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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

Department of the Treasury

SCANNED MAY 1 2 2015

_			iii 330+1 and its separat	e mondenens is at		достинизовре В	to rabile inspection
F		lendar year 2014 or tax year beginning		, 2014, and	ending	T	, 20
		of foundation				A Employer identifi	
_		ARD BANGS KELLEY AND ELZA K					6039660
	Numt	per and street (or P.O. box number if mail is not deliver	ed to street address)	Roo	m/suite	B Telephone number	r (see instructions)
_		NORTH MAIN STREET				50	<u>8-775-3117 </u>
	City o	r town, state or province, country, and ZIP or foreign p	ostal code				
		mu va nuovimu va oocca				C If exemption applicat pending, check here	ion is ▶
		TH YARMOUTH, MA 02664				_	<u></u>
G	Che	ck all that apply: Initial return	<u> </u>	of a former public	cnarity	D 1 Foreign organizati	
		Final return	Amended ret			2 Foreign organizati 85% test, check he	
_	Cha	Address change ck type of organization. X Section 501	Name chang			computation •	▶ ∟
ï	$\overline{}$					E If private foundation	
+		ection 4947(a)(1) nonexempt charitable trust	Other taxable pr	ash X Accrual		under section 507(b)	-
•			ounting method: Co Other (specify)	asn N Accidal		F If the foundation is in	Г 1
			column (d) must be on ca	ch hasis l		under section 507(b)	(1)(B), check here . >
ŀ		Analysis of Revenue and Expenses (The	J	sii basis j		' 	(d) Disbursements
٧	टाए	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investme	nt	(c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions))	books	income		income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule) .	17,650.	-			1000 20010 011177
	2	Chack if the foundation is not required to					
	3	Interest on savings and temporary cash investments.		·			
	4	Dividends and interest from securities	173,500.	171,3	22		STMT 1
	5a	Gross rents				·- -	
	b	Net rental income or (loss)	·				
a)		Net gain or (loss) from sale of assets not on line 10	306,209.				
Ž	Ъ	Gross sales price for all 2 447 240					
Revenue	7	Capital gain net income (from Part IV, line 2).		306,2	09.		
æ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances			,		
	ь	Less Cost of goods sold					
	С	Gross profit or (Ass)-(attach schedule)					
	11	Other income (attach schedule) ().			Į į		
	12	Total Add lines 1 through 11	497,359.	477,5	31!.		
	13	Compensation of officers, directors trustees, etc.	20,400.		+		20 <u>,40</u> 0
enses	14	Other employee salaries and wages					
en	15	Pension plans, employee benefits					
άx	16a b c 17 18 19 20 21	Legal fees (attach schedule)					
e	b	Accounting fees (attach schedule) STMT. 5.	4,600.		ONE	NONE	4,600
\$	С	Other professional fees (attach schSEMET. 6.	29,102.	29,1	02.		
tra	17	Interest	14 000		<u> </u>		
nis	18	Taxes (attach schedule) (see instructions). 7.	14,231.	1,4	61.		
Ē	19	Depreciation (attach schedule) and depletion.	<u></u>				
Ad	20	Occupancy					062
פ	21	Travel, conferences, and meetings	963.				963 333
a		Printing and publications	332.				332
Ē	23	Other expenses (attach schedule)					
rat	24	Total operating and administrative expenses.	(0.00)	יי די	62	MONTE	26 205
Operating		Add lines 13 through 23	69,628.	30,5	03.	NONE	26,295
0	25	Contributions, gifts, grants paid	238,043	70 5	62	NONE	238,043
4	26	Total expenses and disbursements Add lines 24 and 25	307,671.	30,5	03.	NONE	264,338
ļ	27	Subtract line 26 from line 12	100 600				
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	189,688.	446,9	68		
		Adjusted net income (if negative, enter -0-).		140,5	55.		

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Form 990-PF (2014)

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Form 990-PF (2014)

			Attached schedules and amounts in the	Beginning of year	6033000 End (of year
Ρ	art II	Balance Sheets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-hear	ng	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4) 555 5	(0,700.000.000
	2		cash investments	110,165.	59,850.	59,850
	1				37,030.	37,030
	•	Less allowance for doub	otful accounts ►			
					·	
	4	riedges receivable -		:		
ĺ	_		otful accounts			<u> </u>
						<u> </u>
	6		officers, directors, trustees, and other			
			ach schedule) (see instructions)			
			eceivable (attach schedule)			
			otful accounts -			
Assets	8		se			
SSE	9	Prepaid expenses and d	eferred charges			
۷	10 a	Investments - U S and state	government obligations (attach schedule).	NONE	50,000.	
į	ь	Investments - corporate	stock (attach schedule)	3,327,219.	4,172,610.	
			bonds (attach schedule)	1,600,017.	1,493,531.	1,980,129
	11	Investments - land, building and equipment basis Less accumulated deprecia	istion	_		
	12	Investments - mortgage	loans		 -	
	13	Investments - other (atta	ch schedule)	547,519.		
	14	Land, buildings, and equipment basis	>			
		Less accumulated deprecia				
	15	(attach schedule) Other assets (describe	•			
			completed by all filers - see the	-		
			age 1, item I)	5,584,920.	5,775,991.	6,819,031
_	17		ccrued expenses	<u> </u>	<u> </u>	<u> </u>
	18					
	19		· · · · · · · · · · · · · · · · · · ·			
ë						
Ρij	20		rs, trustees, and other disqualified persons			
Liabilities		• -	tes payable (attach schedule)			
	22	Other liabilities (describe	; ▶)			
	22	Takal liabilisias ladd land	s 17 through 22)		NONE	,
_					NONE	
Se		and complete lines 2	ow SFAS 117, check here , ▶ 4 through 26 and lines 30 and 31.			; ;
alances						
핗						
Net Assets or Fund B		Foundations that do check here and comp	not follow SFAS 117, ▶ X blete lines 27 through 31.			
ō			ipal, or current funds	5,584,920.	5,775,991.	
Ę			land, bldg , and equipment fund			
Ass	29	•	ated income, endowment, or other funds			
뉳		•	I balances (see instructions)	5,584,920.	5,775,991.	
Ž		Total liabilities and				
- [5,584,920.	5,775,991.	
P	art III		iges in Net Assets or Fund Balar		-1-1-1	
			palances at beginning of year - Part I		nust agree with	
•			d on prior year's return)			5,584,920.
2						189,688.
3	Othe	er increases not includ	line 27a	ECT BV ADJUSTMENT	3	1,383.
			ed in line 2 (iterinze) Panki io kara			5,775,991.
		reases not included in			5	5,,,5,551.
2	Tata	Last seests or fund by	alances at end of year (line 4 minus li	ne 5) - Part II, column (b)		5,775,991.
0	rota	i net assets of fund ba	nances at end or year (line 4 minus li	ne oj - rarcii, culumin (b)	, iiiie 30 0	J, 113, 331.

5,775,991. Form **990-PF** (2014)

Pa	art IV Capital Gains	and Losses for Tax on Inve	estment Income			rage 3
	(a) List and 2-story b	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
-		D - Donation	(mo , day, yr)	(11.0 , 007, 71)		
1a b	PUBLICLY TRADED	SECORTITES				
_ <u>c</u>				 		
<u>d</u>				 		
-ĕ				<u> </u>		
	(e) Gross sales price		(h) Gain or (lo			
а	2,447,240.		,	306,209.		
_ <u>_</u>			2,141,031.			300,203
_ _						
ď						
e						
	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	ein minus
	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	han -0-) or
	(I) F IVI V as of 12/31/69	as of 12/31/69	over col_(j), if any		Losses (from co	l (h))
a						306,209.
b						
_c				<u> </u>		<u></u>
<u>d</u>						
<u>e</u>				<u> </u>		
2	Capital gain net income of	or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		306,209.
3	Net short-term capital ga	in or (loss) as defined in sections 1				
	If gain, also enter in Pa	art I, line 8, column (c) (see inst	tructions) If (loss), enter -0- in			
		. <u></u> <u></u>		_3	<u>-</u>	
Pa	rt V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
Wa		the section 4942 tax on the distrib	outable amount of any year in the b	ase period	_ქ 7] Yes 🔣 No
		not qualify under section 4940(e)				
1			; see the instructions before making	g any entr	1es. (d)	_
Ca	(a) Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2013	304,605.	6,235,250	<u> </u>		0.048852
	2012	365,183.	4,893,442.			0.074627
	2011	236,270.	5,657,243.			0.041764
	2010	345,167.	5,360,569.	 	·- <u>-</u>	0.064390
	2009	251,632.	4,902,287.	 		0.051330
2	Total of line 1, column (d)		_ 2		0.280963
3		for the 5-year base period - divide				
		dation has been in existence if less	•	3		0.056193
			.		_	CCO 100
4	Enter the net value of nor	ncharitable-use assets for 2014 fro	m Part X, line 5	4		669,108.
5	Multiply line 4 by line 3.			5		374,757.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		4,470.
7	Add lines 5 and 6			7		379,227.
8	Enter qualifying distribution	ons from Part XII, line 4		8		264,338.
	If line 8 is equal to or gi Part VI instructions.	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax	rate. See the

Form	990-PF (2014) 04 - 6039660		F	Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ıction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter N/A on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		8,9	<u>939.</u>
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		8.9	39.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			VONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			939.
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 8,940 .			
ь	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		8,9	940.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1.
<u>11</u>	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 1 Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			ļ
	Instructions for the definition)?	1b		<u> X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	}		
	published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c_		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			ĺ
	(1) On the foundation ►\$(2) On foundation managers ►\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$	_		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during-the year?	5 -	-	- X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6_	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	l	1	l
	MA			
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	۸.	v	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1		
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	9		Х
	complete Part XIV	 -	<u> </u>	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their STMT 8	10	Х	1
	names and addresses		IO-PE	(2014)

Form	990-PF (2014)		•	age J
Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶ kellyfoundation.org			
14	The books are in care of ▶ SEE STATEMENT 9 Telephone no ▶			
	Located at ▶ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If			
	"Yes," enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)		ŀ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		İ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(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 7 Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		ļ	
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days } Yes X No			
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	ļ.,	
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2014?	1c		X
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))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years			
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)	<u>2b</u>		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			
	>		1	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	}		
	foundation had excess business holdings in 2014)	3Ь		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	0.05	<u> X</u>

