Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445  (b) Name, address, and ZIP + 4  PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445  (b) Name, address, and ZIP + 4	Total contributions  \$2,452,121 (c) Total contributions  \$5,417,022 (c)	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution)

lame of organization	THE	EDGERLEY	FAMIL	Y F	TADNUC	ION

Employer identification number 20-1867709

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ied.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445	\$2,390,776.	Person X Payroll X Noncash X  (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _	PAUL AND SANDRA EDGERLEY  119 HYSLOP ROAD  BROOKLINE, MA 02445	\$25,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization THE EDGERLEY FAMILY FOUNDATION

Employer identification number 20-1867709

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

raitii		art ii ii additional space is nee	deu.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	15,619 SHS FLEETCOR TECHNOLOGIES	\$583,994.	_03/13/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2_	121,848 SHS DUNKIN BRANDS	\$3,640,818.	_03/29/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3_	15,320 SHS FLEETCOR	\$594,569.	_06/07/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4_	173,971 SHS WARNER CHILCOTT	\$2,452,121.	_09/05/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5_	434,753 SHS NEWSTAR FINANCIAL	\$5,417,022.	_10/15/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6_	12,624 SHS FLEETCOR	\$656,069.	_11/27/2012
		<u>l</u>	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization THE EDGERLEY FAMILY FOUNDATION

Employer identification number

20-1867709

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	ded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	78,631 SHS SENSATA	2 200 776	12/11/2012
		\$2,390,776.	_12/11/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	I		

Employer identification number

20-1867709

Part III	Exclusively religious,	charitable, etc.,	individual contributions	to section 501(c)(7)	, (8), or (10) organizations	3
			ear. Complete columns (a			

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of \$1,000 or less for the year. (Enter this information once See instructions) > \$ |

_ '	use duplicate copies of Part III if addition	onai space is neede	a.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	· —————	(d) Description of how gift is held
		(e) Transf	er of nift	
		(e) Trailsi	er or gift	
	Transferee's name, address, an	id ZIP + 4	Relatio	nship of transferor to transferee
			<b></b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
		· <b></b>		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
		- <b></b>		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee

20-1867709

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P		INS AND LO	Description				Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
expenses of sale	allowable	TOTAL CAPITA			auj basis		102,554.	
80,000.		GS ACCT #010	0-43350-6				02/28/2011	09/07/2012
88,048.		GS ACCT #010 81,310.	)-43351-4				VARIOUS 6,738.	VARIOUS
866,857.		GS ACCT #010 824,347.	0-43351-4				VARIOUS 42,510.	VARIOUS
68,613.		GS ACCT #010 76,408.	0-44901-5				VARIOUS -7,795.	VARIOUS
62,057.		GS ACCT #010 81,544.	0-44901-5				VARIOUS -19,487.	VARIOUS
169,893.		GS ACCT #010 133,260.	0-44901-5				VARIOUS 36,633.	VARIOUS
97,252.		GS ACCT #010 91,684.	0-44907-2				VARIOUS 5,568.	VARIOUS
		GS ACCT #010	0-44907-2 D	ISALLOWED L	OSSES		VARIOUS 609.	VARIOUS
61,880.		GS ACCT #010 66,732.	0-44907-2				VARIOUS -4,852.	VARIOUS
		GS ACCT #010	0-44907-2 D	ISALLOWED L	OSSES		VARIOUS 200.	VARIOUS
71,545.		GS ACCT #010 68,380.	0-44907-2				VARIOUS 3,165.	VARIOUS
147,405.		GS ACCT #010 149,321.	0-73957-1				VARIOUS -1,916.	VARIOUS

20-1867709

THE EDGERLEY FAMILY FOUNDATION FORM 990-PF - PART IV

Kınd of F	Property Description		Description				operty Description			or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	· <u></u>				
979,724.		GS ACCT #01	.0-73957-1			V.	ARIOUS -42,296.	VARIOUS				
		GS ACCT# 01	.0-73957-1 R	ECLASSED TO	ORD GA	V.	ARIOUS 1,916.	VARIOUS				
		GS ACCT# 01	.0-73957-1 R	ECLASSED TO	ORD GA	V.	ARIOUS 42,296.	VARIOUS				
562,596.		15,619 SHS 81,219.	FLEETCOR			0	6/29/2005	03/16/20				
3,468,708.		121,848 SHS	DUNKIN BRA	NDS			6/01/2006 ,911,508.	04/05/20				
565,102.		15,320 SHS 79,664.	FLEETCOR			0	6/29/2005	06/15/20:				
2,279,020.		173,971 SHS	WARNER CHI	LCOTT			1/18/2005	09/11/20				
655,312.		12,624 SHS 65,645.	FLEETCOR			0	6/29/2005 589,667.	12/03/20				
2,322,760.		78,631 SHS 543,077.	SENSATA				4/27/2006	12/17/20				
TAL GAIN(L	oss)					8	,518,565.					
		,										

