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Form 990-PF

EXTENDED TO NOVEMBER 16, 2015 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.

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

OMB No 1545-0052

Dep		social security numbers or			LUIT
		$^{ m m}$ 990-PF and its separate 2 , 2014	nstructions is at www.ir.	s gov/form990pf. DEC 31, 2014	Open to Public Inspection
	me of foundation	2, 2014	, and ending	A Employer identification	number
	THE CABOT-KJELLERUP FOUNDA			46-5344811	
	mber and street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number 610-869-833) E
	310 MERRYBELL LN y or town, state or province, country, and ZIP or foreign p	nostal code		C If exemption application is per	
	KENNETT SQUARE, PA 19348	Justal Gude		it exemption application is per	naing, check here
G	Check all that apply. X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations,	check here
	Final return	Amended return		2. Foreign organizations mee	ting the 85% test
	Address change	Name change		2. Foreign organizations meel check here and attach com	putation
н -	Check type of organization: X Section 501(c)(3) e. Section 4947(a)(1) nonexempt charitable trust	xempt private toundation Other taxable private found:	ation	E If private foundation statu under section 507(b)(1)(a	
i F		ing method: X Cash	Accrual	1	•
	· —	ther (specify)		F If the foundation is in a 60 under section 507(b)(1)(l	
	▶\$ 310 , 854 . (Part I, colu		basis)		<i></i>
Р	art I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	306,547.			
	2 Check if the foundation is not required to attach Sch B Interest on savings and temporary			 	
	3 cash investments			 	
	4 Dividends and interest from securities 5a Gross rents				
	b Net rental income or (loss)		" 		
ø	6a Net gain or (loss) from sale of assets not on line 10			١ .	
nue	b Gross sales price for all assets on line 6a			1	
Revenue	7 Capital gain net income (from Part IV, line 2)		<u> </u>	 	
_	8 Net short-term capital gain 9 Income modifications			'	
	Gross sales less returns and allowances			-	
	b Less Cost of goods sold				
	c Gross profit or (loss)			1 ()	-,
	11 Other income	206 547			
_	12 Total Add lines 1 through 11	306,547.	0.	0.	0.
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.			
	15 Pension plans, employee benefits		<u> </u>		·
ses	100 Local tono	1,001.	0.	0.	0.
Expense	b Accounting fees				·
Ä					
ative	17 Interest 18 Taxes		· <u> </u>		
Administrative	19 Depreciation and depletion		· · · · · · · · · · · · · · · · · · ·		
ä	20 Occupancy				
Ad	21 Travel, conferences, and meetings				
and	22 Printing and publications				
gui	23 Other expenses				
Operating	24 Total operating and administrative	1 001	0.		0
ŏ	expenses Add lines 13 through 23 25 Contributions, gifts, grants paid	1,001. 5,300.	<u> </u>	0.	<u>0.</u> 5,300.
	26 Total expenses and disbursements.	3,300.			3,300.
	Add lines 24 and 25	6,301.	0.	0.	5,300.
	27 Subtract line 26 from line 12.				
	a Excess of revenue over expenses and disbursements	300,246.			
	b Net investment income (if negative, enter -0-)		0.		
4235	C Adjusted net income (if negative, enter -0-)	<u> </u>		0.	Form 990-PF (2014)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		T	
	(must agree with end-of-year figure reported on prior year's return)	1	1	0.
2	Enter amount from Part I, line 27a	2		300,246.
3	Other increases not included in line 2 (itemize)	3	1	0.
4	Add lines 1, 2, and 3	4	T	300,246.
_	CDD COMMUNICATION OF		+	120 400