2 Compensation of five highest-paid employees "NONE."

(a) Name and address of each employee paid more than \$50,000

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account, other allowances

NONE Form 990-PF (2014)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No (a) Name and address of each person paid more than \$50,000 (b) Type of service EASTERN BANK SAUGUS, MA 01906 INVESTMENT MANAGER JAMES F BOGLE, CPA YARMOUTHPORT, MA 02675-1757 ACCOUNTANT Total number of others receiving over \$50,000 for professional services	
SAUGUS, MA 01906 JAMES F BOGLE, CPA YARMOUTHPORT, MA 02675-1757 ACCOUNTANT Fotal number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 CAPE COD HEALTHCARE FOUNDATION INC. RENOVATION 2 CAPE COD REGIONAL SUBSTANCE ABUSE PREVENTION INITIATIVE	(c) Compensation
SAUGUS, MA 01906 JAMES F BOGLE, CPA YARMOUTHPORT, MA 02675-1757 ACCOUNTANT Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 CAPE COD HEALTHCARE FOUNDATION INC. RENOVATION 2 CAPE COD REGIONAL SUBSTANCE ABUSE PREVENTION INITIATIVE	
Total number of others receiving over \$50,000 for professional services	2,100
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 CAPE COD HEALTHCARE FOUNDATION INC. RENOVATION 2 CAPE COD REGIONAL SUBSTANCE ABUSE PREVENTION INITIATIVE	
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List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 CAPE COD HEALTHCARE FOUNDATION INC. RENOVATION 2 CAPE COD REGIONAL SUBSTANCE ABUSE PREVENTION INITIATIVE	► NONE
organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 CAPE COD HEALTHCARE FOUNDATION INC. RENOVATION 2 CAPE COD REGIONAL SUBSTANCE ABUSE PREVENTION INITIATIVE	
RENOVATION 2 CAPE COD REGIONAL SUBSTANCE ABUSE PREVENTION INITIATIVE	of Expenses
	_
	25,00
SUBSTANCE ABOSE PREVENTION	-
	50,00
3COMMUNITY HEALTH CENTER OF CAPE COD OPTOMETRY PROGRAM	-
	15,000
4BIG_BROTHERS_BIG_SISTERS_OF_CAPE_COD_&_THE_ISLANDSOPERATING_SUPPORT	-
OFBRIDG DUFFORI	12,000
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
1NONE	
	_
2	-
All other program-related investments. See instructions 3 NONE	
~	_
Total. Add lines 1 through 3	

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreignee instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		6 550 660
	Average monthly fair market value of securities	1a	6,770,668.
	Average of monthly cash balances	1b	NONE
C	Fair market value of all other assets (see instructions)	1c	NONE NONE
d	Total (add lines 1a, b, and c)	l la	6,770,668.
е			
_	1c (attach detailed explanation)	2	MONE
2	Acquisition indebtedness applicable to line 1 assets	3	NONE
3	Subtract line 2 from line 1d	3	6,770,668.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	4	101 560
_	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	101,560.
5	Minimum investment return. Enter 5% of line 5	6	6,669,108.
6			333,455.
Fart	XI 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.)	ations	
1	Minimum investment return from Part X, line 6	1	333,455.
	Tax on investment income for 2014 from Part VI, line 5	 	
za b	Income tax for 2014 (This does not include the tax from Part VI.).		
C	Add lines 2a and 2b	2c	8,939.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	324,516.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	324,516.
6	Deduction from distributable amount (see instructions).	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	324,516.
Part	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	264,338.
ь	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		-
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add_lines_1a through 3b. Enter here and on Part V,-line-8, and Part XIII, line 4	4	264 , 338 .
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	264,338.
	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.	alculating	whether the foundation

Form 990-PF (2014)

Page 9

	n 990-PF (2014) Irt XIII Undistributed Income (see Instruct	ions)			Page
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
2	Undistributed income, if any, as of the end of 2014				32 <u>4,516</u>
_	Enter amount for 2013 only			NONE	
	Total for prior years 20,20		NONE	110212	
3	Excess distributions carryover, if any, to 2014				***************************************
a	- NONE				
Ь	From 2010 NONE			i	
c	From 2011				
d	From 2012 130,725.				
е	From 2013				
f	Total of lines 3a through e	<u> 186,310.</u>			
ı	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$ <u>264,338.</u>			1101177	
a	Applied to 2013, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years		MONE		
	(Election required - see instructions)		NONE		· · · · · · · · · · · · · · · · · · ·
C	Treated as distributions out of corpus (Election	NONB			
	required - see instructions)	NONB			264,338
	Applied to 2014 distributable amount	NONB	****		201,330
е 5	Remaining amount distributed out of corpus	60,178.			60,178
	(If an amount appears in column (d), the same				
6	enter the net total of each column as				
a	indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5	126,132.			
	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		27027		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable	•	MONE		
_	amount - see instructions		NONE		
е	4a from line 2a Taxable amount - see			NONE	
	instructions			NONE	
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2015				NON
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE			
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)	NONB			
9	Excess distributions carryover to 2015.	126 122			
-	Subtract lines 7 and 8 from line 6a	126,132.			
0	Analysis of line 9 Excess from 2010 NONE				
a	2702777				
D	Excess from 2011				
	Excess from 2012	ļ	ļ		
	Excess from 2014				
_=	<u> </u>				Form 990-PF (2014

Form	1990-PF (2014)				<u>6039660</u>		Page 10
Pa	t XIV Private Op	erating Foundations	s (see instructions a	ind Part VII-A, quest	ion 9)		NOT APPLICABL
1 a	If the foundation has	received a ruling or d	letermination letter tha	at it is a private oper	ating		
	foundation, and the ruling	g is effective for 2014, en	ter the date of the ruling	1	•		
ь	Check box to indicate				n section	4942(j)(3) or 4942(j)(5)
	ones box to majorio	Tax year	l private operating	Prior 3 years			70.1 1 10121/107
2 a	Enter the lesser of the ad-		(1) 0010		1 (1) 00		(e) Total
	justed net income from Part I or the minimum investment	(a) 2014	(b) 2013	(c) 2012	(d) 20	''	
	return from Part X for each				1		
	year listed				<u> </u>		
ь	85% of line 2a						
	Qualifying distributions from Part	· · · · · · · · · · · · · · · · · · ·					
·	XII, line 4 for each year listed .					1	
d	Amounts included in line 2c not				1		
_	used directly for active conduct		į		1	}	
	of exempt activities			 	_		
е	Qualifying distributions made					ļ	
	directly for active conduct of exempt activities Subtract line					ŀ	
	2d from line 2c						
3	Complete 3a, b, or c for the						
_	alternative test relied upon				1		
а	"Assets" alternative test - enter				İ	i	
	(1) Value of all assets		· · · · · · · · · · · · · · · · · · ·				
	(2) Value of assets qualifying under section						
	4942(j)(3)(B)(i)						
Ь	"Endowment" alternative test						
	enter 2/3 of minimum invest-						
	ment return shown in Part X, fine 6 for each year listed)	ļ		1	ļ	
c	"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				1		
	exempt organizations as					į	
	provided in section 4942					Ì	
	(j)(3)(B)(iii)						
	port from an exempt						
	organization						
0.0		ntary Information (Complete this per	t only if the found	lation had	\$E 000 o	r more in accets
Pa		e during the year - s		t only if the lound	ation nau	\$5,000 O	i illole ili assets
		<u> </u>					
1	Information Regarding						
а	List any managers of before the close of any	the foundation who i	nave contributed moi	re than 2% of the tot	ar contribution	ns received	by the foundation
_	perote the close of any	igy Agai (par ofilis li ri	iek ilane coliftiparea	iiioie man aa,oool. Ja	ee secuoji ac	(/\u)\\Z1.1	
	NONE						
b	List any managers of	the foundation who	own 10% or more o	of the stock of a corp	oration (or a	in equally I	arge portion of the
	ownership of a partner	rship or other entity) of	f which the foundation	n has a 10% or greater	ınterest		
	NONE						
	140141						
-	Information Regarding	Contribution Grant	Gift Loan Scholarsh	in etc Programs			
~							
		the foundation only					
	unsolicited requests for			ants, etc. (see instruc	tions) to ind	viduals or i	organizations under
	other conditions, comp			 			
а	The name, address, an	d telephone number o	r e-mail address of the	e person to whom app	olications sho	uld be addre	essed:
	SEE STATEMENT	10					
b	The form in which app	lications should be sul	omitted and information	on and materials they	should includ	e:	
	SEE ATTACHED ST			·			
	JBB ATTACHED J.	INIBRIBIT FOR BI	2				
	A						
С	Any submission deadli						
	SEE ATTACHED ST	PATEMENT FOR LI	.NE 2				
							
d	Any restrictions or li	mitations on awards,	such as by geogra	aphical areas, charita	ble fields, k	inds of ins	stitutions, or other
	factors						
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2				
JSA							Form 990-PF (2014

Part XV Supplementary Information (continued)			- Vago 1.
3 Grants and Contributions Paid Durin	g the Year or Appro	oved for F	uture Payment	<u> </u>
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				
			ļ	
SEE STATEMENT 21				238,043.
			ļ	
				ĺ
			[ĺ
		į		
		1		
				}
				1
		}		
Total	<u> </u>			238,043.
b Approved for future-payment				
- , , , , , , , , , , , , , , , , , , ,				
PLEASE SEE ATTACHED SCHEDULE				
Total				
Total	 	<u> </u>		<u> </u>

Part XVI-A Analysis of Income-Produ Enter gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					(See instructions)
b					
c					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					·
4 Dividends and interest from securities			14	173,500.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			-		
6 Net rental income or (loss) from personal property					
7 Other investment income			10	306 300	
8 Gain or (loss) from sales of assets other than inventory			18	306,209.	
9 Net income or (loss) from special events	-				
10 Gross profit or (loss) from sales of inventory			 	·	
11 Other revenue a					
b					·
d			_		
e			- 		
12 Subtotal Add columns (b), (d), and (e)			 	479,709.	····
13 Total. Add line 12, columns (b), (d), and (e)					479,709.
See worksheet in line 13 instructions to verify calcu					
Part XVI-B Relationship of Activities	to the Ac	complishment of E	xempt Purp	oses	
Line No. Explain below how each activit	y for which	h income is reported	ın column (e	e) of Part XVI-A contribu	ited importantly to the
▼ accomplishment of the foundation	n's exemp	t purposes (other thar	n by providing	funds for such purposes	s). (See instructions)
					
				······································	
	····		-	-	
	<u>-</u>				
					
				· · · · · · · · · · · · · · · · · · ·	
		NOT APPLICAB	LE		
					·
					
					