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

_	1
E	4
Z	1
-	;
TNEMENT	1
Ċ	į
۲	3
եվ	1
۵	:

DATE SUPPORT	DGERLEY 03/13/2012 583,994.	DGERLEY 03/29/2012 3,640,818.	DGERLEY 06/07/2012 594,569.	DGERLEY 09/05/2012 2,452,121.	DGERLEY 10/15/2012 5,417,022.	DGERLEY 11/27/2012 656,069.
NAME AND ADDRESS	PAUL AND SANDRA EDGERLEY	PAUL AND SANDRA EDGERLEY	PAUL AND SANDRA EDGERLEY	PAUL AND SANDRA EDGERLEY	PAUL AND SANDRA EDGERLEY	PAUL AND SANDRA EDGERLEY
	119 HYSLOP ROAD	119 HYSLOP ROAD	119 HYSLOP ROAD	119 HYSLOP ROAD	119 HYSLOP ROAD	119 HYSLOP ROAD
	BROOKLINE, MA 02445	BROOKLINE, MA 02445	BROOKLINE, MA 02445	BROOKLINE, MA 02445	BROOKLINE, MA 02445	BROOKLINE, MA 02445

ATTACHMENT 1 (CONT'D)

ATTACHMENT 1

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	12/11/2012	2,390,776.
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	12/21/2012	25,000,000.
	TOTAL CONTRIBUTION AMOUNTS	40,735,369.

# FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	5,897. 1,763. 66. 21. 89,819. -8,017.
REVENUE AND EXPENSES PER BOOKS	5,897. 1,763. 66. 21. 89,819. -8,017.
DESCRIPTION	GOLDMAN SACHS 010-43350-6 GOLDMAN SACHS 010-43351-4 GOLDMAN SACHS 010-44901-5 GOLDMAN SACHS 010-44907-2 GOLDMAN SACHS 010-73957-1 GOLDMAN SACHS 010-73957-1

# FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

	NET	INVESTMENT	INCOME	140,167.	20,808.	138.	5,636.	166,749.
REVENUE	AND	EXPENSES	PER BOOKS	140,167.	20,808.	138.	5,636.	 166,749.
								TOTAL
			DESCRIPTION	GOLDMAN SACHS 010-43351-4	GOLDMAN SACHS 010-44901-5	GOLDMAN SACHS 010-44903-1	GOLDMAN SACHS 010-44907-2	

## FORM 990PF, PART I - OTHER INCOME

	GAIN
	ORD.
	1
	010-73957-1
rion	SACHS
DESCRIPTION	GOLDMAN

TOTALS

	NET	INVESTMENT	INCOME	55,530.	-55,530.
10 17 7 717	AND	EXPENSES	PER BOOKS	-55,530,	-55,530

## PART I - OTHER PROFESSIONAL FEES FORM 990PF,

NET INVESTMENT INCOME	51,191.	
REVENUE AND EXPENSES PER BOOKS	51,191.	
Z	SOLDMAN SACHS MGT FEES TOTALS	
DESCRIPTION	GOLDMAN SAC	

ATTACHMENT 5

REVENUE AND EXPENSES PER BOOKS	4,919. 500. 115,000. 36,000.	156,419.
DESCRIPTION	FOREIGN TAXES PAID MASS. FORM PC FILING FEE FEDERAL EXTENSION PAYMENT FEDERAL ESTIMATED TAX PAYMENT	TOTALS

4,919. 500.

NET INVESTMENT INCOME

5,419.

## FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

UNREALIZED GAIN ON CONTRIBUTIONS REC'D

13,115,513.

AMOUNT

TOTAL

13,115,513.

THE EDGERLEY FAMILY FOUNDATION

FORM 990PF, PART VII-A, LINE 10 - NEW SU	SUBSTANTIAL CONTRIBUTORS	RIBUTORS
NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	03/13/2012	583,994.
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	03/29/2012	3,640,818.
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	06/07/2012	594,569.
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	09/05/2012	2,452,121.
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	10/15/2012	5,417,022.
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	11/27/2012	.690,069
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	12/11/2012	2,390,776.
PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	12/21/2012	25,000,000.
TOTAL CONTRIBUTION AMOUNTS	· γ	40,735,369.

