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Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter Social Security numbers on this form as it may be made public

OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

Fc	or ca	lendar year 2013 or tax year beginning		, 2013,	and ending	,		, 20
1	Name	of foundation				A Emp	loyer identifi	cation number
	THE	EDGERLEY FAMILY FOUNDATION				20-	9	
\neg	Numb	er and street (or P.O. box number if mail is not delivere	d to street address)		Room/suite	B Teles	hone numb	er (see instructions)
							(61	7) 516-2222
	PO I	30X 590098						
- (City or	town, state or province, country, and ZIP or foreign po	stal code					
						C if exe	mption applica	ition is
	NEW	ION CENTER, MA 02459				pena	ng, check here	
_		ck all that apply Initial return	Initial return	of a former o	ublic charity	٦, , , ,		unan abaat baar
_	0,10	Final return	Amended ref	•	,			tions, check here . F L tions meeting the
		Address change	Name change			85	% test, check h	nere and attach
_	Cho	ck type of organization X Section 501					•	
ï	_	ection 4947(a)(1) nonexempt chantable trust	Other taxable pr		tion			status was terminated
1			unting method X Ca		rual		•)(1)(A), check here
'			ther (specify)	3311		1		in a 60-month termination (1)(1)(B), check here
		· · · · · · · · · · · · · · · · · · ·	column (d) must be on	cash hasis)		-	3000001	/(1/(D), GROCK HOLD .
F	-,	Analysis of Revenue and Expenses (The		7				(d) Disbursements
V	ait.	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjus		for charitable
		may not necessarily equal the amounts in	books	incom	ne	Incol	ne	purposes (cash basis only)
_		column (a) (see instructions))	20,283,859.	ATCH 1			······	(Cash basis only)
	1	Contributions, gifts, grants etc , received (attach schedule) . If the foundation is not required to						
	2	Check ▶ attach Sch B	154,894.	15	4,894.			ATCH 2
	3	Interest on savings and temporary cash investments	513,418.		3,418.			ATCH 3
	4	Dividends and interest from securities	010,1101		,	-		-
		Gross rents						
		Net rental income or (loss)	20,477,838.					
Ę		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 58,950,433.	20,117,030.					
Revenue		assets on line 6a		20 47	7,838.			
å	7	Capital gain net income (from Part IV, line 2) .		20,47	7,030.			
	8	Net short-term capital gain						
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·						<u> </u>
		and allowances · · · ·						
		Less Cost of goods sold .						
		Gross profit or (loss) (attach schedule)	-26,617.				- PR	
	11	Other income (attach schedule) ATCH 4	41,403,392.	21.14	6,150.			
-	12	Total. Add lines 1 through 11	11/103/332.	21/11	0,130.	18/	NOV	
	13	Compensation of officers, directors, trustees, etc					WOY 7	
nses	14	Other employee salaries and wages			- d		4	2014 181
Sue	15	Pension plans, employee benefits			<u> </u>		SOF	
ΣĎ	16 a	Legal fees (attach schedule)			<u> </u>			
e	ь	Accounting fees (attach schedule)	127,715.	12	7,715.			
Operating and Administrative Ex	C	Other professional fees (attach schedule).*.	14,270.		4,270.			
stra	17	Interest ATCH 6.	248,117.		5,117.			<u> </u>
ij	18	Taxes (attach schedule) (see instructions) ATCH . 7.	2.30,117.		~//-			
E p	19	Depreciation (attach schedule) and depletion.						
Ă	20	Occupancy						
Juc	21	Travel, conferences, and meetings	<u></u>					
ğ	22	Printing and publications	47,336.	1	7,336.			
atir	23	Other expenses (attach schedule) ATCH .8.	47,550.		,550.			
Jer:	24	Total operating and administrative expenses.	437,438.	20	4,438.			
Ö		Add lines 13 through 23	14,378,933.		1,150.			14,378,933
	25	Contributions, gifts, grants paid	14,816,371.	20	14,438.			14,378,933
_	26	Total expenses and disbursements Add lines 24 and 25	14,010,3/1.		77,730.			14,370,333
	27	Subtract line 26 from line 12	26 507 001					
		Excess of revenue over expenses and disbursements	26,587,021.	20 04	1,712.			
		Net investment income (if negative, enter -0-)		20,34	1,114	-		
	C	Adjusted net income (if negative, enter -0-)	1			_		

*ATCH 5

orm 990)-PF (2013)	THE EDGERLEY FAMILY			-1867709 Page
Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-beari	ng			
2		cash investments	30,277,212.	3,423,168.	3,424,10
3	Accounts receivable				
		btful accounts >			
4	Pledges receivable				
	Less allowance for doub	btful accounts ▶			
5					
6		officers, directors, trustees, and other			
		tach schedule) (see instructions)			
7		eceivable (attach schedule)			
'		btful accounts			
8		e			
9		eferred charges			
40.0		e government obligations (attach schedule)			
		stock (attach schedule)	10,077,369.	31,849,219.	36,604,00
	Investments cornerate	handa (attach ashadula)	1,136,834.	17,533,081.	
11 6	Investments - land, buildings	s. ation		17,333,001.	17,303,43
42	(attach schedule)	loans			···
12 13	Investments - other (atta	ach schedule)			
14	Land, buildings, and	tition			
15	(attach schedule) Other assets (describe)			·
16		completed by all filers - see the			
' '		age 1, item i)	41,491,415.	52,805,468	57,411,60
4-		ccrued expenses		02,000,100,	0.,,122,00
17					
18					
19					
20		ors, trustees, and other disqualified persons	-		
19 20 21		etes payable (attach schedule)			
22	Other liabilities (describe	: ▶)			
		47 (5	O	0	
23		s 17 through 22)	U		
24	and complete lines	low SFAS 117, check here . ▶ 24 through 26 and lines 30 and 31.			
24					
25					
26	Permanently restricted .				
25 26 27 28 29	check here and com	not follow SFAS 117, ► X plete lines 27 through 31.			
27		cipal, or current funds			
28		r land, bldg , and equipment fund	41 401 415	FO 005 460	
	~	ulated income, endowment, or other funds	41,491,415.	52,805,468.	
30		balances (see instructions)	41,491,415.	52,805,468.	
31		net assets/fund balances (see		60 005 150	
<u></u>			41,491,415.	52,805,468.	···
		anges in Net Assets or Fund			
		palances at beginning of year - Part			
end	I-of-year figure reporte	ed on prior year's return)		1	41,491,41
Ent	er amount from Part I,	line 27a		2	26,587,02
Oth	ier increases not includ	ded in line 2 (itemize) ▶		3	
Add	i lines 1, 2, and 3			4	68,078,43
Dec	creases not included in	n line 2 (itemize) ► ATCH 9		5	15,272,96
		alances at end of year (line 4 minus		line 30 6	52,805,46

Form 990-PF (2013)					Page 3
Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
(a) List and	d describe the kind(s) of property sold (e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
2-story b	rick warehouse, or common stock, 200 :	shs MLC Co)	P - Purchase D - Donation	I (mo dov vr.)	(mo day yr)
1a SEE PART IV SCHE	DULE				
b					
c			<u> </u>		····
d					
<u>e</u>	10 Description allowed	(g) Cost or other basis		(h) Com an (la	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (ic (e) plus (f) mini	
			· · · · · · · · · · · · · · · · · · ·		
<u>a</u>					
<u>b</u>					
С					
<u>d</u>	· · · · ·				
e			-		
Complete only for assets	showing gain in column (h) and owner			Gains (Col (h) g	
(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	COI	(k), but not less to Losses (from co	
a					·
b					
С					
d					
е				· · · · · · · · · · · · · · · · · · ·	
	(If	gain, also enter in Part I, line 7			
2 Capital gain net income or		(loss), enter -0- in Part I, line 7	2	20,	477,838.
3 Net short-term capital gain	or (loss) as defined in sections 12			i	
· •	t I, line 8, column (c) (see insti				
•	• • • • • • • • • • • • • • • • • • • •		3		0
	Jnder Section 4940(e) for Rec		_		
	c private foundations subject to the			ma \	
(For optional use by domestic	c private roundations subject to the	e section 4540(a) tax on het invest	ment nico	ine)	
16 - 10 - 40 40 (d) (d) 10	In more than a new bole of				
If section 4940(d)(2) applies,	leave this part blank				
184 - 45 - 5	the continue 40.40 to on the distant			٠, -	Yes X No
	the section 4942 tax on the distrib	- ·	ase peno	ـــا	_ res _A_ No
	not qualify under section 4940(e)				
1 Enter the appropriate ame	ount in each column for each year	, see the instructions before making	any entr	(d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution n	
Calendar year (or tax year beginning in)				(col (b) divided by	
2012	9,021,787.	17,717,967.	-		0.509189
2011	7,545,849.	14,739,803.			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
2 Total of line 1, column (d)			2		2.058313
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
	dation has been in existence if less		3		0.411663
, , , , , , , , , , , , , , , , , , ,					
4 Enter the net value of non	ncharitable-use assets for 2013 fro	m Part X, line 5	4	51.	159,337.
- Litter the net value of hor	idilatikabib abb abbeto to to to to		 		
5 Multiply line 4 by line 3			5	21	060,406.
5 Multiply line 4 by line 3				21,	
6 Falan 40/ af and arrest	nt manns (48) - 4 Deut 1 to - 0715				200 417
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		209,417.
			_	0.7	260 222
/ Add lines 5 and 6			7	21,	269,823.
			. 1		