Form 99	0-PF (20	14)				0	4-6039660			Pag	ge 1 :
Part	XVII	Information R Exempt Organ		ransfers To and	Transacti	ons and	Relationships	With None	hari	table	l
i		n 501(c) of the Co		r engage in any of the section 501(c)(3)			-			Yes	No
		•	_	o a noncharitable ex	-						
									l i		<u>X</u>
_		ansactions:							1a(2)		^
			charitable exe	mpt organization					16(1)		Х
				ble exempt organiz							X
				rassets							Х
											X
											X
				ip or fundraising so sts, other assets, or							- <u>^</u>
				es," complete the						fair m	
				rices given by the							
v	alue in	any transaction of	sharing arran	gement, show in c	olumn (d) th	ne value of	the goods, othe	r assets, or se	ervices	s rece	ived
(a) Line	e no	(b) Amount involved	(c) Name of	noncharitable exempt or	ganization	(d) Descri	ption of transfers, tran	sactions, and shar	ing arra	ngeme	nts
				<u> </u>							
											
	-							·			
	-										
			 - -								
				 		· ·					
											
d	lescribe	d in section 501(c)	of the Code (d	ffiliated with, or re other than section 5					Y	es 📝	
<u></u> D		complete the follow (a) Name of organization		(b) Type of	organization		(c) Desc	ription of relations	hip		
		<u>, , , , , , , , , , , , , , , , , , , </u>									
									·		
								·=			
				nined this return, including taxpayer) is based on all info				est of my knowledge	e and b	elief, it	ıs tru
Sign		they I -		04/22/2	2015	Asre	WILLAMA	May the IRS			
Here	Signa	ture of officer or trustee		Date		Title		with the pre (see instruction	s)? X	Yes	below No
	()			1	7						
	Y	Print/Type preparer's na	me	Prevarer's signatur	re		Date	Clieck ''	TIN		
Paid		GORDON POWER	<u>s</u>	Undn	// m	us	04/22/2015	self-employed]	P002	<u>6019</u>	4
Prepa	arer	Firm's name FR	NST & YOU	NG US LLP	•		Firm's	FIN > 34-6	5565	596	

Form 990-PF (2014)

617-587-9019

Use Only | Firm's address ► 200 CLARENDON STREET

BOSTON,

MA

02116

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

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Employer identification number Name of the organization EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13; 16a, or 16b, and that received from-any one-contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (11) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusivelyreligious, charitable, etc., contributions 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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).

Name of organization EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC Employer identification number 04-6039660

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution __1_ DOREEN BILEZIKIAN Person Payroll 7,500. 83 OYSTER WAY Noncash (Complete Part II for OSTERVILLE, MA 02655 noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. __2 MICHAEL W LACH X Person Pavroll 50. Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 ___3__ ROBERT & ELIZABETH TALERMAN Person Payroll <u>1,000</u>. Noncash (Complete Part II for noncash contributions) (c) (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. X ___4__ DANA & EILEEN MISKELL Person Pavroll 100. Noncash (Complete Part II for noncash contributions) (c) (d) (b) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ___5_ HAMILTON N. SHEPLEY Person Payroff 500. Noncash (Complete Part II for noncash contributions) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 __6_ DAVID & CAROL PENFIELD Person **Payroll** 250. Noncash (Complete Part II for noncash contributions)

Name of organization
EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC.

Employer identification number 04-6039660

Part I	Contributors (see instructions). Use duplicate copies of Pa	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	MICHAEL & JILL LAUF	\$250	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	CURLEY DIRECT MAIL LLC	\$250	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
⁹ -	KELLI M. ORAVA	\$100	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ROBERT B HIRSCHMAN	\$250	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	LAWRENCE S. MCAULIFFE	\$500	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	JOHN OTIS DREW	\$250	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC

Employer identification number

FUWARL	BANGS RELLEY AND ELZA RELLEY FND, INC.		04-6039660
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	JANET C TAYLOR	\$75	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	MILTON & LEONA PENN	\$500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_	JOSHUA NICKERSON JR	\$1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_	HENRY L MURPHY III	\$250	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	SUZANNE FAY GLYNN	\$200.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	KATHY P DAVENPORT	\$1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC.

Employer identification number 04-6039660

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I ıf additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JEFFREY D BELEZIKIAN	\$ <u>500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	DAVID SAMPSON	\$500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	BRIAN OMALLEY	\$125	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	DEPOLA, BEGG & ASSOC	\$500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_	JOEL G CROWELL	\$750	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	JOEL PETERSON	\$1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC.

Employer identification number 04-6039660

Part I	Contributors (see instructions). Use duplicate	copies of Part I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	PETER & JEANNIE MEYER		Person X 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 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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

NET INVESTMENT INCOME	\vdash	9 9	∞	99	7,805.	20	9 ~	3	, 24	9	\sim	94	2 5	3,266.	77	~ 0	ノム	9	Н	89	5,432.	N ,	4 (3,031)	23
REVENUE AND EXPENSES PER BOOKS	\vdash	530. 365.	∞	90	7,805.	20	569.	3	, 24	162. 2.118.		94	03	3,266.	17	674.	7 4	9	\vdash	68		α	4 0	. TOZ . TOZ)	
DESCRIPTION		ABBVIE INC AETNA U S HEALTHCARE INC	<u> </u>	AMERICAN EXPRESS CO ANALOG DEVICES	ANHEUSER BUSCH 5.6% 03/01/2017	APPLIED MATERIALS	AUTOMATIC DATA PROCESSING	BANK AMERICA CORP 5.25% 12/01/2015		BRINKER INTERNATIONAL INC BROADCOM CORPORATION CL A 2 7% 11/01/201	ATION	CARDINAL HEALTH, INC.	CATERPILLAR INC.	CORFORMION 2:3% US/13/	CHUBB CORP	SYSTEMS INC	C7T.7		بي		COOPER U S INC. 6.1% 07/01/2017		ORP, NEW	CRACKER BARREL OLD COUNTRY STORE DEA INTERNATIONAL CMAIL CO DORTHOLIO	EEE757 689L 04/22/2015 11:45:	

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

	REVENUE AND NET	XPENSES INVESTI ER BOOKS INCOI	 		65.	431. 43	041. 1,04		465. 1,46	319.	875. 875	69. 36	26. 2,92	95. 29	94. 3,2	83. 68	02.	9'9 6'6	25. 62	90. 1,0	48. 6	,197. 1,19	,706. 3,7	55. 1,65	,360. 1,36	02.	4. 1,34	759. 75	065. 7,06	2,12	958. 2,95	585.	621.	65. 1,7	86. 38	9. 33	02.	
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2

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

	REVENOE AND EXPENSES	NET INVESTMENT
⊣	Ż	NCO
NOSNHOL & NOSNHOL		
KIMBERLY CLARK CORP	\neg	\vdash
	9	9
EED MARTIN CORP	11	11
	6,112.	6,112.
CORP		2 (
METLIFE INC.	1,630. 833.	1,630. 833.
FEDERATED GOV'T OBLIGATION TAX MANAGED F	Η	Н
STANLEY	77	77
ω)	7	7
LIWELL,	, 11	,11
7 INC 28 12/13/201	7 7	יי ד ר
NOCOL CORP OCCIDENTAL PETROLEUM CORP	~ <	1,6/4.
	23	23
	\vdash	\vdash
PG & E CORP	ω	ω
PEPSICO INC	0	0
	5.	5.I
PROCTER & GAMBLE CO	α	α
6	ا د د	ر د د
SPDR BARCLAYS HIGH YIELD BOND ETF	ς 4, α	ب 4 م
8 62/ 31/ 231 ORP	വ	S
STAPLES INC	9	σ
STARBUCKS CORP	3	$^{\circ}$
STATE STREET CORP	ω	∞
U.	, 34	, 34
TUX COMPANIES INC	σ t	oυt
	27	27
UIL HOLDINGS CORPORTION UNITED PARCEL SERVICE	2,249.	2,249. 610.
EEE757 689L 04/22/2015 11:45:24	ı	ı
)	L

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

NET INVESTMENT INCOME	0	3,819. 4,227.	610.	1,288.	1,189.	826.	800.	1,657.	1,784.	121.	1	799.	851.	463.	852.	1 1 1 1 1 1 1 1 1 1 1 1	171,322.	H H H H H H H H H
REVENUE AND EXPENSES PER BOOKS	ć	3,819. 4,227.	610.	1,288.	1, 109.	826.	800.	1,657.	1,784.	121.	1,511.	799.	851.	463.	852.		173,500.	
DESCRIPTION		UNITED TECHNOLOGIES CORP 4.8/5% U5/U1/20 VERIZON COMMUNICATIONS INC	VISA, INC	VODAFONE GROUP 5% 09/15/2015	WALGREEN CO		WILLIAMS SONOMA INC	WISDOM TREE EUROPE HEDGED EQUITY	XCEL ENERGY, INC.	XILINX, INC.	EATON CORP PLC	INVESCO LTD.	NOBLE CORP PLC USD	SEAGATE TECH PUBLIC LIMITED CO	TRANSOCEAN LID		TOTAL	

4

STATEMENT

EEE757 689L 04/22/2015 11:45:24

FORM 990PF, PART I - ACCOUNTING FEES

2438885

	ADJUSTED CHARITABLE NET PURPOSES	4,600.	11 11 11 11 11
	NET INVESTMENT INCOME		NONE
‼	REVENUE AND EXPENSES PER BOOKS	4,600.	4,600.
	DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC	TOTALS

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NET INVESTMENT	INCOME	1 1 1 1	29,102.	II II II
REVENUE AND EXPENSES	PER BOOKS	1 1 1 1 1 1 1	29,102.	29,102
				-
				TOTALS
	DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TRUST SERVICES	

9

C	7
C	`

	NET INVESTMENT INCOME	1,214.	1,461.
	REVENUE AND EXPENSES PER BOOKS	6,000. 6,770. 1,214. 247.	14,231.
		E R	S
FORM 990PF, PART I - TAXES	DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

2438885

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC.