	0	0
	0	0
	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE	TRUSTEE
NAME AND ADDRESS	PAUL EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445

GRAND TOTALS

## FORM 930PE, PART XV - GRANTS AND CONTRIBUTIONS PAIN MIRING THE YEAR

RELATIONSHIP TC	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS FOUNDATION	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DELTA UPSILON INTERNATIONAL		CHARITABLE	62,500
8705 FOUNDERS ROAD			
INDIANAPOLIS, IN 46268			
CATHOLIC SCHOOL FOUNDATION		CHARITABLE	000,09
260 FRANKLIN STREET			
SUITE 630			
BOSTON, MA 02110			
UNITED WAY OF MASSACHUSETTS BAY & MERRIMACK VALLEY		CHARITABLE	283, 333.
51 SLEEPER STREET			
BOSTON, MA 02210			
ACCESS		CHARITABLE	10,000
675 MASSACHUSETTS AVENUE			
CAMBRIDGE, MA 02139			
PERKINS SCHOOL FOR THE BLIND		CHARITABLE	20,000
175 NORIH BEACON STREET			
MATERTOWN, MA 02472			
WGBH		CHARITABLE	10,000.
ONE GUEST STREET			
BRIGHTON, MA 02135			

3.01:26 PM

ATTACHMENT 10 (CONT'D)

400,000

AMOUNT

2,000,000

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT						
RECIPIENT NAME AND ADDRESS	NEW PROFIT INC. 2 CANAL PARK	CAMBRIDGE, MA UZ141 KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVENUE, SUITE 500 MANHATTAN, KS 66502-2911	ISABELLA STEWART GARDNER MUSEUM 280 THE FENNAY BOSTON, MA 02115	MUSEUM OF FINE ARTS, BOSTON 465 HUNTINGTON AVENUE BOSTON, MA 02115-5597	BE THE CHANGE INC 2 CANAL PARK CAMBRIDGE, MA 02141	INITIATIVE FOR A COMPETETIVE INNER CITY 200 HIGH STREET, FLOOR 3 BOSTON, MA 02116

50,000

50,000

200,000.

50,000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 10 (CONT'D)

AMOUNT	25,000	200,000.	25,000	. 550, 000.	1,215,000	150,000.
PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARLTABLE	CHARITABLE
AND FOUNDATION STATUS OF RECIPIENT						
RECIPIENT NAME AND ADDRESS	CAMP HARBOR VIEW FOUNDATION 200 CLARENDON STREET, 60TH FLOOR BOSTON, MA 02116	CITY YEAR 287 COLUMBUS AVENUE BOSTON, MA 02116	MOTHER CAROLINE ACADEMY & EDUCATION CENTER 515 BLUE HILL AVENUE DORCHESTER, MA 02121	THE MEADOWBROOK SCHOOL 10 FARW ROAD WESTON, MA 02493	BOYS & GIRLS CLUBS OF BCSTON 50 CONGRESS STREET, SUITE 730 BOSTON, MA 02109	RIGHT TO PLAY PIER 62, SUITE 303 NEW YORK, NY 10011

3:01.26 PM

ATTACHMENT 10 (CONT'D)

RELATIO	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119		CHARITABLE	105,000.
THE STEPPINGSTONE FOUNDATION 155 FEDERAL STREET, SUITE 800 BOSTON, MA 02110		CHARITABLE	10,000
THE CARTER CENTER ONE COPENHILL 453 FREEDOM PARKWAY ATLANTA, GA 30307		CHARITABLE	25,000.
CHILDREN'S HOSPITAL - BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115		CHARITABLE	200, 000
ASIAN TASK FORCE AGAINST DOMESTIC VIOLENCE P.O. BOX 120108 BOSTON, MA 02012		CHARITABLE	5,000.
NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION ONE PATRIOT FLACE FOXBOROUGH, MA 02035		CHARITABLE	25,000

ATTACHMENT 10 (CONT'D) 140,000. 190,622. 130,000. 25,000 10,000 25,000 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARTIABLE CHARITABLE RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT MASS SOCIETY OF PREVENTION FOR CRUELTY TO CHILDREN ST. SAVA SERBIAN ORTHODOX CHURCH BOSTON BRIDGE OVER TROUBLED WATERS RECIPIENT NAME AND ADDRESS 41 ALEWIFE BROOK PARKWAY BERKLEE COLLEGE OF MUSIC 1140 BOYLSTON STREET CAMBRIDGE, MA 02140 PO BOX 2669, DEPT W FORM 990PF, PART XV PORTLAND, OR 97208 38 EVERETT STREET BOSTON, MA 02115 BOSTON, MA 02134 BOSTON, MA 02111 99 SUMMER STREET BOSTON, MA 02110 47 WEST STREET MERCY CORPS TENACITY

CONTRIBUTOR
KELATIONSHIP TO SUBSTANTIAL CONTRI
RELATIONSHIP

RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118		CHARITABLE	10,000
ALZHEIMERS DRUG DISCOVERY FOUNDATION 57 WEST 57TH STREET, SUITE 904 NEW YORK, NY 10019		CHARITABLE	5,000.
ROSIE'S PLACE 889 HARRISON AVENUE BOSTON, MA 02118		CHARITABLE	10,000
MIDDLESEX MAGIC PROGRAM 225 TRAPELO ROAD BELMONT, MA 02478		CHARITABLE	5,000.
YEAR UP 93 SUMMER STREET, 5TH FLOOR BOSTON, MA 02110		CHARITABLE	275,000.
GATEWAY ARTS 60-62 HARVARD STREET BROOKLINE, MA 02445		CHARITABLE	2,500.