8 Enter qualifying distributions from Part XII, line 4.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

Form	990-PF (2013) THE EDGERLEY FAMILY FOUNDATION	20-18	67709	Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 - see	instru	ctions)
1a b	Exempt operating foundations described in section 4940(d)(2) check here and enter "N/A" on line 1 Date of ruling or determination letter	1		118,834.
2 3 4	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2	2 3 4		118,834. C
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		418,834.
b	Credits/Payments 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 235,729. Exempt foreign organizations - tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) 6c 370,000.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d	7	4	505 , 729.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8		3,682.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10		10		183,213.
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 183,213. Refunded ▶			
- 281	t VII-A Statements Regarding Activities	<u> </u>		
	t VII-A Statements Regarding Activities During the tay year did the foundation attempt to influence any national state or local legislation or did.			Yes No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	it participate	1a	Yes No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign?	it participate	1a	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign?	it participate		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed intervence).	it participate	1a	Х
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed finition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	it participate		Х
1a b	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed inition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities	it participate ctions for the published or	1b	X
1a b	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed intervence). If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?	it participate ctions for the published or		Х
1a b	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructed Intervence in Section 1997). If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	it participate ctions for the published or	1b	X
1a b	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructed inition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ \(\begin{array}{c} \) \(\	it participate ctions for the published or	1b	X
1a b	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed finition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\Bigsup \bigsup (2) On foundation managers \$\Bigsup \bigsup	it participate ctions for the published or	1b	X
1a b c d	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign?	it participate ctions for the published or	1b	X X
1a b	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed intervence) in the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$	it participate ctions for the published or	1b	X
1a b c d	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed finition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\Bigsup \Bigsup \Bigs	it participate ctions for the published or imposed on	1b	X
1a b c d	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed finition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\Bigsup \Bigsup \Bigs	it participate ctions for the published or imposed on	1b	X X X
1a b c d e	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed inition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	it participate ctions for the published or imposed on	1b	x x x x
1a b c d e 2 3 4a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed finition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	it participate ctions for the published or imposed on	1b 1c 2	x x x x x x
1a b c d e 2 3 4a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed intention)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes." attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of or bylaws, or other similar instruments? If "Yes." attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes." has it filed a tax return on Form 990-T for this year?	it participate	1b 1c 2 3 4a 4b	x x x x x x
1a b c d e 2 3 4a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructed Intervence in any political purpose) (see Instruction in the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\Bigsim \bigsim (2) On foundation managers \$\Bigsim \Bigsim \	it participate	1b 1c 2	x x x x x x
1a b c d e 2 3 4a b	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed finition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\Bigsup \bigsup \bigs	it participate	1b 1c 2 3 4a 4b	x x x x x x
1a b c d e 2 3 4a b	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructed Intervence in any political purpose) (see Instruction in the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\Bigsim \bigsim (2) On foundation managers \$\Bigsim \Bigsim \	it participate	1b 1c 2 3 4a 4b	x x x x x x
1a b c d e 2 3 4a b 5	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructed finition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\Bigsup \bigsup \bigs	it participate	1b 1c 2 3 4a 4b 5	x x x x x x

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

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)

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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and

addresses ATCH 10

Х Form 990-PF (2013)

Х

8b

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

orm	1 990-PF (2013) THE EDGERLEY FAMILY FOUNDATION 20-186	7709		Page (
Рa	rt VII-A Statements Regarding Activities (continued)			
	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		Х
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	v	Х
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address \blacktriangleright N/A	13	X	
14	The books are in care of \blacktriangleright PAUL EDGERLEY Telephone no \blacktriangleright 617-516 Located at \blacktriangleright 119 HYSLOP ROAD BROOKLINE, MA ZiP+4 \blacktriangleright 02445	-222	2	
15			▶	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country	,,,		
Рa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	a During the year did the foundation (either directly or indirectly)		100	.,,,
	(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?			
	(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).			
1	b If 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 2013?	1 c		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))			
i	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2013?			
	If "Yes," list the years			
ı	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		X
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•			
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
1	b If "Yes," did it have excess business holdings in 2013 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 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? Form 990-PF (2013)

X

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Pai	t VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	ired (continued)			
5 a	During the year did the foundation pay or incur any amou	int to					
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	1 4945(e))?	. Yes X No			
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	1,			
	directly or indirectly, any voter registration drive?			Yes X No			
	(3) Provide a grant to an individual for travel, study, or of			· H			
	(4) Provide a grant to an organization other than a	• •					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (
	(5) Provide for any purpose other than religious, cl			•			
	purposes, or for the prevention of cruelty to children or animals?						
				· —			
D	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice regard	-		· · · · · · · · · · · · · · · · · · ·	5b	<u> </u>	
	Organizations relying on a current notice regarding disas			· · · · · · · · · · ·	—		
C	If the answer is "Yes" to question 5a(4), does the		•				
	because it maintained expenditure responsibility for the g	rant?		. Yes X No			
	If "Yes," attach the statement required by Regulations sec						
6 a	Did the foundation, during the year, receive any fun	ds, directly or indire	ectly, to pay premium	s _			
	on a personal benefit contract?						
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contrac	^{‡?}	6b	X	
	If "Yes" to 6b, file Form 8870						
7 a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	. Yes X No			
b	If "Yes," did the foundation receive any proceeds or have	e any net income attri	butable to the transaction	n?	7b		
Pai	t VIII Information About Officers, Director	s, Trustees, Foun	dation Managers,	Highly Paid Emplo	yees,		
-	and Contractors List all officers, directors, trustees, foundation	managers and thei	r compensation (see	instructions)			
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e account.	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all		
			1				
ATO	H 11		0	0			
2	Compensation of five highest-paid employees	(other than thos	se included on lin	e 1 - see instructio	ons). If no	one, ente	
	"NONE."		<u> </u>	(d) Contributions to			
{a) Name and address of each employee paid more than \$50 000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expens	e account, owances	
		devoted to position		compensation	other un	04441003	
	NONE						
	and the second s						
Tota	I number of other employees paid over \$50,000 .			<u> </u>			
. 5.6		<u> </u>	 	· · · · · · · · · · · · · · · · · · ·	50m 990	1-PF (201	

THE EDGERLEY FAMILY FOUNDATION

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOVE TO SECOND THE PROPERTY OF	
NONE	
Total number of others receiving over \$50,000 for professional services	<u> </u>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number organizations and other beneficianes served, conferences convened, research papers produced, etc	r of Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
	l

orm 9	90-PF (2013)		Page 8
Pari	see instructions.)	gn found	dations,
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	24,272,119.
b	Average of monthly cash balances	1b	10,278,562.
С	Fair market value of all other assets (see instructions)	1c	17,387,732.
d	Total (add lines 1a, b, and c)	1d	51,938,413.
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	51,938,413.
4			
	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	4	779,076.
5	• •	5	51,159,337.
6	Minimum investment return. Enter 5% of line 5	6	2,557,967.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ► and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	2,557,967.
2 a	Tax on investment income for 2013 from Part VI, line 5 2a 418,834.		
b	Income tax for 2013 (This does not include the tax from Part VI)]	
C	Add lines 2a and 2b	2c	418,834.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,139,133.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,139,133.
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,		
	line 1,	7	2,139,133.
Par	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	14,378,933.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	1b	
2	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	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	14,378,933.
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,378,933.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculatın	g whether the foundation