04-6039660

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

NAME AND ADDRESS

DOREEN BILEZIKIAN 83 OYSTER WAY OSTERVILLE, MA 02655

ROBERT & ELIZABETH TALERMAN

JOSHUA NICKERSON JR

KATHY P DAVENPORT

JOEL PETERSON

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: EASTERN BANK

C/O LORI EVANS

ADDRESS: 77 ACCORD PARK DRIVE

NORWELL, MA 02061

TELEPHONE NUMBER: (508)923-2805

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. FORM 990PF, PART XV - LINES 2a - 2d

04-6039660

RECIPIENT NAME:

DEWITT DAVENPORT, VP AND AMINISTRATIVE MANAGER

ADDRESS:

20 NORTH MAIN STREET

SOUTH YARMOUTH, MA 02664

FORM, INFORMATION AND MATERIALS:

PLEASE SEE ATTACHED SAMPLES

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

PLEASE SEE ATTACHED BROCHURE

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AIDS SUPPORT GROUP OF CAPE COD FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE RECIPIENT NAME: SANDWICH FOOD PANTRY RELATIONSHIP: NONE PURPOSE OF GRANT: PANTRY ITEMS FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: YARMOUTH DIVISION OF SENIOR SERVICES BROWN BAG PROGRAM RELATIONSHIP: NONE PURPOSE OF GRANT: PANTRY ITEMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 3,000. RECIPIENT NAME: BIG BROTHERS/BIG SISTERS OF CAPE CAPE COD & ISLANDS ADDRESS: 75 FEDERAL STREET 8TH FLOOR BOSTON, MA 02110 RELATIONSHIP: NONE PURPOSE OF GRANT: MENTORING FRIENDSHIPS WITH ADULT VOLUNTEERS FOUNDATION STATUS OF RECIPIENT: EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: CHILD AND FAMILY SERVICES OF CAPE COD RELATIONSHIP: NONE PURPOSE OF GRANT: MENTAL HEALTH TREATMENT TO LOW INCOME FAMILYS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: CAPE COD COUNCIL OF CHURCHES ADDRESS: P. O. BOX 758 HYANNIS, MA 02601 **RELATIONSHIP:** NONE PURPOSE OF GRANT: UNITE AGAINST GUN VIOLENCE FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 3,000. RECIPIENT NAME: FRIENDS OF BOURNE COUNCIL ON AGING ADDRESS: 239 MAIN STREET BUZZARDS BAY, MA 02532 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE LIVING NECESSITIES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 3,000. EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: INDEPENDENCE HOUSE RELATIONSHIP: NONE PURPOSE OF GRANT: SERVICE VIOLENCE SURVIVORS AND THEIR FAMILIES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 6,200. RECIPIENT NAME: GREATER BOSTON FOOD BANK ADDRESS: 70 SOUTH BAY AVENUE BOSTON, MA 02118 RELATIONSHIP: NONE PURPOSE OF GRANT: END HUNGER TO THOSE IN NEED FOUNDATION STATUS OF RECIPIENT: PC 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: NATIONAL ALLIANCE ON MENTAL ILLNESS **RELATIONSHIP:** NONE PURPOSE OF GRANT: PURCHASE DEVELOPMENT SOFTWARE & PHONES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID RECIPIENT NAME: LOWER CAPE OUTREACH COUNCIL FDN ADDRESS: P. O. BOX 665 ORLEANS, MA 02653 RELATIONSHIP: NONE PURPOSE OF GRANT: SHORT-TERM EMERGENCY ASSISTANCE FOUNDATION STATUS OF RECIPIENT: 3,000. AMOUNT OF GRANT PAID

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SIGHT LOSS SERVICES RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE INDEPENDENT LIVING SUPPORT AND AID. FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 4,000. RECIPIENT NAME: PHILANTHROPY DAY CAPE COD RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT NON PROFIT EDUCATION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 3,500. RECIPIENT NAME: HELPING OUR WOMEN ADDRESS: 34 CONWELL STREET PROVINCETOWN, MA 02657 RELATIONSHIP: NONE PURPOSE OF GRANT: WOMEN WITH CANCER IN OUTER CAPE COD FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: FALMOUTH TOGETHER WE CAN RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID

STATEMENT 14

SKATEPARK FOR FALMOUTH FOUNDATION STATUS OF RECIPIENT:

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EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: COMMUNITY HEALTH CENTER OF CAPE COD ADDRESS: 107 COMMERCIAL STREET MASHPEE, MA 02649 RELATIONSHIP: NONE PURPOSE OF GRANT: PREVENTATIVE SERVICES FOUNDATION STATUS OF RECIPIENT: PC 15,000. AMOUNT OF GRANT PAID RECIPIENT NAME: SOUP KITCHEN IN PROVINCETOWN INC ADDRESS: 10 SHANK PAINTER ROAD PROVINCETOWN, MA 02657 RELATIONSHIP: NONE PURPOSE OF GRANT: HOT NOURISHING LUNCHES NOV-APRIL WEEKDAYS FOUNDATION STATUS OF RECIPIENT: 3,000. AMOUNT OF GRANT PAID RECIPIENT NAME: COTUIT CENTER FOR THE ARTS FDN RELATIONSHIP: NONE PURPOSE OF GRANT: ART PARTNERSHIP OUTREACH PROGRAM FOR YOUTH FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

2,000.

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: SALVATION ARMY ADDRESS: 615 SLATER'S LANE ALEXANDRIA, VA RELATIONSHIP: NONE PURPOSE OF GRANT: HELP HEALTH, ECONOMIC & SPIRITUAL CONDITIONS FOUNDATION STATUS OF RECIPIENT: 3,000. AMOUNT OF GRANT PAID RECIPIENT NAME: SEASHORE POINT FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE 2,500. AMOUNT OF GRANT PAID RECIPIENT NAME: FALMOUTH SERVICE CENTER ADDRESS: 611 GIFFORD STREET FALMOUTH, MA 02541 RELATIONSHIP: NONE PURPOSE OF GRANT: EASE STRESS REDUCE HUNGER FOUNDATION STATUS OF RECIPIENT: 3,000. AMOUNT OF GRANT PAID

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: CAPE COD HEALTHCARE FOUNDATION CAPE COD HOSPITAL ADDRESS: 27 PARK STREET HYANNIS, MA 02601 RELATIONSHIP: NONE PURPOSE OF GRANT: HEALTH CARE FOUNDATION STATUS OF RECIPIENT: PC 25,000. AMOUNT OF GRANT PAID RECIPIENT NAME: CAPE & ISLANDS VETERANS OUTREACH RELATIONSHIP: NONE PURPOSE OF GRANT: EXPAND OUTREACH SERVICES TO RETURNING VETS FOUNDATION STATUS OF RECIPIENT: PC 10,000. AMOUNT OF GRANT PAID RECIPIENT NAME: THE FAMILY PANTRY OF CAPE COD ADDRESS: 133 QUEEN ANNE ROAD HARWICH, MA 02645 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SERVING THE NEEDS OF THE LESS FORTUNATE FOUNDATION STATUS OF RECIPIENT: 3,000. AMOUNT OF GRANT PAID

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: HOUSING ASSISTANCE RELATIONSHIP: NONE PURPOSE OF GRANT: ANGEL HOUSE SHELTER FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: MUSTARD SEED KITCHEN ADDRESS: 155 HOPKINS DRIVE WELLFLEET, MA 02667 RELATIONSHIP: NONE PURPOSE OF GRANT: HELPING CHILDREN AND COMMUNITIES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 3,000. RECIPIENT NAME: LYME AWARENESS OF CAPE COD RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE EDUCATION AND PROMOTE AWARENESS FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: SMILE MASS RELATIONSHIP: NONE PURPOSE OF GRANT: ADD 100 BEACH WHEEL CHAIRS ACROSS CAPE COD FOUNDATION STATUS OF RECIPIENT: PC EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: CALMER CHOICE FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE 2,000. AMOUNT OF GRANT PAID RECIPIENT NAME: YARMOUTH FOOD PANTRY ADDRESS: P O BOX 982 WEST YARMOUTH, MA 02673 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPLY FOOD FOUNDATION STATUS OF RECIPIENT: PC 3,000. AMOUNT OF GRANT PAID RECIPIENT NAME: EASTHAM PUBLIC LIBRARY RELATIONSHIP: NONE PURPOSE OF GRANT: FUND ADAPTIVE TECHNOLOGY FOR THE BLIND & HEAR FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: HOXIE CENTER AT SAGAMORE BEACH RELATIONSHIP: NONE PURPOSE OF GRANT: RESTORATION PROJECT AT HISTORIC HOXIE SCHOOL

AMOUNT OF GRANT PAID

PC

5,000.

FOUNDATION STATUS OF RECIPIENT:

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BREWSTER HISTORICAL SOCIETY RELATIONSHIP: NONE PURPOSE OF GRANT: RENOVATE THE CAPTAIN ELIJAH COBB HOUSE FOUNDATION STATUS OF RECIPIENT: PC 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: CAPE COD REGIONAL SUBSTANCE ABUSE PRVENTION INITIATIVE RELATIONSHIP: NONE PURPOSE OF GRANT: SUBSTANCE ABUSE PREVENTION FOUNDATION STATUS OF RECIPIENT: PC 50,000. AMOUNT OF GRANT PAID RECIPIENT NAME: ST. VINCENT DEPAUL ADDRESS: 21 CROSS STREET HYANNIS, MA 02601 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SPIRITUAL GROWTH VIA PERSON TO PERSON SERVICE FOUNDATION STATUS OF RECIPIENT: EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID 04-6039660 _____ RECIPIENT NAME: SPAULDING REHABILITATION HOSPITAL RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE 4,600. AMOUNT OF GRANT PAID 238,043.

STATEMENT 21

TOTAL GRANTS PAID:

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.

2014

04-6039660

OMB No 1545-0092

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

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041 Employer identification number

Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments to gain or loss from Subtract column (e) the lines below. from column (d) and Proceeds Cost Form(s) 8949, Part I, combine the result with This form may be easier to complete if you round off cents (or other basis) (sales price) line 2, column (g) column (g) to whole dollars. 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. 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 607,268. 594,436. 12,832 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2013 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on 12,832. Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments Subtract column (e) the lines below. to gain or loss from from column (d) and Proceeds Cost This form may be easier to complete if you round off cents (sales price) (or other basis) Form(s) 8949 Part II combine the result with column (g) line 2, column (g) to whole dollars 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 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 1,547,814. 128 286,659. 1,834,345. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts...... 12 12 6,718. 13 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on 293,377.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2014