CORM 990PF, PART XV

20,000

CHARITABLE

600,000.

CHARITABLE

ATTACHMENT 10 (CONT'D)

28,000.

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

CHARITABLE

35,000

CHARITABLE

10,000

CHARITABLE

10,000

CHARITABLE

ATTACHMENT 10

3.01.26 PM

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 10

	PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE		CHARITABLE			CHARITABLE			CHARITABLE			CHARLTABLE			CHARITABLE		
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT																	
	RECIPIENT NAME AND ADDRESS	BIG SISTER ASSOCIATION OF GREATER BOSTON 161 MASSACHUSETTS AVENUE	BOSTON, MA 02115	NOBLE AND GREENOUGH SCHOOL	10 CAMPUS DRIVE	DEDHAM, MA 02026	CITIZEN SCHOOLS	308 CONGRESS ST, STH FLOOR	BOSTON, MA 02210	PAN MASS CHALLENGE	77 FOURTH AVENUE	NEEDHAM, MA 02494	INSTITUTE OF CONTEMPORARY ART	100 NORTHERN AVENUE	BOSTON, MA 02210	BELL FOUNDATION	60 CLAYTON STREET	DORCHESTER, MA 02122

500,000.

10,000

20,000

AMOUNT

110,000.

9,125

10,000

## FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	IUTION	25,000.	15,000	10,000	125,000	10,000	100,000
	PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND FOUNDATION STATUS OF RECIPIENT						
	RECIPIENT NAME AND ADDRESS	MASS EYE AND EAR FOUNDATION 243 CHARLES STREET BOSTON, MA 02114	MAKE A WISH FOUNDATION OF WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007	LITTLE RED SCHOOL HOUSE AND ELISABETH IRMIN HIGH 196 BLEECKER STREET NEW YORK, NY 10012	NEW SCHOOL VENTURE FUND 211 CONGRESS STREET, 10TH FLOOR BOSTON, MA 02110	PLGA FOUNDATION 98 RANDOM FARMS DRIVE CHAPPAQUA, NY 10514	WILLIAMS COLLEGE PARENT FUND VOGT HOUSE, 63 PARK STREET WILLIAMSTOWN, MA 01267

3:01-26 PM

10,000

AMOUNT

10,000

10,000.

500.

6,044.

10,000

3.01:26 PM

YEAR	
1111	
DUBTNG	
PAID	
CONTRIBUTIONS	
GRANTS AND C	
5	
×	
PART	
FORM 990PF.	

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

EORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	ТИЕ. УЕАВ	ATTACHN	ATTACHMENT_10 (CONT'D)
RELA	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OMID FOUNDATION		CHARITABLE	1,000.
6517 LONE OAK DRIVE			
BETHESDA, MD 20817			
TO ALL HUMBERS TO A MATERIAL STATES AND ADDRESS AND AD			;
SHAWNEE MISSION NORTH HIGH SCHOOL		CHARITABLE	11,000
7401 JOHNSON DRIVE			
OVERLAND PARK, KS 66202			
CAMPAIGN FOR CATHOLIC SCHOOLS		CHARITABLE	25,000
66 BROOKS DRIVE			
4TH FLOOR			
BRAINTREE, MA 02184			
KANSAS STATE ALUMNI ASSOCIATION		CHARITABLE	36.430
1720 ALUMNI CENTER			
MANAHATTAN, KS 66506			
CYCLE FOR SURVIVAL-MEMORIAL SLOAN-KETTERING CANCE		CHARITABLE	10,000
1275 YORK AVE			
NEW YORK, NY 10021			
SHAWNEE MISSION NORTH ALUMNI FOOTBALL FOUNDATION		CHARITABLE	22,000
15998 OVERBROOK LANE			
JAMES BALLOU			
OVERLAND PARK, KS 66224			

# FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BOSTON SYMPHONY ORCHESTRA		CHARITABLE	9,060
301 MASSACHUSETTS AVE.			
BOSTON, MA 02115			
AMERICAN INDIA FOUNDATION		CHARITABLE	10,000.
216 E 45TH STREET 7TH FLOOR			
NEW YORK, NY 10022			
PARTNERS IN HEALTH		CHARITABLE	25,000
P O. BOX 845578		,	
BOSTON, MA 02284			
NOTPARIMON - THE CYCETT STREAM STORY		CUSDITABLIT	10.000
ZZU NOKTH MAIN STREET			
SUITE 104			
NATICK, MA 01760			
YOUTH INC		CHARITABLE	10,000
600 LEXINGTON AVENUE			
12TH FLOOR			
NEW YORK, NY 10022			
AMERICAN RED CROSS		CHARITABLE	100,000.
2025 E ST.			
WASHINGTON, DC 20006			

20-1867709

CORM 900PF, PART XV

CONTRIBUTOR
SUBSTANTIAL
ဥ
RELATIONSHIP

FOUNDATION STATUS OF RECIPIENT

RESEARCH INSTITUTE FOR LEARNING AND DEVCLOPMENT 4 MILITIA DRIVE STE 20

LEXINGTON, MA 02421

RECIPIENT NAME AND ADDRESS

RED HOOK INITIATIVE BROOKLYN, NY 11231 767 HICKS STREET

COLORADO SPRINGS, CO 80903 INSIDE OUT YOUTH SERVICES 235 S NEVADA AVE

ASPEN MUSIC FESTIVAL AND SCHOOL 2 MUSIC SCHOOL ROAD ASPEN, CO 81611

ARSENAL CENTER FOR THE ARTS WATERTOWN, MA 02472 321 ARSENAL STREET

ANTI DEFAMATION LEAGUE 40 COURT STREET #12 BOSTON, MA 02108

ATTACHMENT 10 (CONT'D)

AMOUNT PURPOSE OF GRANT OR CONTRIBUTION

15,000 CHARITABLE 5,000. CHARITABLE 5,000. CHARITABLE 4,800. 500. CHARITABLE CHARITABLE 30,000 CHARITABLE

3 01:26 PM

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 10 (CONT'D)

PURPOSE OF GRANT OR CONTRIBUTION CHARITABLE FOUNDATION STATUS OF RECIPIENT RECIPIENT NAME AND ADDRESS BROOKLINE TEEN CENTER BROOKLINE, MA 02445 40 WEBSTER

20,000 CHARITABLE HARVARD UNIVERSITY DEPARTMENT OF ATHLETICS NEWTONVILLE, MA 02460 61 WASHINGTON PARK

6,000.

CHARITABLE

50,000

AMOUNT

CHARITABLE 124 MT AUBURN STREET 6TH FLOOR HARVARD COLLEGE FUND UNIVERSITY PLACE

100,000.

25,000

CHARITABLE HARVARD BUSINESS SCHOOL FUND TEELE HALL SOLDIERS FIELD HARVARD BUSINESS SCHOOL

CAMBRIDGE, MA 02138

65 N HARVARD ST BOSTON, MA 02134

NEW ART CENTER

SAVE THE BAY
6 HERNDON AVE
ANAPOLIS, MD 21403

BOSTON, MA 02163

CHARITABLE 25,000.

3:01:26 PM

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

CHARITABLE

CHARITABLE

10,000.

AMOUNT

75,000

ATTACHMENT 10 (CONT'D)

FRIENDS OF HARROLD BASE

RECIPIENT NAME AND ADDRESS

NEW ENGLAND AQUARIUM

CENTRAL WHARF BOSTON, MA 02110

TOTAL CONTRIBUTIONS PAID

9,108,414

ATTACHMENT 10

3:01·26 PM

## **SCHEDULE D** (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

	on estate of trust 'HE EDGERLEY FAMILY FOUNDATIO	N			20 <b>-</b> 18677		Hamber
	: Form 5227 filers need to complete only F						
Par			<u> </u>	ar or Less			(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other to (see instruction		the entire year Subtract (e) from (d)
1a							Subtract (e) from (u)
					<del> </del> -		
					<u> </u>		
					1		
4-		f 0-b-d-d- D					F 100
D	Enter the short-term gain or (loss), if any	, from Schedule D	-1, line ID		· · · · · · · · · · · · ·	1b	5,120
2	Short-term capital gain or (loss) from For	rms 4684, 6252,	6781, and 882	4		2	
						_	
3	Net short-term gain or (loss) from partne	rships, S corpora	tions, and other	estates or trusts		3	
4	Short-term capital loss carryover Ente						,
5	Carryover Worksheet					4	(
	column (3) on the back	e ililes la tillou	gn 4 m colum	ii (i) Eillei liele ali		5	5,120
Par	column (3) on the back	osses - Assets	Held More T	han One Year			3,120
	(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other t		(f) Gain or (loss) for the entire year
	(Example 100 shares 7% preferred of "Z" Co )	(mo, day, yr)	(mo, day, yr)	(a) Sales price	(see instruction	ıs) ———	Subtract (e) from (d)
6a					1		
		-					
						<del></del>	
<del></del> -							
		<b>-</b>					
b	Enter the long-term gain or (loss), if any,	from Schedule D-	1, line 6b			6b	8,410,891.
7	Long-term capital gain or (loss) from For	ms 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partner	shine S cornorat	ions and other	estates or trusts		8	
o	Net long-term gain of (loss) from partner	ompo, o corporat	ions, and other	estates of trusts			
9	Capital gain distributions					9	102,554
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter	the amount, if	any, from lin	e 14 of the 2011	Capital Loss		,
4 7	Carryover Worksheet  Net long-term gain or (loss). Combine	lings for through			on line 14c	11	<u>                                     </u>
12	column (3) on the back					12	8,513,445.
F	aperwork Reduction Act Notice, see the Inst			<del> </del>			e D (Form 1041) 201