THE EDGERLEY FAMILY FOUNDATION

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Pa	rt XIII Undistributed Income (see ınstru	ctions)			
		(a)	(b) Years prior to 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI,	Corpus	Tears prior to 2012	2012	
	line 7				2,139,133.
2	Undistributed income, if any, as of the end of 2013				
	Enter amount for 2012 only				
b	Total for prior years 20 11 ,20 10 ,20 09				
3	Excess distributions carryover, if any, to 2013		,		
	From 2008 4,746,123. From 2009 4,201,914.				
ь	From 2009				
С	From 2010 4,547,255.				
a	From 2011				
e	From 2012	28,841,166.			
1	Total of lines 3a through e	20,011,100.			
4	line 4 ► \$14,378,933.				
_	Applied to 2012, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)			***	
С	Treated as distributions out of corpus (Election				
	required - see instructions)				0 120 122
	Applied to 2013 distributable amount	10 020 000			2,139,133.
	Remaining amount distributed out of corpus	12,239,800.			
5	Excess distributions carryover applied to 2013 . (If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	41,080,966.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	41,000,500.			<u> </u>
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	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				
a	Subtract line 6c from line 6b Taxable				,
u	amount - see instructions				
е	Undistributed income for 2012 Subtract line				
	4a from line 2a Taxable amount - see instructions				
	Undistributed income for 2013 Subtract lines				
f	4d and 5 from line 1. This amount must be				
	distributed in 2014				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
	applied on line 5 or line 7 (see instructions)	4,746,123.			
9	Excess distributions carryover to 2014.	26 224 042			
	Subtract lines 7 and 8 from line 6a	36,334,843.	·····		
	Analysis of line 9 Excess from 2009 4,201,914.				
a	4 5 4 7 0 5 5				
b	Excess from 2010 4,547,255				
C	2 222 412				
đ	40 000 000				
_ <u>e</u>	Excess from 2013 12,239,800 .				Form 990-PE (2013)

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THE	EDGERLEY	FAMILY.	FOUNDATIO	ìN

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	rt XIV Private Op	erating Foundations	(see instructions ar	······		NOT APPLICABLE
						MOT ATTECADED
1 a	If the foundation has	•		· · · · · · · · · · · · · · · · · · ·	ung	
	foundation, and the ruling					(2) == 40.42(1)(5)
b	Check box to indicate wh		private operating toung		4942(j)	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	"	(e) Total
	justed net income from Part	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
·	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 directly for active conduct of					
	exempt activities Subtract line					
	2d from line 2c		·····			
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying			-		
	under section					
h	4942(j)(3)(B)(i)					
~	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					<u> </u>
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends rents					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization					
D ₂		ntary Information (Complete this part	only if the found	ation had \$5 000	or more in assets
ĿĊ		e during the year -s		comy in the round	ation nad \$5,000	or more in assets
_	Information Regardin	`				
1_	List any managers of			n than 20% of the tota	Leantributione races	ed by the foundation
а	before the close of any	the roundation who is tax year (but only if th	nave contributed into n	nore than \$5 000) (Se	e section 507(d)(2))	red by the loundation
		,, , , ,	,	(, , , , , , , , , , , , , , , , , , , ,	
	N/A					
þ	List any managers of					y large portion of the
	ownership of a partner	rship or other entity) of	which the toundation	nas a 10% or greater	interest	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if if	the foundation only	makes contributions	to preselected charif	table organizations	and does not accept
						or organizations under
	other conditions, comp			, ,	,	J
	The name, address, a			he nerson to whom and	olications should be ad	dressed
d	rne name, address, a	totophono humber		poston to mioni app		
	The form in which app	dications should be sui	hmitted and information	on and materials they	should include	
O	the form in which app	mications should be sui	onnited and information	m and materials tiley :	snould include	
С	Any submission deadl	ines				
						···
d	Any restrictions or li	ımıtatıons on awards,	such as by geogra	iphical areas, charitat	ole fields, kinds of	institutions, or other
	factors					

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Form 990-PF (2013) Part XV Supplementary Information	(continued)			Page 11
3 Grants and Contributions Paid Du	ring the Year or Appl	oved for Fu	iture Payment	
Recipient	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATCH 12				
		-		
		· · · · · · · ·	▶ 3a	14,378,933.
b Approved for future payment				
Total	<u></u>		▶ 3b	

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THE EDGERLEY FAMILY FOUNDATION

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er gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption function income (See instructions
Fees and contracts from government agencies					
embership dues and assessments			_		
terest on savings and temporary cash investments			14	154,894.	
ividends and interest from securities			14	513,418.	
et rental income or (loss) from real estate					<u>.</u>
Debt-financed property					
Not debt-financed property					······································
et rental income or (loss) from personal property			10	26 617	
ther investment income			18	-26,617. 20,477,838.	
ain or (loss) from sales of assets other than inventory			10	20,477,038.	
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue a					
					
	<u> </u>				
	1				
				21.119.533	
Subtotal Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce t XVI-B Relationship of Activities	ulations) s to the Ac	complishment of E	xempt Purp	oses	
Subtotal Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calce It XVI-B Relationship of Activities	ulations) s to the Ac	ccomplishment of E	xempt Purp	oses e) of Part XVI-A contrib	uted importantly t
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Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities ne No Explain below how each activity	ulations) to the Act	ccomplishment of E	xempt Purp	oses e) of Part XVI-A contrib	uted importantly to

Part XVI		THE EDGERLEY FAMILY FOUNDATI egarding Transfers To and Transact				ige 13 9
1 Did t		ly or indirectly engage in any of the followin	g with any other organization described		Yes	No
		de (other than section 501(c)(3) organization				
orgar	nizations?					
a Trans	sfers from the reportin	g foundation to a noncharitable exempt orgai	nization of			
(1) Cash						X
				1a(2)		Х
	r transactions			1		v
		ncharitable exempt organization		1b(1)		X
		om a noncharitable exempt organization		1b(2)	-	X
		pment, or other assets		1b(3)		X
		ements		1b(4) 1b(5)		X
		s or membership or fundraising solicitations		1b(6)		X
		nent, mailing lists, other assets, or paid emplo		1c		X
		e above is "Yes," complete the following s			air m	arke
		assets, or services given by the reporting for				
		sharing arrangement, show in column (d) t				
(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	ring arran	geme	nts
	N/A		N/A			
	-					
						
		or indirectly affiliated with, or related to, or of the Code (other than section 501(c)(3)) or			e X	No

described in section 501(c) of the Code	(other than section 501(c)(3)) or in section	1 52/7 Yes 🛆 N
b If "Yes," complete the following schedule	9	
(a) Name of organization	(b) Type of organization	(c) Description of relationship
		······································

Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge X Sunday M Edecley 11/6/14 Sign May the IRS discuss this return with the preparer shown below TRUSTEE

Here	Signat	ture of officer	A	đ	Date	Title			(see instructi	ions)? X Yes	No
Deid	F	Print/Type pre	eparer's name	P(rer's signature	m ,	Date 44 (04/2)	Chi	eck ıf	PTIN	
Paid		JAMES M	MEDEIROS		Memor	Medeira	11/04/20	J14 sel	f-employed	P0023739	6
Prepar	rer F	Firm's name	► PRICEWAT	ERHOUSEC	PERS LLP			Firm's EIN	▶ 13-	4008324	
Use Or	nly F	Firm's address	▶ 125 HIGH	STREET	Γ						
		_	BOSTON,	MA		0	2110	Phone no	617-	530-7353	
										- OOO DE	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 Internal Revenue Service 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 (i) Form 990, Part VIII, line 1h, or (ii) 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 its Form 990-PF, Part I, line 2, 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) (2013)

Employer Identification number 20–1867709

Part I Contributors (see instructions)	Use duplicate copies of Part I if additional space is needed
--	--

Part	Contributors (see instructions) Use duplicate copies of P	art i il additional space is nee	dea
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD	\$ 4,595,725.	Person X Payroll X Noncash
	BROOKLINE, MA 02445		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	\$1,967,802.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	\$1,541,291.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	\$1,335,338.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	\$4,141,351.	Person X Payroli X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	\$738,559.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)

Name of organization THE EDGERLEY FAMILY FOUNDATION

Employer identification number

			20-186/709
Part I	Contributors (see instructions) Use duplicate copies	of Part I if additional space is nee	ded
(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	\$ 5,963,793.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

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.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	134,693 SHARES SENSATA	s 4,595,725.	02/12/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	146,305 SHARES WARNER CHILCOTT	\$1,967,802.	_03/05/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	21,349 SHARES FLEETCOR	\$1,541,291.	_03/06/2013_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	16,244 SHARES FLEETCOR	\$1,335,338.	_05/09/2013_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	112,552 SHARES SENSATA	\$4,141,351.	_05/21/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	21,945 SHARES BRIGHT HORIZON	-	

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.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	153,706 SHARES SENSATA		
		\$ 5,963,793.	_12/02/2013
(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
		\$	

Employer identification number

20-1867709

Part III	Exclusively religious, charitable, etc. that total more than \$1,000 for the y	/ear. Complete colu	mns (a) through (e	e) and the following line entry							
	For organizations completing Part III, contributions of \$1,000 or less for the	e year (Enter this in	formation once S	charitable, etc , ee instructions) ► \$							
	Use duplicate copies of Part III if addit	ional space is need	∋d								
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held							
	(e) Transfer of gift										
	Transferee's name, address, at	nd ZIP + 4	Relation	nship of transferor to transferee							
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held							
		(e) Transf	er of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee							
(a) No.											
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held							
	(e) Transfer of gift										
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee							
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held							
		(e) Transf	er of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relation	Relationship of transferor to transferee							