Sched	lule D (Form 1041) 2014						Page 2
Par	Summary of Parts I and II		(1) Benefic	iaries'	(2) Esta	te's	(2) Takal
	Caution: Read the instructions before completing this pa	art.	(see ins	tr)	or trus	t's	(3) Total
7	Net short-term gain or (loss)	17					12,832.
8	Net long-term gain or (loss):						
а	Total for year	18a					293,377.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b					16.
С	28% rate gain	18c					
	Total net gain or (loss). Combine lines 17 and 18a ▶	19					306,209.
Vote	t: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 i, go to Part V, and <mark>do not</mark> complete Part IV. If line 19, column (3), is a n	(or Fo	rm 990-T, Par	t I, line 4	a) If lines 18	Ba an	d 19, column (2), are net
ieces	ssary	ei 1053	, complete ra	iit iv aiic	i ine Capitai	LUSS	Carryover Worksheet, as
Par	IV Capital Loss Limitation						
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Page 1041).						,
a	The loss on line 19, column (3) or b \$3,000		1 / 22 /		· · · · · _	20	()
vote . <i>oss</i>	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or	rorm 990	⊦1, line 34),	is a i	oss, complete the Capital
Par		s					
	1041 filers. Complete this part only if both lines 18a and 19 in coli		2) are gains,	or an ai	mount is en	terec	In Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor		-				
	ion: Skip this part and complete the Schedule D Tax Worksheet in the i	nstruc	tions if:				
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					1	
	n 990-T trusts. Complete this part only if both lines 18a and 19 a orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part						
	her line 18b, col. (2) or line 18c, col. (2) is more than zero	and c	omplete the	Julicudi	C D IQX VV	UIKSI	iect in the instructions
	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	. 21		T	— _T	
21	Enter the smaller of line 18a or 19 in column (2)	4)	. 21				
22	but not less than zero						
	Enter the estate's or trust's qualified dividends					l	
23	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		 			- 1	
25	If the estate or trust is filing Form 4952, enter the					ĺ	
- 5	amount from line 4g; otherwise, enter -0 25					ŀ	
26	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-					- 1	
28	Enter the smaller of the amount on line 21 or \$2,500		· -				
29	Enter the smaller of the amount on line 27 or line 28						
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is				▶	30	
31	Enter the smaller of line 21 or line 26		. 31				
32	Subtract line 30 from line 26		. 32				
33	Enter the smaller of line 21 or \$12,150						
34	Add lines 27 and 30		. 34				
35	Subtract line 34 from line 33 If zero or less, enter -0		. 35				
36	Enter the smaller of line 32 or line 35		. 36			- 1	
37	Multiply line 36 by 15%				▶	37	
88	Enter the amount from line 31		. 38			- 1	
39	Add lines 30 and 36		. 39			- 1	
10	Subtract line 39 from line 38. If zero or less, enter -0					- 1	
11	Multiply line 40 by 20%				▶	41	
12	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for B	Estates	1 1				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)						
13	Add lines 37, 41, and 42		. 43			- 1	
14	Figure the tax on the amount on line 21 Use the 2014 Tax Rate Schedule for 8	Estates	1 1		-		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)						
15	Tax on all taxable income. Enter the smaller of line 43 or line 44 h	nere a	nd on Form	1041, S	ichedule		

Schedule D (Form 1041) 2014

Form 8949

Sales and Other Dispositions of Capital Assets

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

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

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

Social security number or taxpayer identification number

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC

04-6039660

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later)

Short-Term. Transactions involving capital assets you held 1 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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

1 (a) Description of property	(b) Date acquired (Mo , day, yr) (Mo , day, yr)		(d) Proceeds	(e) Cost or other basis See the	Adjustment, if a If you enter an am enter a code See the separa	(h) Gain or (loss) Subtract column (e)	
(Example 100 sh XYZ Co)		disposed {Mo , day, yr }	(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)
183 A T & T INC	03/20/2014	03/31/2014	6,431.00	6,195.00			236 00
86. ABBVIE INC	03/20/2014	03/31/2014	4,400.00	4,610.00			-210.00
135 ALLSTATE CORP	06/24/2013		6,877.00	6,427.00			450.00
66. ANALOG DEVICES	12/10/2013		3,509 00	3,235.00			274 00
290. ANALOG DEVICES		08/19/2014	14,978.00	14,190.00			788 00
663 APPLIED MATERIALS		03/27/2014	13,081.00	8,986.00			4,095.00
204. APPLIED MATERIALS		05/15/2014		3,440.00		· ·	342 00
24. AUTOMATIC DATA PROCESS		11/20/2014	3,782.00	1,613.00			406.00
66 BRINKER INTERNATIONAL		·	2,019 00		5		596.00
8. CDK GLOBAL, INC.	01/27/2014	04/10/2014 10/14/2014	3,353.00	2,757.00 233.00			-24.00
46. CATERPILLAR INC.		•					680 00
30. CHEVRON CORP	06/19/2013		4,586.00	3,906 00			
104. CHUBB CORP	07/02/2013		3,499.00	3,582 00			-83.00
96 CHUBB CORP	06/06/2013		8,964 00 8,248.00	8,944.00 8,256.00			20.00

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

For Paperwork Reduction Act Notice, see your tax return instructions 4X2615 2 000

Box B above is checked), or line 3 (if Box C above is checked) ▶

Form 8949

Sales and Other Dispositions of Capital Assets

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

2014

achment 12A

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

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

Social security number or taxpayer identification number

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC

04-6039660

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later)

Part I

Short-Term. Transactions involving capital assets you held 1 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.

- (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
- (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	Date acquired Date so	(c) Date sold or	old or Proceeds	(e) Cost or other basis See the Note below and	Adjustment, if If you enter an a enter a coo See the sepa	(h) Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	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)
45. CHUBB CORP							
	06/06/2013	03/31/2014	4,008.00	3,870 00			138.00
304. CLOROX COMPANY	01/27/2014	03/20/2014	26,514.00	26,387.00			127.00
226. COACH, INC.	1						
	03/04/2013	01/27/2014	10,956.00	11,073.00			-117.00
358. COACH, INC	01/27/2014	02/18/2014	17,211.00	19,192 00			-1,981.00
46 COACH, INC	03/13/2013		2,223 00	2,285.00			-62 00
84. CONOCOPHILLIPS	03/13/2013	03/06/2014	2,223 00	2,203.00	<u> </u>		-02 00
04. COMOCOFNIBBIFS	03/20/2014	03/31/2014	5,894 00	5,710 00			184.00
104 COSTCO WHOLESALE CORP	13/20/0323	00/00/202	3/322	7,2,2,2			
	03/04/2013	01/27/2014	11,792.00	10,727.00			1,065 00
111 DOW CHEMICAL CO							
	12/04/2013	01/27/2014	4,811 00	4,330 00			481.00
335 DOW CHEMICAL CO	12/04/2013	03/06/2014	16,705 00	13,069.00			3,636 0 <u>0</u>
82. DOW CHEMICAL CO	T						
	08/08/2013	03/31/2014	3,977 00	3,024 00			953 00
391. FORD MOTOR CO							
	05/07/2013	03/31/2014	6,074.00	5,529.00			545.00
239. GENERAL ELEC CO							
OF CHIERLY MILLS THE	09/17/2013	01/27/2014	6,006 00	5,850.00			156.00
95. GENERAL MILLS INC	11/21/2013	03/31/2014	4,921 00	4,710.00			211.00
150. GREAT PLAINS ENERGY,	11/21/2013	03/31/2014	4,321 00	4,710.00			211.00
	02/18/2014	03/31/2014	4,065.00	3,876 00			189 00
2 Totals. And the amounts in column act negative amounts) Enter each your Schedule D, line 1b (if Box A Box B above is checked), or line 3	n total here and above is checke	d include on ed), line 2 (if					

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

For Paperwork Reduction Act Notice, see your tax return instructions. JSA

Sales and Other Dispositions of Capital Assets

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

Department of the Treasury Internal Revenue Service Name(s) shown on return File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later)

Short-Term. Transactions involving capital assets you held 1 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 o	one or more of the boxes, com	iplete as man	y forms with t	the same box ch	ecked as you r	ieed.		
	(A) Short-term transactions rep	orted on Form(s) 1099-B show	ing basis was repo	orted to the IRS (see Note above	e)	
	(B) Short-term transactions repo	orted on Form(s) 1099-B show	ing basis was not	reported to the II	RS		
<u> </u>	(C) Short-term transactions not	reported to you	on Form 1099	-B				
1	(a) Description of property	(b)	(c)	(d) Proceeds	Cost or other basis See the	If you enter an a enter a coo See the sepa	any, to gain or loss. imount in column (g), de in column (f) irate instructions	
	(Example: 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo, day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate	(f) Code(s) from	(g)	from column (d) a

Description of property		Proceeds	basis See the Note below and see Column (e) in the separate instructions	See the separ	Gain or (loss) Subtract column (e)		
(Example: 100 sh XYZ Co)		(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
142 HCP, INC.		·					
	01/27/2014	03/31/2014	5,503.00	5,472.00			31.00
367 HOLLYFRONTIER CORP	10/08/2013	03/06/2014	17,470.00	14,845.00			2,625.00
475. HOLLYFRONTIER CORP	01/27/2014		23,348.00	20,100 00			3,248.00
1288. HOLLYFRONTIER CORP		10/07/2014	54,491.00	53,699 00			792.00
86. HOME DEPOT INC	09/17/2013		6,786.00	6,543 00			243.00
104 INTEL CORP	01/27/2014		3,563 00	2,588.00			975.00
36. I B M CORP	10/03/2013			6,626 00			-189 00
103. I B M CORP		12/16/2014	15,903 00	20,106 00			-4,203 00
950. I SHARES BARCLAYS 1-3							
BOND FUN 100 ISHARES FLOATING RATE		07/25/2014	100,099.00	100,319.00			-220.00
128. METLIFE INC.		12/16/2014	5,051.00	5,075.00			-24.00
.5 NOW, INC.	05/10/2013		6,777.00	5,238.00			1,539.00
927. NOW, INC.		06/09/2014	16 00	16.00	<u> </u>		4 616 00
	1 0671072014	11/06/2014	25,573.00	30,189.00	-		-4,616.00

Box B above is checked), or line 3 (if Box C above is checked) ▶

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949

Sales and Other Dispositions of Capital Assets

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

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

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

Social security number or taxpayer identification number

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC

04-6039660

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later)

Short-Term. Transactions involving capital assets you held 1 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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(C) Short-term transactions no (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	If you enter an an enter a code	iny, to gain or loss mount in column (g), e in column (f) rate instructions	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
(Example 100 sh XYZ Co)	(Mo.dav.vr) disposed	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	
81 PG & E CORP	01/27/2014	03/20/2014	3,564.00	3,597 00			-33 00
126 PFIZER INC	01/27/2014	1	3,652.00	3,537.00			115.00
62. PROCTER & GAMBLE CO	03/20/2014		5,002.00	4,884.00			118.00
153 SPECTRA ENERGY CORP	01/27/2014		5,529 00	5,226 00			303.00
178. STAPLES INC	01/27/2014		1,973.00	2,389 00			-416.00
71. TARGET CORP	02/18/2014		4,290.00	4,012 00			278.00
287. TARGET CORP	02/18/2014	08/19/2014	16,990 00	16,218.00			772_00
159. UIL HOLDINGS CORPORTI	03/20/2014		5,856.00	5,719.00			137.00
167. UIL HOLDINGS CORPORTI		12/03/2014	6,755.00	6,007 00			748.00
271. WEYERHAEUSER CO	05/06/2013		8,239 00	8,415.00			-176.00
46 EATON CORP PLC	08/05/2013		3,369.00	3,052 00			317 00
55 EATON CORP PLC	03/27/2014		4,122.00	4,000.00			122.00
222. EATON CORP PLC	03/27/2014		13,278 00	15,926.00			-2,648.00
252 PARAGON OFFSHORE LTD		09/04/2014	2,229.00	2,840.00			-611.00
2 Totals. Add the amounts in colur act negative amounts) Enter ea your Schedule D, line 1b (if Box Box B above is checked), or line	nns (d), (e), (g), a ch total here and A above is checke	nd (h) (subtr- d include on ed), line 2 (if	,,==.	,			

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

For Paperwork Reduction Act Notice, see your tax return instructions JSA 4X2615 2 000

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No

Social security number or taxpayer identification number

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC

04-6039660

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Short-Term. Transactions involving capital assets you held 1 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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

Ļ	(B) Short-term transactions rep				reported to the If	RS		
1 1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate	If you enter an a enter a cod	any, to gain or loss imount in column (g), de in column (f) irate instructions. (g) Amount of	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
					instructions	instructions	adjustment	with column (g)
41	TRANSOCEAN LTD	03/28/2013	01/27/2014	1,853 00	2,131.00			-278.00
112	TRANSOCEAN LTD	02/05/2013	01/27/2014	5,062.00	6,381.00			-1,319 00
12	TRANSOCEAN LTD	03/13/2013	03/06/2014	513 00	636 00			-123 00
122	. TRANSOCEAN LTD	06/24/2013	04/15/2014	5,005 00	5,793 00			-788 00
		00/21/2015	01/15/2011	31003 00	37133 50			100 00
		!						
	_				<u> </u>			
		-						
,	Totais. 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	th total here and above is checke	d include on ed), line 2 (if	607,268.	594,436			12,832.