Schedu	ule D (Form 1041) 2012						Page 2
Part	Summary of Parts I and II		(1) Ben	eficiaries'	(2) Estat	e's	(3) Total
	Caution: Read the instructions before completing this	part	(see	instr.)	or trust	's	<u> </u>
13	Net short-term gain or (loss)	13					5,120.
	Net long-term gain or (loss):						
а	Total for year	14a					8,513,445.
	, , , , , , , , , , , , , , , , , , , ,	14b					
C	28% rate gain						
	Total net gain or (loss). Combine lines 13 and 14a	15	L				8,518,565.
NOTE: Jains.	If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 go to Part V, and do not complete Part IV If line 15, column (3), is a n	or For	rm 990-T, s. complete	Part I, line 4 Part IV an	la) If lines 14 d the <b>Capital</b>	a and Loss C	15, column (2), are ne <b>arrvover Worksheet</b> , as
necess	sary		,				
Part							
_	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F			• •			,
a Note:	The loss on line 15, column (3) or b \$3,000	nage	1 line 22	or Form 99	0-T line 34) i	6 (	s complete the Canita
oss C	Carryover Worksheet in the instructions to figure your capital loss carryover	page	i, mic ZZ	0. 70/// 050	5-1, mic 5+7, 1		s, complete the capita
Part	V Tax Computation Using Maximum Capital Gains Rate	S					
Form	1041 filers. Complete this part only if both lines 14a and 15 in col	umn (	2) are ga	ns, or an a	mount is ent	ered i	n Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor						
	on: Skip this part and complete the Schedule D Tax Worksheet in the	nstruc	ctions if				
	her line 14b, col. (2) or line 14c, col. (2) is more than zero, or th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.						
	990-T trusts. Complete this part only if both lines 14a and 15 a	ro da	ne or au	alified divis	dande ara in	cludec	Lin incomo in Bart
	rm 990-T, and Form 990-T, line 34, is more than zero. Skip this part						
	er line 14b, col (2) or line 14c, col (2) is more than zero	una o	ompioto t	no conoci	no B rax tro	- KOIIO	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	14)	17			$\neg$	
	Enter the smaller of line 14a or 15 in column (2)	, , .					
	but not less than zero						
	Enter the estate's or trust's qualified dividends		_				
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) 19						
	Add lines 18 and 19						
	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g, otherwise, enter -0 ▶ 21						
	Subtract line 21 from line 20 If zero or less, enter -0		22				1
	Subtract line 22 from line 17 If zero or less, enter -0-		23				
	,						
24	Enter the smaller of the amount on line 17 or \$2,400		24				
	Is the amount on line 23 equal to or more than the amount on line 24						
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box	ζ.					
	No. Enter the amount from line 23		25				
26	Subtract line 25 from line 24						
27	Are the amounts on lines 22 and 26 the same?						
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	ne 22	27				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28				
	Subtract line 28 from line 27		29				
30	Multiply line 29 by 15% ( 15)			<u> </u>	<u>.</u>   3	30	·
	Figure the tax on the amount on line 23 Use the 2012 Tax Rate						
	(see the Schedule Ginstructions in the instructions for Form 1041).				ئا ا	31	
	Add to 00 d 04					.	
32	Add lines 30 and 31			- · · · · · ·	3	32	
	(see the Schedule Ginstructions in the instructions for Form 1041)					33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Tax on all taxable income. Enter the smaller of line 32 or line 33 l	nere a	ma on FO	mi 1041, 3	ochequie	,	

Schedule D (Form 1041) 2012

## **SCHEDULE D-1** (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

Attach to Schedule D to list additional transactions for lines 1a and 6a ▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041. 2012