SCHEDULE D (Form 1041)

Capital Gains and Losses

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10 Information about Schedule D and its separate instructions is at www.irs.gov/form1041,

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

THE EDGERLEY FAMILY FOUNDATION

Employer Identification number

20-1867709

Not	e: Form 5227 filers need to complete only Parts I and II					
Pa	t Short-Term Capital Gains and Losses - Ass	ets Held One Yea	r or Less			· · ·
the This	instructions for how to figure the amounts to enter on lines below form may be easier to complete if you round off cents	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
to w	hole dollars			line 2, column	(g)	column (g)
1a 	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
	Totals for all transactions reported on Form(s) 8949 with Box A checked	22,775,660.	22,539,779.	22,7	99.	258,680.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	-3,5	95.	-72,642.		
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
	Chart town control your or (loop) from Forms 4504 CS	050 0704 1 0004				
4	Short-term capital gain or (loss) from Forms 4684, 62		4			
5	Net short-term gain or (loss) from partnerships, S cor		5	19,752.		
6	Short-term capital loss carryover Enter the amount Carryover Worksheet	Capital Loss	6	()		
7	7	205,790.				
Pa	till Long-Term Capital Gains and Losses - Ass	ets Held More Tha	ın One Year			
the I	instructions for how to figure the amounts to enter on ines below form may be easier to complete if you round off cents hole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	from art II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				:	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	941,233.	818,945.	13,9	63.	136,251.
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked	26,814,089.	10,296,664.	-5,7	90.	16,511,635.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	4,471,808.	936,992.			3,534,816.
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	l 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	orations, and other e	states or trusts		12	59,794.
13	Capital gain distributions				13	29,552.
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the amount Carryover Worksheet	· · · · · · · · · · · · · · ·	 .		15	()
16	Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back	8a through 15 in	column (h) Enter I	here and on	16	20,272,048.

Schedule D (Form 1041) 2013 Page 2 Part III Summary of Parts I and II (1) Beneficiaries' (2) Estate's (3) Total Caution: Read the instructions before completing this part (see instr) or trust's 205,790. 17 17 18 Net long-term gain or (loss): 20,272,048. 18a **b** Unrecaptured section 1250 gain (see line 18 of the wrksht) 18b 18c Total net gain or (loss). Combine lines 17 and 18a. ▶ 19 20,477,838. Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary Capital Loss Limitation Part iV Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if • Either line 18b, col (2) or line 18c, col (2) is more than zero, or • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col (2) or line 18c, col (2) is more than zero 21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34), . . . 22 Enter the smaller of line 18a or 19 in column (2) but not less than zero...... 22 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) 23 24 Add lines 22 and 23 24 If the estate or trust is filing Form 4952, enter the 25 amount from line 4g, otherwise, enter -0-... ▶ 25 Subtract line 25 from line 24 If zero or less, enter -0-26 27 Subtract line 26 from line 21 If zero or less, enter -0-27 Enter the smaller of the amount on line 21 or \$2,450 28 28 Enter the smaller of the amount on line 27 or line 28 29 29 30 Subtract line 29 from line 28 If zero or less, enter -0- This amount is taxed at 0% Enter the smaller of line 21 or line 26 31 31 Subtract line 30 from line 26....... 32 32 33 Enter the smaller of line 21 or \$11,950 33 34 34 Subtract line 34 from line 33 If zero or less, enter -0-35 35 36 37 37 38 38 39 39 40 Subtract line 39 from line 38 If zero or less, enter -0-40 41 Figure the tax on the amount on line 27 Use the 2013 Tax Rate Schedule for Estates 42 42 and Trusts (see the Schedule G instructions in the instructions for Form 1041) 43 43 Figure the tax on the amount on line 21. Use the 2013 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041. Schedule 45

G, line 1a (or Form 990-T, line 36)

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868

THE PROPERTY OF THE PROPERTY O	e Service			3	
	filing for an Automatic 3-Month Extension, o				> X
-	filing for an Additional (Not Automatic) 3-Mo lete Part II unless you have already been grain			· · · · ·	3
•				•	
	ling (e-file). You can electronically file Form in required to file Form 990-T), or an addition				
	uest an extension of time to file any of the				
	Transfers Associated With Certain Persona				
	For more details on the electronic filing of th				
Part Au	tomatic 3-Month Extension of Time. Or	ly submit	original (no copies ne	eeded)	
A corporatio	n required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete	
Part I only .					▶□
All other cor	porations (including 1120-C filers), partnersh	ıps, REMIC	Cs, and trusts must use i	Form 7004 to request an extension o	of time
to file incom	e tax returns			Enter filer's Identifying number, se	e instructions
Toma	Name of exempt organization or other filer, see in	structions		Employer identification number (EIN) of)r
Type or					
print	THE EDGERLEY FAMILY FOUNDATIO	N		20-1867709	
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions	Social security number (SSN)	_
filing your	PO BOX 590098				
return See instructions	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions	· · · · · · · · · · · · · · · · · · ·	
	NEWTON CENTER, MA 02459				
Enter the Re	eturn code for the return that this application	is for (file a	separate application fo	or each return)	0 4
Application		Return	Application		Return
ls For		Code	ls 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 (03	Form 4720 (other tha	in individual)	09
Form 990-PF	·	04	Form 5227		10
	(sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
Telephone If the orga If this is for the whole a list with the	e No 617 516-2222 anization does not have an office or place of lor a Group Return, enter the organization's for e group, check this box	business in ur digit Gro f it is for pa ion is for poration re	oup Exemption Number (art of the group, check to equired to file Form 990	(GEN) If the this box ▶ and att	ach
	08/15, 20 14 _, to file the	exempt org	ganization return for the	e organization named above. The e	xtension is
	organization's return for				
► X	calendar year 20 13 or	20	and and an	20	
	tax year beginning	, 20	, and ending	, 20	
	ax year entered in line 1 is for less than 12 m	onths, ched	ck reason Initial r	eturn Final return	
	application is for Form 990-BL, 990-PF, 99	0-T 4720	or 6069 enter the	tentative tax less any	
	undable credits. See instructions		,,	- 1	505,729.
	application is for Form 990-PF, 990-T,	4720 or	6069, enter any re		.00, 120.
	ted tax payments made. Include any prior yea		•	I	235,729.
	e due. Subtract line 3b from line 3a Include				.33,123.
(Electro	onic Federal Tax Payment System) See instru	ctions		3c \$ 3	370,000.
Caution. If you	u are going to make an electronic funds withdrawa	i (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form 8879-EO fo	r payment
instructions					

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 ((Rev 1-2014)				Page
-	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	and check this box.	
	y complete Part II if you have already been gra		· · · · · · · · · · · · · · · · · · ·		
	are filing for an Automatic 3-Month Extension, o			on a providuoly mod r	J.III 0000
Part II	Additional (Not Automatic) 3-Month Ex			inal (no copies need	led)
T GIVE	Maditional (Not Matomatio) & Month La	101101011		nter filer's identifying nu	
	Name of exempt organization or other filer, see in	structions		Employer identification	
Type or	The state of the s				
	THE EDGEDIEV EAMILY EQUIDATION	NT.		20-186770	١٥
print	Number, street, and room or suite no If a P O bo		rions	Social security number (
File by the		A, 366 MISHUL	Ciona	Coolar secarity maniber (0011)
due date for filing your	PO BOX 590098 City, town or post office, state, and ZIP code For	a foreign ad	drace, can instructions		··
return See		a foreign au	uress, see manuchons		
Instructions	NEWTON CENTER, MA 02459	. 6 (6).		In a A set	0.14
	Return code for the return that this application	T		ach return)	
Applicati	ion	Return	Application		Return
Is For		Code	Is For	× %	Code
	0 or Form 990-EZ	01	*	<u> </u>	<u> </u>
Form 99	0-BL	02	Form 1041-A		08
Form 47	20 (individual)	03	Form 4720 (other than in	dıvıdual)	09
Form 990	0-PF	04	Form 5227		10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
	0-T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already	granted ar	ı automatic 3-month exter	sion on a previously	filed Form 8868.
The bo	oks are in the care of ▶PAUL EDGERLEY, 1	19 HYSL	OP ROAD BROOKLINE,	MA 02445	_
Teleph	one No ▶ 617 516-2222		Fax No ▶		
• If the o	rganization does not have an office or place of	business in	the United States, check the	ns box	▶ ∟
• If this is	s for a Group Return, enter the organizati <u>on'</u> s fo	ur digit Gro	up Exemption Number (GE	N)	If this is
	nole group, check this box ▶ 🔙 📗				
list with th	e names and EINs of all members the extension	n is for			
4 req	quest an additional 3-month extension of time ui	ntıl	1	1/15 , 20 14	
5 For	calendar year 2013, or other tax year beginni	ng	, 20 , an	id ending	, 20
	e tax year entered in line 5 is for less than 12 m			turn Final return	<u> </u>
	Change in accounting period				
7 Stat	e in detail why you need the extension ADDIT	IONAL T	IME IS NEEDED TO G	ATHER INFORMATION	NC
	ESSARY TO FILE A COMPLETE AND AC		· · · · · · · · · · · · · · · · · · ·		
8a If th	is application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the ten	tative tax, less any	
nonr	refundable credits. See instructions			8	a \$ 605,729
b if th	nis application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any refun		
	mated tax payments made include any pri		•		
	ount paid previously with Form 8868	•	• •	· -	b \$ 605,729
	ance Due. Subtract line 8b from line 8a Include	vour paym	ent with this form, if requir		000,123
	ctronic Federal Tax Payment System) See instru		,	· · ·	c \$
	Signature and Verifica		st be completed for P		<u>- 1+</u>
	alties of perjury, I declare that I have examined the and belief, it is true, correct, and complete, and that I	his form, in	cluding accompanying sched	-	nd to the best of n
Kilowiedge	and belief, it is true, correct, and complete, and that i	am authoriz	ed to brebare this total		
	L. mm m.				08/07/2014
Signature >	twoM Medein		Title ▶	Date ▶	
	()			Fo	orm 8868 (Rev. 1-201
	V				
	•				