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

For Paperwork Reduction Act Notice, see your tax return instructions 4X2615 2 000

1000 0000 (2000)	Attachment Sequence 115 1 EFF	, ugo
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	
PRWADD BANCS KPILEY AND FL7A KPILEY FND INC	04-6039660	

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II Long-Term. Transactions involving capital assets you held more than 1 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.

- (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

1 (a) Description of property	(b) Date acquired		(d) Proceeds (sales price)	(e) Cost or other basis See the	Adjustment, if If you enter an a enter a coo See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo,day,yr)	(Mo , day, yr)	(see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
43. AETNA U S HEALTHCARE I	04/11/2012	01/27/2014	2,971 00	2,073.00			898.00
789. AETNA U S HEALTHCARE	04/11/2012		57,190 00	38,046.00			19,144 00
596. ALLSTATE CORP	07/13/2012		30,360.00	20,219.00			10,141 00
182. AMERICAN EXPRESS CO	10/05/2011		15,678.00	7,807.00			7,871.00
193 AMERICAN EXPRESS CO	10/05/2011		17,860 00	8,279.00			9,581.00
20. APPLE	09/22/2011		11,059 00	8,140.00			2,919 00
43. APPLE	04/11/2012		22,453.00	24,499 00			-2,046 00
276 APPLIED MATERIALS	03/28/2013		5,628 00	3,741.00			1,887.00
897. APPLIED MATERIALS	03/28/2013	05/15/2014	16,629.00	12,157.00			4,472.00
69. AUTOMATIC DATA PROCESS	04/11/2012		5,329 00	3,766 00			1,563.00
76. AUTOMATIC DATA PROCESS	04/11/2012	08/19/2014	6,326.00	4,148 00			2,178.00
95 AUTOMATIC DATA PROCESS	04/11/2012	10/14/2014	6,895.00	4,530.00			2,365.00
92 AUTOMATIC DATA PROCESS	06/24/2013		7,740.00	4,915.00			2,825 00
55. BECTON DICKINSON CO	04/11/2012		5,907 00	4,185 00			1,722.00
2 Totals. Add the amounts in conclude on your Schedule D, I checked), line 9 (if Box E about 16 Box F above is checked) ▶	olumns (d), (e), Enter each total ine 8b (if Box D ve is checked),	(g), and (h) here and above is or line 10					

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

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
EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC	04-6039660

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II Long-Term. Transactions involving capital assets you held more than 1 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.

- (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

1 (a) Description of property	Date addance	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	Adjustment, if If you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
15 BIOGEN IDEC INC	04/11/2012	01/27/2014	4,494.00	1,897 00			2,597.00
276. BRINKER INTERNATIONAL	12/17/2012	03/20/2014	14,647 00	8,707 00			5,940 00
82. BRINKER INTERNATIONAL	12/17/2012	03/31/2014	4,297.00	2,587 00			1,710 00
253. BRINKER INTERNATIONAL	03/28/2013	-	12,854.00	8,068.00			4,786.00
.333 CDK GLOBAL, INC.	04/11/2012	10/07/2014	9.00	7.00			2.00
62 CDK GLOBAL, INC.	06/24/2013		1,617.00	1,360.00			257.00
125. CVS HEALTH CORPORATIO	08/03/2001	11/03/2014	10,782.00	2,265 00			8,517 00
58 CARDINAL HEALTH, INC	04/11/2012	01/27/2014	3,804 00	2,396.00			1,408.00
11.99966 CATERPILLAR INC	04/11/2012	01/27/2014	1,091.00	1,219.00	W	128.00	
88.00034 CATERPILLAR INC.	04/11/2012	01/27/2014	7,999 00	8,938 00			-939.00
27. CELGENE CORPORATION	08/01/2012	01/27/2014	4,252.00	1,853.00			2,399.00
69. CHEVRON CORP	11/29/2011	03/31/2014	8,180 00	6,738 00			1,442 00
755. CISCO SYSTEMS INC	09/13/2012	03/20/2014	16,532.00	14,473.00			2,059.00
174. CISCO SYSTEMS INC	09/13/2012		3,914.00	3,336.00			578.00
2 Totals. Add the amounts in col (subtract negative amounts). En include on your Schedule D, lin checked), line 9 (if Box E above (if Box F above is checked) ▶	nter each total ie 8b (if Box D e is checked),	here and above is or line 10				an annual de sho	

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

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

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC.

04-6039660

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

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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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis See the	Adjustment, if If you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
951 COACH, INC	03/04/2013	03/06/2014	45,964 00	46,593.00			-629.00
207 COCA-COLA CO	04/11/2012	01/27/2014	8,048.00	7,458.00			590.00
299 CORNING INC	12/04/2012	01/27/2014	5,496 00	3,663 00			1,833.00
98. WALT DISNEY PRODUCTION	04/11/2012	01/27/2014	7,130.00	4,062 00			3,068 00
50000. WALT DISNEY CO 1.35	03/19/2013		50,500 00	50,731 00			-231 00
173. DISCOVER FINANCIAL SE	04/11/2012		10,368.00	5,633.00			4,735.00
40 DUKE ENERGY CORP NEW	11/15/2012	01/27/2014	2,755 00	2,394.00			361.00
82. DUKE ENERGY CORP NEW	11/15/2012	03/31/2014	5,836 00	4,908.00			928.00
248 EBAY INC	04/11/2012	01/27/2014	13,145.00	8,929.00			4,216.00
1105. EBAY INC	04/11/2012		56,446.00	39,782.00			16,664 00
79. FEDEX CORPORATION	04/11/2012	01/27/2014	10,458 00	6,973 00			3,485.00
300. GENERAL ELEC CO	02/19/2013		7,749.00	7,122 00			627.00
141 GENERAL ELEC CO		10/14/2014	3,451 00	3,347.00			104.00
100000 GOLDMAN SACHS GROU 01/15/2015		11/12/2014	100,608 00	100,365.00			243.00
2 Totals. Add the amounts in co (subtract negative amounts). I include on your Schedule D, I checked), line 9 (if Box E above (if Box F above is checked) >	olumns (d), (e), Enter each tota ine 8b (if Box D ve is checked),	(g), and (h) I here and D above is or line 10					

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 (2014)

101111 0343 (2014)	-8-
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
EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC.	04-6039660

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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).

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- (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	e acquired Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the	Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f) See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)		Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
18 GOOGLE INC CL A	03/04/2011	01/27/2014	19,972.00	10,822.00			9,150.00
197. HALLIBURTON CO	09/16/2010		9,580.00	6,109.00			3,471 00
.625 HALYARD HEALTH INC	06/24/2013		24.00	20.00			4.00
25 HALYARD HEALTH INC		11/07/2014	10.00	7 00			3.00
27. HALYARD HEALTH INC		12/03/2014	1,004.00	830.00			174.00
124. HONEYWELL INT'L INC.		01/27/2014	11,211.00	7,518.00			3,693.00
336. INTEL CORP	01/06/2012		8,561 00	8,541.00			20.00
157 INTEL CORP	01/11/2012		4,057 00	4,050 00			7 00
65 INTEL CORP	01/11/2012	06/17/2014	- 1,950 00	1,677 00			273.00
477. INTEL CORP	06/24/2013		16,343 00	12,211.00			4,132.00
233. INTERNATIONAL PAPER C	11/15/2012		10,595 00	7,895.00			2,700.00
113 INTERNATIONAL PAPER C	11/15/2012		5,178.00	3,829 00			1,349.00
103. INTERNATIONAL PAPER C		12/03/2014	5,568 00	3,681.00			1,887.00
2070 I SHARES I SHARES EM		10/09/2014	75,228 00	64,743 00			10,485 00
2 Totals. Add the amounts in consultance (subtract negative amounts). include on your Schedule D, I checked), line 9 (if Box E about 15 february 15 f	Enter each tota line 8b (if Box I eve is checked),	here and above is or line 10					

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 (2014)

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
EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC	04-6039660

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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).