Name of estate or trust

Employer Identification number

THE EDGERLEY FAMILY FOUNDATION 20-1867709 Short-Term Capital Gains and Losses - Assets Held One Year or Less (b) Date (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (e) Cost or other basis (see instructions) (d) Sales price àcquired (mo , day, yr ) (mo, day, yr) 1a GS ACCT #010-43351-4 **VARIOUS VARIOUS** 88,048. 81,310. 6,738. GS ACCT #010-44901-5 VARIOUS VARIOUS 68,613. 76,408. -7,795. GS ACCT #010-44907-2 VARIOUS **VARIOUS** 97,252. 91,684 5,568. GS ACCT #010-44907-2 DISALLOWED LOSSES VARIOUS VARIOUS 609. GS ACCT #010-73957-1 VARIOUS VARIOUS 147,405. 149,321. -1,916. GS ACCT# 010-73957-1 RECLASSED TO ORD GAIN **VARIOUS VARIOUS** 1,916.

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b.

5,120.

Schedule D-1 (Form 1041) 2012 Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss Subtract (e) from
100 Sil 1 % presented to 2 CC )	(mo , day, yr )	(iiio , day, yr )		(See Management)	Odbiract (e) iron
GS ACCT #010-43350-6	02/28/2011	09/07/2012	80,000.	80,000.	
GS ACCT #010-43351-4	VARIOUS	VARIOUS	866,857.	824,347.	42,5
GS ACCT #010-44901-5	VARIOUS	VARIOUS	62,057.	81,544.	-19,4
GS ACCT #010-44901-5	VARIOUS	VARIOUS	169,893.	133,260.	36,6
GS ACCT #010-44907-2	VARIOUS	VARIOUS	61,880.	66,732.	-4,8
GS ACCT #010-44907-2 DISALLOWED LOSSES	VARIOUS	VARIOUS			2
GS ACCT #010-44907-2	VARIOUS	VARIOUS	71,545.	68,380.	3,1
GS_ACCT_#010-73957-1	VARIOUS	VARIOUS	979,724.	1,022,020.	-42,29
GS ACCT# 010-73957-1 RECLASSED TO ORD GAIN	VARIOUS	VARIOUS			42,2
15,619 SHS FLEETCOR	06/29/2005	03/16/2012	562,596.	81,219.	481,3
121,848 SHS DUNKIN BRANDS	06/01/2006	04/05/2012	3,468,708.	557,200.	2,911,5
15,320 SHS FLEETCOR	06/29/2005	06/15/2012	565,102.	79,664.	485,4
173,971 SHS WARNER CHILCOTT	01/18/2005	09/11/2012	2,279,020.	173,971.	2,105,0
12,624 SHS FLEETCOR	06/29/2005	12/03/2012	655,312.	65,645.	589,6
78,631 SHS SENSATA	04/27/2006	12/17/2012	2,322,760.	543,077.	1,779,68
					· · · · · · · · · · · · · · · · · · ·
			-		



(Rev January 2013)

Department of the Treasury

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue								
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
-	-	ınless you have already been grai		· · · · ·		•	8868.	
		You can electronically file Form						
		to file Form 990-T), or an addition						
		tension of time to file any of the						
		Associated With Certain Persona						
		details on the electronic filing of the				inties &	vonpronts	
		-Month Extension of Time. On			<del></del>			
•	•	to file Form 990-T and requesting				•	. $\square$	
Part I only	,						▶ 🗀	
		including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use i	•			
to file income			-4		Enter filer's identify	-		
Type or	Name or ex	cempt organization or other filer, see in	structions		Employer identification number (EIN) or			
print		20150 534514 5044515						
File by the		GERLEY FAMILY FOUNDATIO			20-18677	09		
due date for		reet, and room or suite no If a P O box	k, see instruc	tions	Social security number (	ial security number (SSN)		
filing your return See		590098		<del> </del>				
instructions		or post office, state, and ZIP code For	a foreign add	dress, see instructions				
	NEWTON	CENTER, MA 02459						
Enter the Re	eturn code 1	or the return that this application	s for (file a	separate application fo	or each return)		0 4	
Application		-	Return	Application			Return	
ls For			Code	Is For			Code	
Form 990 or	Form 990-	EZ	01	Form 990-T (corporat	tion)		07	
Form 990-BL			02	Form 1041-A			08	
Form 4720-	(individual)		03	Form 4720			09	
Form 990-PF	=		04	Form 5227	10			
-	90-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11			
Form 990-T (trust other than above)			06	Form 8870			12	
12								
The books	s are in the	care of ▶ PAUL EDGERLEY						
Talanhaa	a Nia 🔈	617 516-2222		TAV NIL B				
		617 516-2222		FAX No ▶	-1- Ab b -		. —	
• If the orga	anization do	es not have an office or place of t	ousiness in	the United States, che	CK this box			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)      If this is								
for the whole group, check this box								
		d EINs of all members the extensi		d 61- F 000	\ T\		<del></del>	
	st an auton	natic 3-month (6 months for a cor			•			
until $08/15$ , 20 $13$ , to file the exempt organization return for the organization named above. The extension is								
for the organization's return for  ▶ X calendar year 2012 or								
			20			20		
	tax year be	eginning	, 20	, and ending	<del></del>	, 20	<del>-</del>	
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  Change in accounting period								
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nonrefundable credits. See instructions  3a \$ 134,356.								
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 89,356.								
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS								
					45,000.			
Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions								
For Privacy Act and Paperwork Reduction Act Notice, see Instructions								
ICA				( )	on on .			