Form 8949

Sales and Other Dispositions of Capital Assets

►Information about Form 8949 and its separate instructions is at www irs gov/form8949.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2013

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE EDGERLEY FAMILY FOUNDATION

Social security number or taxpayer identification number 20–1867709

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions rep (B) Short-term transactions rep (C) Short-term transactions not	orted on Form(s) 1099-B show	ving basis was not i				
1 (a) Description of property	(b) Date acquired (Mo , day, yr)	(с) Date sold or disposed (Мо , day, уг)	(d) Proceeds	(e) Cost or other basis See the	Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e)	
(Example 100 sh XYZ Co)			(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
GS ACCT #43351-4	VARIOUS	VARIOUS	16452626.	16447189.	W	9,983.	15,420.
GS ACCT #44901-5	VARIOUS	VARIOUS	596,287.	579,206.	W	1,298.	18,379.
GS ACCT #44907-2	VARIOUS	VARIOUS	529,632.	475,188.	W	1,317.	55,761.
GS ACCT #70476-5	VARIOUS	VARIOUS	950,070.	825,185.	W	7,943.	132,828.
GS ACCT #70477-3	VARIOUS	VARIOUS	406,003.	418,348.	W	1,636.	-10,709.
GS ACCT #72941-6	VARIOUS	VARIOUS	1,548,330.	1,562,267.			-13,937.
GS ACCT #72942-4	VARIOUS	VARIOUS	120,778.	118,106.			2,672.
GS ACCT #72943-2	VARIOUS	VARIOUS	679,552.	687,936.			-8,384.
GS ACCT #72944-0	VARIOUS	VARIOUS	1,492,382.	1,426,354.	W	622.	66,650.
2 Totals. Add the amounts in colum act negative amounts) Enter eac your Schedule D, line 1b (if Box A Box B above is checked), or line 3	h total here an above is check	id include on ked), line 2 (if	22775660.	22539779.		22,799.	258,680.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www irs.gov/form8949

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE EDGERLEY FAMILY FOUNDATION

Social security number or taxpayer identification number 20-1867709

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D. line 1a, you are not required to report these transactions on Form 8949 (see instructions)

1 (a) Description of property	not reported to you (b) Date acquired	s) 1099-B show on Form 1099 (c) Date sold or disposed (Mo , day, yr)	(d) r Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if a lif you enter an a enter a coo	(h) Gain or (loss) Subtract column (e	
(Example 100 sh XYZ Co)	(Mo , day, yr)			see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
GS ACCT #43351-4	VARIOUS	VARIOUS	916,475.	979,213.			-62,738
GS ACCT #73957-1	VAPIOUS	VARIOUS	1,273,151.	1267825.	0	1,703.	7,029
GS ACCT #70474-0	VARIOUS	09/06/2013	296,807.	298,908.	0	68.	-2,033
GS ACCT #72687-5	VAPIOUS	VARIOUS	1,351,282.	1361593.	0	-5,366.	- 15 , 677
GS ACCT #72944-0	VARIOUS	VARLOUS	777.				777

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

₅...8949

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

▶Information about Form 8949 and its separate instructions is at www irs gov/form8949.

20**13**

Attachment Sequence No 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE EDGERLEY FAMILY FOUNDATION

Social security number or taxpayer identification number 20-1867709

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term Part transactions, see page 2 Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D. line 1a, you are not required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, If any, to gain or loss 1 If you enter an amount in column (g) enter a code in column (f) (e) Cost or other (h) Gain or (loss) (c) Date sold or (d) (b) Date acquired (a) Description of property See the separate Instructions Proceeds Subtract column (e) from column (d) and basis See the disposed (sales price) Note below and (Example 100 sh XYZ Co) (Mo, day, yr) (Mo day yr) (see instructions) (f) Code(s) from see Column (e) combine the résult Amount of in the separate with column (g) instructions adjustment instructions 07/10/2013 02/17/2013 GS ACCT #70477-3 53. 53

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

53.

53

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

nrm	9949	(2013)

Attachment Sequence No 12A

Page 2

Social security number or taxpayer identification number

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side)

THE EDGERLEY FAMILY FOUNDATION

20-1867709

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS Before you check Box D. E. or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Part II

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

X	(D)	Long	-term	transa	ctions	reported	on Fo	rm(s)	1099-B	showing	basis was	reported	to	the	IRS	(see Not	e above)
	l						-										

(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales proce)	(e) Cost or other basis See the Note below and	If you enter an a	any, to gain or loss amount in column (g), de in column (f) irate instructions	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 ST ATZ CO)	(Mo, day yr)	(Mo , day, yr)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
GS ACCT #44901-5	VARIOUS	VARIOUS	683,998.	633,468.	W	12,814.	63,344.	
GS ACCT #44907-2	VARIOUS	VARIOUS	257,235.	185,477.	W	1,149.	72,907.	
-								
-								
			:					
						· · · · · · · · · · · · · · · · · · ·		
2 Totals. Add the amounts in colu (subtract negative amounts) E include on your Schedule D, linchecked), line 9 (if Box E above (if Box F above is checked) ►	nter each tota e 8b (if Box D is checked),	I here and above is or line 10	941,233.	·		13,963.	<u> </u>	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Page 2

Attachment Sequence No 12A

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.) THE EDGERLEY FAMILY FOUNDATION

Social security number or taxpayer identification number 20-1867709

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so,

the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term Part II transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales proce)	(e) Cost or other basis See the Note below and	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) trate instructions	Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo day, yr)	(Mo , day, yr)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
GS ACCT #43350-6	VARIOUS	VAR1OUS	6,773,786.	1261892.			5,511,894.
GS ACCT #43351-4	VARIOUS	VARIOUS	5,084,384.	4212077.			872,307.
GS ACCT #44901-5	VARIOUS	VARIOUS	122,054.	78,151.			43,903.
GS ACCT #44907-2	VARIOUS	VARIOUS	18,257.	12,589.			5,668.
GS ACCT #73957-1	VARIOUS	VARIOUS	657,978.	691,302.	0	-5,790.	-39,114.
GS ACCT #71494-7	VARIOUS	VAR1OUS	385,664.	347,000.			38,664.
GS ACCT #72941-6	VARIOUS	VARIOUS	176,466.	133,420.			43,046.
GS ACCT #72942-4	VARIOUS	VARIOUS	600,733.	452,353.			148,380.
GS ACCT #72944-0	VARIOUS	VARIOUS	868,645.	921,418.			-52,773.
21,349 SHS FLEETCOR	VARIOUS	03/12/2013	1,504,795.	111,015.			1,393,780.
112,552 SHS SENSATA	VARIOUS	05/28/2013	4,046,244.	778,587.			3,267,657.
21,945 SHS BRIGHT HORIZONS	VARIOUS	06/18/2013	695,828.	224,466.			471,362.
153,706 SHS SENSATA	VARIOUS	12/06/2013	5,879,255.	1072394.			4,806,861.
2 Totals. Add the amounts in co (subtract negative amounts) finclude on your Schedule D, lichecked), line 9 (if Box E abov (if Box F above is checked) ▶	Enter each tota ne 8b (if Box I	I here and Dabove is	26814089.	10296664.		-5,790.	16511635.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2013)

THE EDGERLEY FAMILY FOUNDATION

Attachment Sequence No 12A

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side)

Social security number or taxpayer identification number

20-1867709

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term Part II transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported

to the IRS and for w you are not required						ectly on Sched	ule D, line 8a,
You must check Box D, E, or F b						ng-term transac	tions complete
a separate Form 8949, page 2, fo		•		• • • • • • • • • • • • • • • • • • • •	•	•	
more of the boxes, complete as ma		-		-		. ,	
(D) Long-term transactions r	•		_		•		
(E) Long-term transactions r	eported on F	orm(s) 1099-	B showing basis	was not report	ted to the IRS		
X (F) Long-term transactions r	ot reported t	o you on For	m 1099-B	r. — —			
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	If you enter an a	any, to gain or loss amount in column (g), de in column (f) arate instructions	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 St. A12 00)	(INO , day, yi)	(Mo , day, уг)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
134,693 SHS SENSATA	VARIOUS	02/19/2013	4,471,808.	936,992.			3,534,816
							_
· · · · · · · · · · · · · · · · · · ·							

936,992.