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- (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

1 Description of property	(b) Date acquired	te acquired Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
778. I SHARES NATIONAL MUN	11/01/2012	04/09/2014	83,252.00	80,812.00			2,440 00
783 I SHARES BARCLAYS INT	01/31/2013	11/13/2014	85,706.00	86,780.00			-1,074 00
130 J P MORGAN CHASE & CO	02/19/2013	03/31/2014	7,886.00	6,440.00			1,446 00
90. JOHNSON & JOHNSON	04/11/2012	01/27/2014	8,149.00	5,775.00			2,374.00
62 JOHNSON & JOHNSON	04/11/2012		6,089 00	3,979 00			2,110.00
133. KIMBERLY CLARK CORP	12/04/2012	01/27/2014	14,346.00	11,417.00			2,929 00
61. KIMBERLY CLARK CORP	02/19/2013	03/31/2014	6,721.00	5,616 00			1,105.00
139. KIMBERLY CLARK CORP	12/04/2012	10/27/2014	15,730 00	11,932 00			3,798.00
51. ELI LILLY & CO	04/11/2012	03/31/2014	3,011.00	2,018 00			993.00
180 MERCK & CO INC. NEW	07/08/2011	01/27/2014	9,548.00	6,515 00			3,033.00
80. METLIFE INC.	05/10/2013	10/14/2014	3,936.00	3,274.00			662.00
130. METLIFE INC.	05/10/2013		7,143.00	5,320.00			1,823.00
332. MORGAN STANLEY	04/11/2012	<u> </u>	9,962.00	5,926.00			4,036.00
712. MORGAN STANLEY		06/05/2014	22,410.00	12,708.00			9,702.00
2 Totals. Add the amounts in cold (subtract negative amounts). Er include on your Schedule D, lin checked), line 9 (if Box E above (if Box F above is checked)	iter each total e 8b (if Box D is checked),	here and above is or line 10					

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 (2014)

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
EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC	04-6039660

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

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired	yr) disposed (sa	(d) Proceeds	(e) Cost or other basis See the	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
	(Mo , day, yr)		(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
147. NUCOR CORP	04/11/2012	01/27/2014	7,114.00	6,080.00			1,034.00
49. NUCOR CORP	12/17/2012	02/18/2014	2,511 00	2,089.00			422.00
84. OCCIDENTAL PETROLEUM C	01/15/2010		7,341 00	6,640 00			701 00
488. OCCIDENTAL PETROLEUM	03/13/2013	11/06/2014	41,767 00	39,468 00			2,299.00
1938. ORACLE CORPORATION	01/05/2012	01/27/2014	71,032 00	58,838.00			12,194 00
539. PG & E CORP	04/11/2012	03/20/2014	23,713.00	22,788.00			925.00
76. PEPSICO INC	04/11/2012	03/20/2014	6,212 00	4,956 00			1,256 00
71. PEPSICO INC	04/11/2012	03/31/2014	5,913 00	4,630.00			1,283.00
192 PFIZER ĪNC	04/11/2012	03/31/2014	6,160.00	4,230.00			1,930 00
762. PFIZER INC	03/28/2013	05/15/2014	22,087.00	17,652.00			4,435.00
123 PROCTER & GAMBLE CO	04/11/2012	01/27/2014	9,679.00	8,211.00			1,468.00
193. QUALCOMM INC	07/10/2012	01/27/2014	14,186.00	10,630.00			3,556 00
172. SPECTRA ENERGY CORP	01/11/2012	03/31/2014	6,364 00	5,254.00			1,110 00
93. SPECTRA ENERGY CORP	01/11/2012	06/17/2014	3,860.00	2,845.00			1,015.00
2 Totals. Add the amounts in co (subtract negative amounts). I include on your Schedule D, I checked), line 9 (if Box E about If Box F above is checked) ▶	Enter each tota ine 8b (If Box E ve Is checked),	here and above is or line 10					

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EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC	04-6039660

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

(a) Description of property	(b) Date acquired		(d) Proceeds	(e) Cost or other basis See the	Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f) See the separate instructions		(h) Gain or (loss). Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
474. SPECTRA ENERGY CORP	06/24/2013	10/14/2014	17,128.00	14,362 00			2,766.00
338. STAPLES INC	03/28/2013		3,794 00	4,534 00			-740 00
1197. STAPLES INC	03/28/2013		13,267.00	16,058 00			-2,791.00
210 STARBUCKS CORP		01/27/2014	15,662 00				3,483.00
167 STATE STREET CORP	04/11/2012		11,469.00	7,288 00			4,181.00
262. STATE STREET CORP	04/11/2012		17,415.00	11,434 00			5,981.00
362. SUNTRUST BANKS	01/03/2013		13,783 00	10,349.00			3,434.00
197. TJX COMPANIES INC	04/11/2012	01/27/2014	11,459 00	7,601.00			3,858.00
991. TJX COMPANIES INC	04/11/2012	08/12/2014	53,806 00	39,026 00			14,780 00 -
222 UIL HOLDINGS CORPORTI	04/11/2012		8,466.00	7,412.00			1,054 00
936. UIL HOLDINGS CORPORTI	04/11/2012		34,477.00	31,252.00			3,225.00
51. UNITED PARCEL SERVICE	02/19/2013		4,965 00	4,308.00			657 00
75000. UNITED TECHNOLOGIES 05/01/20		11/12/2014	76,332 00	73,880 00			2,452.00
361. VERIZON COMMUNICATION	01/10/2012	01/27/2014	17,315 00	13,972 00			3,343.00
2 Totals. Add the amounts in c (subtract negative amounts). include on your Schedule D, checked), line 9 (if Box E abo (if Box F above is checked)	Enter each total line 8b (If Box Dove is checked),	here and above is or line 10					

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 (2014)

Page 2

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
EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC.	<u>04-</u> 6039660

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

(a) Description of property (Example: 100 sh XYZ Co)	(b) Date acquired		(d) Proceeds	(e) Cost or other basis See the	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and
	(Mo , day, yr)		(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
144. VERIZON COMMUNICATION	04/11/2012	03/31/2014	6,843.00	5,376.00			1,467.00
412 VERITIV CORP	11/15/2012		15 00	10.00			5.00
8. VERITIV CORP	06/24/2013		406 00	252.00			154.00
82 VISA, INC	04/11/2012		17,567 00	9,691.00			7,876 00
50000. VODAFONE GROUP 5% 0	08/16/2005		53,314.00	50,351.00		4	2,963.00
90. WALGREEN CO	04/11/2012		5,186.00	2,966 00			2,220 00
172. WALGREEN CO	04/11/2012		12,759.00	5,668 00			7,091 00
354. XCEL ENERGY, INC.	02/03/2012		9,994 00	9,397 00			597 00
880. EATON CORP PLC	08/05/2013		54,980.00	57,092 00			2,112.00
829. TRANSOCEAN LTD	02/05/2013		35,416 00	47,231.00			-11,815 00
136 TRANSOCEAN LTD	03/28/2013		5,614.00	7,070.00			-1,456 00
423 TRANSOCEAN LTD	03/28/2013		17,353 00	21,990.00			-4,637.00
2 Totals. Add the amounts in co (subtract negative amounts). E	nter each total	here and					
include on your Schedule D, linchecked), line 9 (if Box E above (if Box F above is checked) ►	e is checked),	or line 10		1,547,814.	(a) the heart	128	286,659

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 (2014)

EDWARD BANGS KELLEY AND ELZA KELLEY FOUNDATION, INC.
04-6039660
MASSACHUSETTS FORM PC - 2011
Line 17 - Supporting Schedule
CONTRACTOR OF THE CONTRACTOR O
List of Names, titles and addresses of Officers, Directors, Trustees, and the principal salaried executives of the organization
Names and Addresses
OFFICERS.
Joel G Crowell, Jr
President
Cape Cod Cooperative Bank
25 Benjamin Franklin Way
Hyannis, MA 02601
DeWitt Davenport
Vice President and Administrative Manager
20 North Main Street
South Yarmouth, MA 02664
E Joel Peterson
Treasurer
300 Mill Road
Falmouth, MA 02540
Doreen Bilezikian
Clerk
83 Oyster Way
Osterville, MA 02655
Henry L. Murphy, Ir

BOARD OF DIRECTORS

Doreen Bilezikian

243 South Street
P O Box M
Hyannis, MA 02601

83 Oyster Way

Osterville, MA 02655

Names and Addresses

Karen L Bissonnette

7 Coleridge Drive

Falmouth, MA 02540

Joel G Crowell

Cape Cod Cooperative Bank

25 Benjamin Franklin Way

Hyannis, MA 02601

DeWitt Davenport

20 North Main Street

South Yarmouth, MA 02664

John Otis Drew

P O Box 487

Hyannisport, MA 02647

Suzanne Fay Glynn

Glynn Law Offices

49 Locust Street

Falmouth, MA 02541

Suzanne McAuliffe

71 Thacher Shore Road

Yarmouthport, MA 02675

Peter Meyer

319 Main Street

Hyannis, MA 02601

Henry L Murphy, Jr

243 South Street

PO Box M

Hyannis, MA 02601

M Christopher Murphy

DePaola, Begg & Associates

220 West Main Street

Hyannis, MA 02601

Joshua A Nickerson, Jr

P O Box 1418

South Dennis, MA 02660

Names and Addresses

Brian O'Malley, MD

30 Shank Painter Road

Provincetown, MA 02657

David Penfield, MD

One Sandbar Lane

Orleans, MA 02653

E Joel Peterson

300 Mill Road

Falmouth, MA 02540

David P Sampson

791 Sandwich Road

Bourne, MA 02532

Hamilton N Shepley

216 Thornton Drive

Hyannis, MA 02601

Robert A Talerman

34 Wild Goose Way

Centerville, MA 02632

Hon Robert A Welsh, Jr (ret)

56 Packet Drive

Dennis, MA 02638-2204

HONORARY DIRECTORS

Milton L Penn

PO Box 162

Cummaquid, MA 02637

Mary Louise Montgomery

Rowland Farm

114 Ramsay Hill Road

Walpole, NH 03608

Line 18 - Supporting Schedule

Joel G Crowell, Jr , President

Cape Cod Cooperative Bank

25 Benjamin Franklin Way

Hyannis, MA 02601

Responsible for custody of funds, distribution of funds, fundraising and custody of financial records

'EDWARD BANGS KELLEY AND ELZA KELLEY FOUNDATION, INC. 04-6039660

PART XV - SUPPLEMENTARY INFORMATION

3. Grants and Contributions Paid During the Year or Approved for Future Payment

No recipient or individual named below has any relationship to the Foundation Manager or Substantial Contributor

GRANTS

a. Paid during the year

RECIPIENT	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
CAPE COD HEALTHCARE FOUNDATION, INC. TAX ID: 90-0054984	Paid In Full	The Renovation and Expansion of Emergency Center at Cape Cod Hospital.	\$25,000.00
LYME AWARENESS OF CAPE COD Tax ID. 27-0298266	Paid In Full	To provide education and promote awareness of Lyme disease, both acute and chronic, and other Tick-borne illnesses in Barnstable County	\$2,000.00
SIGHT LOSS SERVICES Tay ID: 04-2998072	Paid In Full	To provide independent living support and aid to blind low vision clients	\$4,000.00
COTUIT CENTER FOR THE ARTS Tay ID 04-3623784	Paid in Full	Arts Partnership Outreach Program for Youth at the Brewster Treatment Facility.	\$2,000.00
CALMER CHOICE Tax ID: 27-2836997	Paid in Full	Mindfulness training to 3 rd -6 th grade students at Quashnet School in Mashpee	\$2,000 00
INDEPENDENCE HOUSE Tax ID 04-271665	Paid in Full	General operating expenses to help serve domestic violence survivors and their families	\$5,000 00
PHILANTHROPY DAY CAPE COD Tax ID. 043-115-902	Paid in Full	Support Non Profit Education	\$3,500 00
CAPE COD REGIONAL SUBSTANCE ABUSE PREVENTION INITIATIVE Tax ID 51-0140462	Paid in Full	Substance Abuse Prevention	\$50,000 00
GREATER BOSTON FOOD BANK Tax ID 04-2717782	Paid in Full	Supporting Emergency Food Distribution in Barnstable County	\$5,000 00
BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISLANDS Lax II) 04-2074462	Paid in Full	Operating Support	\$12,000 00
BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISLANDS Lav ID 04-2074462	Paid in Full	Strategic Expansion and Long-Term Sustainability	\$5,000 00