JSA

2F8054 2 000 15791G U468 5/3/2013 10:19:10 AM V 12-4.6F

05/07/2013

Form 8868 (Re	ev 1-2013)						Page 2		
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete	only Part II	and check th	is box	X		
	complete Part II if you have already been gra								
_	filing for an Automatic 3-Month Extension, o				•				
Part II	Additional (Not Automatic) 3-Month Ex				nal (no copie	es needed).			
						tifying number, se	e instructions		
	Name of exempt organization or other filer, see instructions				Employer identification number (EIN) or				
Type or				]			-		
print					20-1867709				
pc	Number, street, and room or suite no If a P O box				Social security	<del></del>			
File by the due date for	PO BOX 590098								
filing your	City, town or post office, state, and ZIP code For	a foreign ad	dress see instruct	ions	<del></del>				
retum See instructions	NEWTON CENTER, MA 02459								
	eturn code for the return that this application	is for /file r	soporoto oppli	sation for an	sh soturn)		. 0 4		
Application		Return	Application	Cation for Ba	cirretuiti)	· · · · · · · · · · · · · · · · · · ·	Return		
ls For		Code	1				1		
	- F 000 F7			Is For			Code		
	r Form 990-EZ	01		Charles Services	Park Check A.	"特殊是我的""我	08		
Form 990-B		02	Form 1041-A						
Form 4720		03	Form 4720			<del></del>	09		
Form 990-P		04	Form 5227				10		
Form 990-T	(sec_401(a) or 408(a) trust)	05	Form 6069				11		
	(trust other than above)	06	Form 8870				12		
	not complete Part II if you were not already	granted ar	automatic 3-m	nonth exten	sion on a pre	viously filed For	m 8868.		
	s are in the care of ▶ PAUL EDGERLEY								
	ne No ▶ 617 516-2222		FAX No. 🕨			<del></del>			
	anization does not have an office or place of						▶ 🛄		
	for a Group Return, enter the organization's for						his is		
for the who	le group, check this box ▶ 📖 📑	f it is for pa	art of the group,	check this b	ox	. > and at	ttach a		
list with the	names and EINs of all members the extension	n is for		<i></i>					
4 I requ	est an additional 3-month extension of time ui	ntıl		1	1/15_, 20 <u>1</u>	3			
5 For ca	llendar year $\underline{2012}$ , or other tax year beginn	ng	, 20_	, and	d endi <u>ng</u>		, 20		
6 If the t	tax year entered in line 5 is for less than 12 m	onths, che	ck reason:	Initial ret	urn 🛄 Fin	al return			
	Change in accounting period								
7 State	in detail why you need the extension ADDIT	IONAL T	IME IS NEED	DED TO GA	THER INFO	RMATION			
NECES	SSARY TO FILE A COMPLETE AND AC	CURATE I	RETURN.						
8a If this	application is for Form 990-BL, 990-PF, 99	30-T, 4720	, or 6069, ent	ter the tenta	ative tax, less	sany			
nonref	fundable credits. See instructions					8a \$	134,356.		
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter	any refund	lable credits	and			
estima	ated tax payments made Include any pri	or year o	verpayment al	llowed as	a credit and	any 🎉			
	nt paid previously with Form 8868.						134,356.		
c Balane									
(Electi	ronic Federal Tax Payment System). See instru	ctions				8c \$	0		
	Signature and Verifica	ation mu	st be comple	eted for Pa	art II only.				
Under penaltie	s of perjury, I declare that I have examined this form,		•		-	best of my knowle	dge and belief.		
•	ct, and complete, and that I am authorized to prepare this fo				-	•	-		
	$\bigcap$ $n_{\bullet}$ $M_{\bullet}$			$\sim OA$		~ J. I	1		
Signature >	Jews/W/Von		Title 🕨	<u> </u>		Date ► 8/6/	3		
	71		<del></del>			Form 8868	Rev 1-2013)		