4,471,808.

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (If Box F above is checked) ▶

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

20-1867709

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

		AND LO			INVEST	P	Date	Date sold
Kind of P				ription		D D	acquired	Date 3010
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
CANCINGES OF SUIC	angwasig	TOTAL SHORT-PARTNERSHIP ESTATES OR 1	-TERM COMMO , S CORPORA IRUST GAIN IERM COMMON	N TRUST FUN TION, AND O' OR LOSS TRUST FUND	D AND IHER AND		19,752.	
		PARTNERSHIP ESTATES OR			THER		59,794.	
		TOTAL CAPITA	AL GAIN DIS	TRIBUTIONS			29,552.	
6,773,786.		GS ACCT #433	350-6				VARIOUS 5,511,894.	VARIOUS
16452626.		GS ACCT #433 16447189.	351-4				VARIOUS 15,420.	VARIOUS
5,084,384.		GS ACCT #433 4,212,077.	351-4				VARIOUS 872,307.	VARIOUS
916,475.		GS ACCT #433 979,213.	351-4				VARIOUS -62,738.	VARIOUS
596,287.		GS ACCT #449 579,206.	901-5				VARIOUS 18,379.	VARIOUS
683,998.		GS ACCT #449 633,468.	901-5				VARIOUS 63,344.	VARIOUS
122,054.		GS ACCT #4449 78,151.	901-5				VARIOUS 43,903.	VARIOUS
529,632.		GS ACCT #4449 475,188.	907-2				VARIOUS 55,761.	VARIOUS
257,235.		GS ACCT #449 185,477.	907-2				VARIOUS 72,907.	VARIOUS
18,257.		GS ACCT #445 12,589.	907-2				VARIOUS 5,668.	VARIOUS
1,273,151.		GS ACCT #735 1,267,825.	957-1				VARIOUS 7,029.	VARIOUS
657,978.		GS ACCT #735 691,302.	957-1				VARIOUS -39,114.	VARIOUS

20-1867709

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

<i></i>	APITAL GAI	NS AND LO	SSES FOR	<u> CIAX ON</u>	INVEST	<u>VIE</u>	NI INCOM	
Kind of F	roperty		Desc	ription		D 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)	
296,807.		GS ACCT #704 298,908.	174-0				VARIOUS -2,033.	09/06/2013
950,070.		GS ACCT #704 825,185.	176-5				VARIOUS 132,828.	VARIOUS
406,003.		GS ACCT #704 418,348.	177-3				VARIOUS -10,709.	VARIOUS
53.		GS ACCT #704	177-3				02/17/2013	07/10/2013
385,664.		GS ACCT #714 347,000.	194-7				VARIOUS 38,664.	VARIOUS
1,351,282.		GS ACCT #726 1,361,593.	587-5				VARIOUS -15,677.	VARIOUS
1,548,330.		GS ACCT #729	941-6				VARIOUS -13,937.	VARIOUS
176,466.		GS ACCT #729	941-6				VARIOUS 43,046.	VARIOUS
120,778.		GS ACCT #729	342-4				VARIOUS 2,672.	VARIOUS
600,733.		GS ACCT #729 452,353.	342-4				VARIOUS 148,380.	VARIOUS
679,552.		GS ACCT #729 687,936.	943-2				VARIOUS -8,384.	VARIOUS
1,492,382.		GS ACCT #729	944-0				VARIOUS 66,650.	VARIOUS
							3	

20-1867709

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

Kind of Property	AINS AND LOSSES FOR TAX ON IN Description					Date	Date sold
	Cost or	FMV	Adj basis		o ac	quired Gain	
Gross sale Depreciation price less allowed/ expenses of sale allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (ioss)	
777.	GS ACCT #729	944-0			VAR	IOUS 777.	VARIOUS
868,645.	GS ACCT #729 921,418.	944-0			1	IOUS 52,773.	VARIOUS
4,471,808.	134,693 SHS 936,992.	SENSATA				IOUS 34,816.	02/19/2013
1,504,795.	21,349 SHS H 111,015.	FLEETCOR				IOUS 93,780.	03/12/2013
4,046,244.	112,552 SHS 778,587.	SENSATA			1	IOUS 67,657.	05/28/2013
695,828.	21,945 SHS E 224,466.	BRIGHT HORI	ZONS			IOUS 71,362.	06/18/2013
5,879,255.	153,706 SHS 1,072,394.	SENSATA				IOUS 06,861.	12/06/2013
TOTAL GAIN(LOSS)					20	477838.	

ATTACHMENT 1

RECEIVED
GRANTS RE
S AND G
GIFTS
PART I - CONTRIBUTIONS,
FORM 990PF, P

DIRECT PUBLIC SUPPORT	4,595,725.	1,967,802.	1,541,291.	1,335,338.	4,141,351.	738,559.
DATE	02/12/2013	03/05/2013	03/06/2013	05/09/2013	05/21/2013	06/12/2013
NAME AND ADDRESS	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445	PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445

THE EDGERLEY FAMILY FOUNDATION

ATTACHMENT 1 (CONT'D)

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

NAME AND ADDRESS

DATE

SUPPORT DIRECT PUBLIC

5,963,793.

12/02/2013

PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445

TOTAL CONTRIBUTION AMOUNTS

20,283,859.

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

NET INVESTMENT INCOME		53,757. -17,703. -59.	11,578. -2,077. 8.	7. 28. 107,719. -29,823.	154,894.
REVENUE AND EXPENSES PER BOOKS	10,187. 39,145. -18,276.	53,757. -17,703. 59.	11,578. -2,077. 8.	7. 28. 107,719. -29,823.	154,894.
	(ACC'D INT)	(ACC'D INT)	(ACC'D INT)	(ACC'D INT)	TOTAL
	S 010-43350-6 S 010-43351-4 S 010-43351-4 S 010-44901-5	010-70474- 010-70474- 010-70476- 010-70477-	\$ 010-71494-7 \$ 010-72687-5 \$ 010-72687-5 \$ 010-72941-6 \$ 010-72942-4	מז מז מז מז	
DESCRIPTION	GOLDMAN SACHS GOLDMAN SACHS GOLDMAN SACHS GOLDMAN SACHS			GOLDMAN SACHS GOLDMAN SACHS GOLDMAN SACHS GOLDMAN SACHS	

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

NET INVESTMENT INCOME	36,576. 327,425. 39,431. 24,529. 4,075. 22,863. 4,606. 3,989. 3,989. 10,837. 7,054. 24,676. 2,218. 451.	513,418.
REVENUE AND EXPENSES PER BOOKS	36,576. 327,425. 39,431. 24,529. 4,075. 22,863. 4,606. 3,989. 3,989. 10,837. 7,054. 24,676. 2,218. 451.	513,418.
DESCRIPTION	GOLDMAN SACHS 010-43350-6 GOLDMAN SACHS 010-43351-4 GOLDMAN SACHS 010-44901-5 GOLDMAN SACHS 010-44907-2 GOLDMAN SACHS 010-70476-5 GOLDMAN SACHS 010-70477-3 GOLDMAN SACHS 010-72942-4 GOLDMAN SACHS 010-72942-4 GOLDMAN SACHS 010-72943-2 GOLDMAN SACHS 010-72943-2 GOLDMAN SACHS 010-72943-2 HFS: BREVAN HOWARD MULTI-STRATEGY HFS: BRIGADE LEVERAGED CAPITAL HFS: CORSAIR CAPITAL PARTNERS FLAGSHIP HFS: TUDOR DISCRETIONARY MACRO HFS: WNTN DEDICATED INVESTOR	TOTAL

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION GOLDMAN SACHS 010-43351-4 - ORD. GAIN GOLDMAN SACHS 010-73957-1 - ORD. GAIN HFS: BREVAN HOWARD MULTI STRATEGY HFS: BRIDGADE LEVERAGED CAPITAL HFS: CORSAIR CAPITAL PARTNERS FLAGSHIP HFS: TUDOR DISCRETIONARY MACRO HFS: WNTN DEDICATED INVESTOR	REVENUE AND EXPENSES PER BOOKS 2,324. -27,307. -9,255. -337. -40. 10,186. -2,188.
TOTALS	-26,617.