RECIPIENT	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
HELPING OUR WOMEN Tax ID 04-3179955	Paid in Full	Provide women with chronic illness, life threatening disease and disabling conditions with financial resources that they are unable to access from federal, state and local programs and services.	\$5,000.00
SPAULDING REABILITATION HOSPITAL OF CAPE COD Tax ID: 90-0656139	Paid in Full	Feeding and Nutrition Program	\$4,600 00
SMILE MASS Tax ID. 27-2173687	Paid in Full	To place 100 Beach wheel chairs across Cape Cod Beaches	\$5,000 00
COMMUNITY HEALTH CENTER OF CAPE COD Tax ID 04-3370560	Paid in Full	Optometry Program	\$15,000.00
HOUSING ASSISTANCE CORPORATION Tax ID 23-7431255	Paid in Full	Angel House Shelter	\$5,000 00
CAPE COD MARITIME MUSEUM Tax ID: 04-3438295	Paid in Full	STEM Education Program	\$5,000.00
FALMOUTH SKATEPARK ASSOCIATION Tax ID. 04-3296466	Paid in Full	Skatepark for Falmouth	\$5,000.00
CHILD AND FAMILY SERVICES OF CAPE COD Tax ID 04-2104754	Paid in Full	Mental Health Treatment to low-income families with transportation problems. Provides house calls	\$5,000.00
HOXIE CENTER AT SAGAMORE BEACH Tax ID 30-0750207	Paid in Full	Restoration Project of the Historic Hoxie School in Sagamore Beach, Bourne	\$5,000 00
EASTHAM LIBRARY BUILDING FUND Tax ID 27-4099898	Paid in Full	Fund adaptive technology for the blind and hearing impaired to aid in their learning and educational experiences	\$5,000.00
BREWSTER HISTORIC SOCIETY Tax ID 44-6077999	Paid in Full	Renovation and Adaptation of the Captain Elijah Cobb House	\$5,000.00
SEASHORE POINTE – DEACONESS, INC TAX ID 20-3088564	Paid in Full	Dementia Training	\$2,500.00
NATIONAL ALLIANCE ON MENTAL ILLNESS	Paid in Full	Purchase development software and replace antiquate telephone system	\$4,243 00
CAPE & ISLANDS VETERANS OUTREACH CENTER Tax ID 222747295	Paid in Full	Expansion of outreach services to recently returning Veterans	\$10,000 00
AIDS SUPPORT GROUP OF CAPE COD	Paid in Full	Pantry Items	\$3,000 00
BOURNE FRIENDS FOOD PANTRY	Paid in Full	Pantry Items	\$3,000.00
CAPE COD COUNCIL OF CHURCHES	Paid in Full	Pantry Items	\$3,000 00
FAMILY PANTRY OF CAPE COD	Paid in Full	Pantry Items	\$3,000 00
FALMOUTH SERVICE CENTER	Paid in Full	Pantry Items	\$3,000 00
INDEPENDENCE HOUSE, INC Lay ID 04-271665	Paid in Full	Pantry Items	\$1,200 00

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RECIPIENT	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
LOWER CAPE OUTREACH COUNCIL Tax ID 04-2864255	Paid in Full	Pantry Items	\$3,000.00
MUSTARD SEED KITCHEN, INC.	Paid in Full	Pantry Items	\$3,000 00
SALVATION ARMY FOOD PANTRY	Paid in Full	Pantry Items	\$3,000.00
SANDWICH FOOD PANTRY	Paid in Full	Pantry Items	\$3,000.00
SOUP KITCHEN IN PROVINCETOWN	Paid in Full	HOT WATER HEATER	\$3,000.00
ST VINCENT DEPAUL SOCIETY (MASHPEE)	Paid in Full	Pantry Items	\$3,000.00
ST VINCENT DEPAUL SOCIETY (HYANNIS)	Paid in Full	Pantry Items	\$3,000.00
ST VINCENT DEPAUL(ST PIUS X CHURCH)	Paid in Full	Pantry Items	\$3,000.00
YARMOUTH FOOD PANTRY	Paid in Full	Pantry Items	\$3,000.00
YARMOUTH DIVISION OF SENIOR SERVICES BROWN BAG PROGRAM	Paid in Full	Pantry Items	\$3,000.00
		TOTAL 2014 GRANTS PAID	\$243,043.00

b. Grants approved for future payment. These grants will be paid out of the income received during the year the grant is paid.

RECIPIENT	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
			\$00
			\$.00

SCHOLARSHIPS

a. Paid during the year

RECIPIENT Name and Address	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
None			\$0.00
		TOTAL 2014 SCHOLARSHIPS	\$0 00

b. Approved for future payment

RECIPIENT Name and Address	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
None			\$0.00
		TOTAL SCHOLARSHIPS TO BE PAID IN 2014	\$0.00

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EDWARDS BANGS KELLEY AND ELZA KELLEY FOUNDATION, INC.

REPORT ON GRANT

Name of Organiz	cation:		
Address:			
Phone:			
Contact Person:			
Amount of Gran	t:		Date of Grant:
Special Terms:			Date of Report:
Was the grant ex	pended in the a	llotted time?	
If not, ple	ease explain:		
If yes, wa	as it spent unde	r the terms agreed	l upon in the award letter?
Please no	te any exception	ens:	
Did you publiciz	e receiving this	grant in any way	?
Newspap	er article:		In-house newsletter:
_ Annual R	Report:		Other:
Are copie	es available for	our file:	
Did the grant hel	p to generate o	ther financial sup	port?
If so, from	m individuals:		From businesses:
From fou	indations:		Other:
Has sufficient su	pport been four	nd to continue the	e program or project?
Please ex	plain:		
About how many	y people, exclus	sive of staff, were	impacted by our funding your
organization wit	h this grant?		
1-25	25-75	75-100	More than 100

clients:	patrons:	volunteers:
greater Boar	d involvement:	
Has the gran	nt from the Kelley Fo	undation contributed in unforeseen ways
to your orga	nization:	
Pleas	se explain:	
Hsing speci	fic examples where n	ossible, how would you measure the success of this grant in
	ne goals of your prog	
support of the	o gould or your prog	······································
Date:		
		Authorized Signature
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(5/6/91)		

EDWARD BANGS KELLEY AND ELZA KELLEY FOUNDATION, INC. 04-6039660

FORM 990-PF

PART VIII 1

Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

(A)	Name and Address	(B)	Title and Avg. Hours Per Week Devoted to <u>Position</u>	(C)	Contributions to Employee Benefit Plans	(D)	Expense Account, Other Allowances	(E)	Compensation (if any)
OFF	ICERS								
Presi Cape 25 B	G. Crowell, Jr. Ident Cod Cooperative Bank enjamin Franklin Way nnis, MA 02601	As Rec	quired	None		None		None	
Vice Adm 20 N	Itt Davenport President & Inistrative Manager Iorth Main Street h Yarmouth, MA 02664	As Rec	quired	None		None		None	
Trea 300	oel Peterson surer Mill Road nouth, MA 02540	As Red		None		None		None	
Cler 83 C	een Bilezikian k Dyster Way rville, MA 02655	As Re	quired	None		None		None	· · - · - · - ·
243 P O	ry L Murphy, Jr. South Street Box M nnis, MA 02601	As Re	quired	None		None		\$20,40	0
BO	ARD OF DIRECTORS								
83 (een Bilezikian Dyster Way erville, MA 02655	As Re	quired	None		None		None	
Kar	en L Bissonnette	As Re	quired	None		None		None	

(A) Name and Address	(B)	Title and Avg. Hours Per Week Devoted to <u>Position</u>	(C)	Contributions to Employee Benefit Plans	(D)	Expense Account, Other <u>Allowances</u>	(E)	Compensation (if any)
7 Coleridge Drive Falmouth, MA 02540								
Joel G. Crowell Cape Cod Cooperative Bank 25 Benjamin Franklin Way Hyannis, MA 02601	As Red	quired	None		None		None	
DeWitt Davenport 20 North Main Street South Yarmouth, MA 02664	As Re	quired	None		None		None	
John Otis Drew P. O. Box 487 Hyannisport, MA 02647	As Re	quired	None		None		None	
Suzanne McAuliffe 71 Thacher Shore Road Yarmouthport, MA 02675	As Re	quired	None		None		None	
Peter Meyer 319 Main Street Hyannis, MA 02601	As Re	quired	None		None		None	
Henry L. Murphy, Jr. 243 South Street P.O. Box M Hyannis, MA 02601	As Re	quired	None		None		None	
M. Christopher Murphy DePaola, Begg & Associates 220 West Main Street Hyannis, MA 02601	As Re	quired	None		None		None	
Joshua A. Nickerson, Jr P. O. Box 1418 South Dennis, MA 02660	As Re	quired	None	<u>-</u>	None	· · · · · · · · · · · · · · · · · · ·	None	
Suzanne Fay Glynn Glynn Law Offices 49 Locust Street Falmouth, MA 02541	As Re	quired	None		None		None	
E Joel Peterson 300 Mill Road Falmouth, MA 02540	As Re	quired	None		None		None	
David P. Sampson 791 Sandwich Road Bourne, MA 02532	As Re	quired	None		None		None	

(A) Name and Address	(B)	Title and Avg. Hours Per Week Devoted to <u>Position</u>	(C)	Contributions to Employee Benefit Plans	(D)	Expense Account, Other <u>Allowances</u>	(E)	Compensation (if any)
Hamilton N. Shepley 216 Thornton Drive Hyannis, MA 02601	As Rec	guired	None		None		None	
Robert A Talerman 34 Wild Goose Way Centerville, MA 02632	As Rec	quired	None		None		None	
Brian O'Malley, MD 30 Shank Painter Road Provincetown, MA 02657								
David Penfield, MD 114 4 th Street Wellfleet, MA 02667								
Hon. Robert A Welsh, Jr (ret) 56 Packet Drive Dennis, MA 02638-2204								
HONORARY DIRECTORS								
Milton L Penn P.O. Box 162 Cummaquid, MA 02637	As Red	quired	None		None		None	
Mary Louise Montgomery Rowland Farm 114 Ramsay Hill Road Walpole, NH 03608	As Rec	quired	None		None		None	·