FORM 990PE, PART I - OTHER PROFESSIONAL FEES

	NET	INVESTMENT	INCOME	127,715.
REVENUE	AND	EXPENSES	PER BOOKS	127,715.
			DESCRIPTION	GOLDMAN SACHS MGT FEES

127,715.

127,715.

TOTALS

127,715.

THE EDGERLEY FAMILY FOUNDATION

FORM 990PF, PART I - INTEREST EXPENSE

NET INVESTMENT INCOME	2,362. 10,958. 439. 477.	14,270.
REVENUE AND EXPENSES PER BOOKS	2,362. 10,958. 439. 477.	14,270.
DESCRIPTION	HFS: BREVAN HOWARD MULTI STRAT HFS: BRIGADE LEVERAGED CAPITAL HFS: CORSAIR CAPITAL PARTNERS HFS: TUDOR DISCRETIONARY MACRO HFS: WNTN DEDICATED INVESTOR	TOTALS

FORM 990PF, PART I - TAXES

	NET	INVESTMENT	INCOME	14,117.	1,000.	•		15,117.
REVENUE	AND	EXPENSES	PER BOOKS	14,117.	1,000.	45,000.	188,000.	248,117.
			DESCRIPTION	FOREIGN TAXES PAID	MASS. FORM PC FILING FEE	FEDERAL EXTENSION PAYMENT	FEDERAL ESTIMATED TAX PAYMENT	TOTALS

THE EDGERLEY FAMILY FOUNDATION

FORM 990PF, PART I - OTHER EXPENSES

	AND	B
	EXPENSES	INVEST
DESCRIPTION	PER BOOKS	INCC
HFS: BREVAN HOWARD MULTI STRAT	12,881.	
HFS: BRIGADE LEVERAGED CAPITAL	10,917.	
HFS: CORSAIR CAPITAL PARTNERS	7,076.	
HFS: TUDOR DISCRETIONARY MACRO	7,598.	
HFS: WNTN DEDICATED INVESTOR	8,864.	

	NET	INVESTMENT	INCOME	12,881.	10,917.	7,076.	7,598.	8,864.
REVENUE	AND	VPENSES	IR BOOKS	12,881.	10,917.	7,076.	7,598.	8,864.

47,336.

47,336.

TOTALS

THE EDGERLEY FAMILY FOUNDATION

20-1867709

ATTACHMENT 9

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

<u>DESCRIPTION</u> <u>AMOUNT</u>

UNREALIZED GAIN ON CONTRIBUTIONS REC'D 15,272,968.

TOTAL 15,272,968.

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

NAME AND ADDRESS

PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445 PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445 PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445 PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445 PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445

PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445 PAUL AND SANDRA EDGERLEY 119 HYSLOP ROAD BROOKLINE, MA 02445

THE EDGERLEY FAMILY FOUNDATION

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

PAUL EDGERLEY

119 HYSLOP ROAD BROOKLINE, MA 02445

TRUSTEE

119 HYSLOP ROAD BROOKLINE, MA 02445 SANDRA EDGERLEY

TRUSTEE

THE EDGERLEY FAMILY FOUNDATION

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

		ATTACHY	ATTACHMENT 12
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DELTA UPSILON INTERNATIONAL 8705 FOUNDERS ROAD INDIANAPOLIS, IN 46268	PC	CHARITABLE	62,500
UNITED WAY OF MASSACHUSETTS BAY 6 MERRIMACK VALLEY 51 SLEEPPER STREET BOSTON, MA 02210	PC	CHARITABLE	234,000.
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472	PC	CHARITABLE	150,000.
WGBH ONE GUEST STREET BRIGHTON, MA 02135	PC	CHARITABLE	10,000
NEW PROFIT INC 2 CANAL PARK CAMBRIDGE, MA 02141	PG	CHARITABLE	400,000.
KANSAS STATE UNIVERSIIY FOUNDATION 2323 ANDERSON AVENUE, SUITE 500 MANHATTAN, KS 66502-2911	PC	CHARITABLE .	6,002,500

110,000.

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

CHARITABLE

50,000

CHARITABLE

100,000.

CHARITABLE

50,000

CHARITABLE

600,000.

CHARITABLE

20,000

CHARITABLE

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

2	P.	PC	D4	P	<u>u</u>	
ISABELLA STEWART GARDNER MUSEUM 280 THE FENWA: 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 COMPLTETIVE INNER CITY 200 HIGH STREET, FLOOR 3 BOSTON, MA 02116	CITY YEAR 287 COLUMBUS AVENUE BOSTON, MA 02116	MOTHER CAROLINE ACADEMY & EDUCATION CENTER 515 BLUE HILL AVENUE DORCHESTER, MA 02121	

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

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ATTACHMENT 12 (CONT'D)

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	AMOUNT	1,182,000	100,000	200,000	10,000	25,000	250,000.
	PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
(RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	PC	PC	PC	P.C.	P.C.	PC
	RECIPIENT NAME AND ADDRESS	BOXS & GIRLS CLUBS OF BOSTON 50 CONGRESS STREET, SUITE 730 BOSTON, MA 02109	RIGHT TO PLAY PIER 62, SUITE 303 NEW YORK, NY 10011	HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROKBURY, MA 02119	THE STEPPINGSTONE FOUNDATION 155 FEDERAL STREET, SUITE 800 BOSTON, MA 02110	THE CARTER CENTER ONE COPENHILL 453 FREEDOM PARKMAY ATLANTA, GA 30307	CHILDREN'S HOSPITAL - BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115

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

AMOUNT	5,000.	25,000	10,000	25,000	30,000	125,000.
PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIF TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PC	PC	O _A	Ď.	PC	PC
RECIPIENT NAME AND ADDRESS	ASIAN TASK FORCE AGAINST DOMESTIC VIOLENCE P.O BOX 120108 BOSTON, MA 02012	NEW ENGLAND FATRIOTS CHARITABLE FOUNDATION ONE PATRIOT FLACE FOKBOROUGH, MA 02035	ST. SAVA SERBIAN ORTHODOX CHUFCH BOSTON 41 ALEMIFE BROOK PARKWAY CAMBRIDGE, MA 02140	TENACITY 38 EVERETI STREET BOSTON, MA 02134	BERKLEE COLLEGE OF MUSIC 1140 BOXLSTON STREE! BOSTON, MA 02115	MENCY CORPS PO BOX 2669, DEPT W PORTLAND, OR 97208

THE YEAR
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AND CONTRIBUTIONS
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PART
FORM 990PF

AMOUNT	10,000	25,000.	10,000	10,000	275,000.	2, 500.
PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARTIABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	28	PC	O ₄	S	PC	PO
RECIPIENT NAME AND ADDRESS	BRIDGE OVER TROUBLED WATERS 47 WEST STREET BOSTON, MA 02111	MASS SOCIETY OF PREVENTION FOR CRUELTY TO CHILDREN 99 SUMMER STREET BOSTON, MA 02110	GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA D2118	ROSIE'S PLACE 989 HARRISON AVENUE BOSTON, MA 02118	YEAR UP 93 SUMMER STREET, 5TH FLOOR BOSTON, MA 02110	GATEWAY ARTS 60-62 HARVARD STREET BROOKLINE, MA 02445

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

LURA STAFF, FARILLA LANGUE AND LUBARITORS FALLE.	MALINI, THE LESS	- 7	ATTACHMENT 12 (CONT.D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CRADLES TO CRAYONS 155 NORTH BEACON STREET BRIGHTON, MA 02135	PC	CHARITABLE	10,000
BIG BROTHER BIG SISTER OF MASS BAY 75 FEDERAL STREET, 8TH FLOOR BOSTON, MA 02110	PC	CHARITABLE	110,000.
THE BOSTON FOUNDATION/CLF 75 ARLINGTON STREET BOSTON, MA 02116	Ď.	CHARITABLE	20,000
BIG SISTER ASSOCIATION OF GREATER BOSTON 161 MASSACHUSETTS AVENUE BOSTON, MA 02115	PC	CHARITABLE	10,000
NOBLE AND GREENOUGH SCHOOL. 10 CAMPUS DRIVE DEDHAM, MA 02026	PC	CHARITABLE	. 000, 000
PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	D _d	CHARITABLE	75,000

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	AMOUNT	10,000	10,000	500.	10,230	25,000	75,000
	PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	PC	PC	D _Q	Q	P. C.	O _d ,
	RECIPIENT NAME AND ADDRESS	PLGA FOUNDATION 98 RANDOM FARMS DRIVE CHAPPAQUA, NY 10514	WEST SUBURBAN YMCA 276 CHURCH STREET NEWTON CORNER, MA 02458	NASHOBA LEARNING GROUP INC 10 OPK PARK DRIVE BEDFORD, MA 01730	BAIN CAPITAL CHILDREN'S CHARITY 200 CLARENDON STREET BOSTON, MA 02116	METRO LACROSSE 25 THOMSON PLACE FIRST FLOOR BOSTON, MA 02210	BOSTON CELTICS SHAMROCK FOUNDATION 226 CAUSEWAY STREET STE 4 BOSTON, MA 02114

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THE EDGERLEY FAMILY FOUNDATION

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE V	DIRING THE VEAR		ATTACHMENT 12 (CONT'D)
	RELATIONSHIF TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE JOEY FUND - THE CYSTIC FIBROSIS FOUNDATION 220 NORTH MAIN STREET SUITE 104 NATICK, MA 01760	PC	CHARITABLE	10,000
YOUTH VILLAGES 3320 BROTHER BLVD MEMPHIS, TN 38133	PC	CHARITABLE	000,000
RESEARCH INSTITUTE FOR LEARNING AND DEVELOPMENT 4 MILITIA DRIVE STE 20 LEXINGTON, MA 02421	O _A	CHARITABLE	15,000
INSIDE OUT YOUTH SERVICES 235 S NEVADA AVE COLORADO SPRINGS, CO 80903	Q.	CHARITABLE	20,000
ARSENAL CENTER FOR THE ARTS 321 ARSENAL STREET WATERTOWN, MA 02472	PO	CHARITABLE	2,500.
NEWTON CENTER FOR ARTS AND CULTURE INC 1320 CENTRE STREET SUITE 201 NEWTON CENTER, MA 02459	PC	CHARITABLE	., 500.

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

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		ATTACHMENT 12 (CONT'D)	2 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 600 ATLANTIC AVENUE 13TH FLOOR BOSTON, MA 02110	PC	CHARITABLE	2,030,000
NEW ENGLAND AQUARIUM CENTRAL WHARF BOSTON, MA 02110	PC	CHARITABLE	10,000
AIDS ACTION COMMITTEE OF MA 75 AMORY STREET BOSTON, MA 02119-0026	PC	СНАКІТАВЬЕ	10,000
BOSTON CHILDREN'S CHORUS 112 SHAWMUT AVENUE SUITE 5B BOSTON, MA 02118	PC	CHARITABLE	10,000
BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	PC	СНАКІТАВЬЕ	500.
THE CAMERON AND HAYDEN LORD FOUNDATION 110 RIVERSIDE DRIVE NEW YORK, NY 10024	PC	CHARITABLE	1,000.

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

ATTACHMENT 12 (CONT'D)

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AMOUNT	1,000	2,000	2,000	2,000.	25,000	1,000.
PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PC	DQ.	PC	PG	PC	PC
RECIPIENT NAME AND ADDRESS	CHURCH OF ST. IGNATIUS OF LOYOLA 980 PARK AVE NEW YORK, NY 10028	COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON, MA 02110-2700	CROHNS AND COLITIS FOUNDATION OF AMERICA 270 FURMAN FARM ROAD DANIEL ISLAND, SC 29492	FCA ASSOCIATION P.O. BOX 111 BOSTON, MA 02117	CAMP HARBOR VIEW FOUNDATION 200 CLARENDON STREET, 60TH FLOOR BOSTON, MA 02116	HYDE SQUARE TASK FORCE 375 CFNTRE STREET JAMAICA PLAIN, MA 02130

THE EDGERLEY FAMILY FOUNDATION

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

(CONT'D)	AMOUNT	25,000	550.	1,000.	10,000	10,000	50,000
ATTACHMENT 12 (CONT'D)							
	BUTION						
	PURPOSE OF GRANT OR CONTRIBUTION						
	PURPOSE OF (CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
	w						
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT						
	TIONSHIP TO SUBSTANTIAL CONTRI AND FOUNDATION STATUS OF RECIPIENT						
	RELATION <u>FOUN</u>	D.	24	N N	S	2	D G
	ADDRESS	HALL OF FAME	: FOUNDATION	(TMENT IUE		350	L HOSPITAL
	RECIPIENT NAME AND ADDRESS	INTERNATIONAL TENNIS HALL OF FAME 194 BELLEVUE AVENUE NEWPORT, RI 02840	ISLAND CREEK OYSTERS FOUNDATION P.O BOX 348 DUXBURY, MA 02331	JAMESTOWN FIRE DEPARTMENT 50 NARRACANSETT AVENUE JAMESTOWN, RI 02035	JDRF 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	LITTLE RED SCHOOL HOUSE 196 BLEECKER STREET NEW YORK, NY 10012	MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE STREET SUITE 600 BOSTON, MA 02114
	RECI	INTE 194 NEWPC	ISLA P.O DUXBI	JAME: JAME:	JDRF 26 BRC 14TH 1	LITT] 196 F NEW)	MASS; 165 (SUITE BOSTC

ATTACHMENT 12 (CONT'D)		AMOUNT	15,000	. 200, 000	10,000	6, 000.	5,000.	10,000
		PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
PAID DURING THE YEAR	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	PC	PC	PC	DQ.	PC	PC
CORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR		RECIPIENT NAME AND ADDRESS	MIAMI VALLE) SCHOOL 5656 SPRINGBORO PIKE DAYTON, OH 45449	ONE FUND BOSTON 18 TREMONT STREET SUITE 330 BOSTON, NA 02108	OXBRIDGE ACADEMY FOUNDATION 3151 N MILITARY TRL WEST PALM BEACH, FL 33409	NATIONAL MS SOCIETY 101A FIRST AVE SUITE 6 WALTHAM, MA 02451-1115	ROSE KENNEDY GREENWAY CONSERVANCY 185 KNEELAND STREET 2ND FLOOR BOSTON, MA 02111	SQUASHBUSTERS 795 COLUMBUS AVENUE

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

ATRIBUTION AMOUNT	239, 692.	1,000.	.000.	10,000	4,361.	90,000
PURPOSE_OF_GRANT_OR_CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PC	D.J.	PC	PC	PC	PC
RECIPIENT NAME AND ADDRESS	STRATEGIC GRANT PARTNERS 240 NEWBURY STREET SUITE 2 BOSTON, MA 02116	THE ABUNDANT TABLE 100 WINTER STREET NORMOOD, MA 02062	THE FUND FOR PARKS AND RECREATION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	THE ISLAND SCHOOL P O BOX 2512 VINEYARD HAVEN, MA 02568	PINGRY 131 MARTINSVILLE ROAD BASKING RIDGE, NJ 07920	USTA SERVES 70 W RED OAK LANE WHITE PLAINS, N' 10604

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CONTRIBITIONS PAID	
PART XV - GRANTS AND CONTRIBILITIONS	
FORM 990PF	

AND TON STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	CHARITABLE 50,000	CHARITABLE 25,000	CHARITABLE 15,000	CHARITABLE 5,000.	CHARITABLE 10,000	CHARITABLE 1,000.
RELATIONSHIP TO SUBSTANTIAL CONTRI AND FOUNDATION STATUS OF RECIPIENT	S	ប្ត	P. C	g	, Dd	S.
RECIPIENT NAME AND ADDRESS	MAKE A WISH COUNDATION 13195 WEST HAMPTON AVENUE BUTLER, WI 53007	BOSTON SCHOLAR ATHLETES 65 ALLERTON STREET ROABURY, MA 02119	BOSTON NEIGHBORHOOD BASKETBALL TO BE DECIDED	EAGLE MOUNT TO BE DECIDED	KLIPTOWN YOUTH PROGRAM P O BOX 127 KLIPTOWN 1812 SOUTH AFRICA	SAMARITANS 41 WEST STREET 4TH FLOOR

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FORM

AMOUNT	5,000	.000.	25,000	125,000.
PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARLTABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	O. A. C.	PA	Q	$\mathcal{O}_{\mathbf{d}}$
RECIPIENT NAME AND ADDRESS	U ASPIRE FIRST ONE 31 ST JAMES AVENUE SUITE 520 BOSTON, MA 02116	CATHOLIC SCHOOLS FOUNDATION 260 FRANKLIN STREET SUITE 630 BOSTON, MA 02110	MASSACHUSETTS EYE AND EAR FOUNDATION 243 CHARLES STREET BOSTON, MA 02114	NEW SCHOOLS VENTURE FUND 211 CONGRESS STREET 10TH FLOOR BOSTON, MA 02110

TOTAL CONTRIBUTIONS PAID

14,378,933.