5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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<u>-`</u>		sses for Tax on In	vestmen					0 334	1011 1	ugo
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)						v acquired urchase lonation	(c) Date : (mo., d		(d) Date so (mo, day, y	
1a						onation	·`-			
b NO	NE									
c										
đ										
<u>e</u>					<u> </u>					
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
<u>a</u>					_					
<u>b</u>										
d d										
e										
Complete only for assets showing	ig gain in c	olumn (h) and owned by th	ne foundation	n on 12/31/69			(I) Gains (C	ol. (h) gain	minus	
(I) F M.V. as of 12/31/69) Adjusted basis as of 12/31/69		xcess of col. (1) col. (1), if any		C	ol (k), but n Losses	ot less than (from col (f	-0-) o r 1))	
a										
b										
C										
<u>d</u>					_					
<u>e</u>					_ -					
2 Capital gain net income or (net ca	pital loss)	If gain, also enter in a lf (loss), enter -0-	n Part I, line in Part I, line	7 : 7	} _ 2	2				
3 Net short-term capital gain or (los	s) as defin	ed in sections 1222(5) and	l (6) [.]			ľ				
If gain, also enter in Part I, line 8,	column (c)				\ _					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Se	ection 4940(e) for	Daducac	Tay on Not	Inves	tment In	come			
(For optional use by domestic private						tille il t		 -	N/A	
			oro(a) tax on	i net investment in	icomic.)				11/11	
If section 4940(d)(2) applies, leave the	nis part blai	nk.								
Was the foundation liable for the sec	tion 4942 t	ax on the distributable amo	unt of any ye	ear in the base per	rod?				Yes _] No
If "Yes," the foundation does not qua										
1 Enter the appropriate amount in (a)	each colum		structions be	fore making any e					(d)	
Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying distr	ibutions	Net value of no	(c) incharitat	ole-use asset	s (ution ratio ded by col. (c))	
2013										
2012							-			
2011 2010										
2009				<u> </u>						
				<u> </u>		·				
2 Total of line 1, column (d)							2			
3 Average distribution ratio for the	-		i line 2 by 5,	or by the number	of years					
the foundation has been in exister	nce if less t	han 5 years					3			
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5										
5 Multiply line 4 by line 3 5										
6 Enter 1% of net investment incom	ne (1% of P	art I, line 27b)					6			<u></u>
7 Add lines 5 and 6							7			
8 Enter qualifying distributions from	B. Enter qualifying distributions from Part XII, line 4									
If line 8 is equal to or greater than See the Part VI instructions			b, and comp	lete that part using	g a 1% ta	ax rate.			<u> </u>	

Forr	n 990-PF (2014) THE CABOT-KJELLERUP FOUNDATION		<u> 5344</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstrı	ıctio	ns)
<u>, 1</u> a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					_
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	1				0.
	of Part I, line 27b		1			
(: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b).					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			0.
3	Add lines 1 and 2	3	ļ			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	ļ <u> </u>			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>			0.
	Credits/Payments:					
	2014 estimated tax payments and 2013 overpayment credited to 2014	4				
	Exempt foreign organizations - tax withheld at source 6b	4				
	Tax paid with application for extension of time to file (Form 8868)	4	1			
	Backup withholding erroneously withheld 6d 6	┦ _	ļ			^
	Total credits and payments. Add lines 6a through 6d	7	<u> </u>			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	ļ			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 			0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>		_	
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11				
	art VII-A Statements Regarding Activities				Vac	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			162	X
	any political campaign? Did it second more than \$100 divines the user (without discattly or indirectly) for political purposes (see instructions for the definition).	-/0		1a 1b	 	X
L	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition of the description of the advance o					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ea or			ļ	
	distributed by the foundation in connection with the activities			1c		х
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			16_		<u> </u>
·	(1) On the foundation. > \$ 0. (2) On foundation managers > \$					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>-</u>				ŀ
	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
_	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
·	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	O1		3		х
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?	N	/A	4b		
	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	e law				
	remain in the governing instrument?			6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	/		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	PA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation		ł	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calculation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calculating $4942(j)(3)$ or $4942(j)(3)$	endar	[
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? if 'Yes' attach a schedule listing their names and addresses			10		X
			Earn	agan	-PF	20141

0.

All other program-related investments. See instructions

Total. Add lines 1 through 3

FORM 990-PF (2014) THE CABOT-KULLLERUP FOUNDATION	40-33	44011 Page 6
Part X Minimum Investment Return (All domestic foundations must complete this part	Foreign foundations, see	instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
Average monthly fair market value of securities	1a	0. 1,953.
b Average of monthly cash balances	1b	1,953.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	1,953.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.]	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	1,953.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	29.
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,924.
6 Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERI	OD 6	72.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	oundations and certain	- .
foreign organizations check here 🕨 🔲 and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	72.
2a Tax on investment income for 2014 from Part VI, line 5		
b Income tax for 2014. (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	72.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	72.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	72.
Part XII Qualifying Distributions (see instructions)	-	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	[1a [5,300. 0.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the.		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,300.
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	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,300.
Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether th 4940(e) reduction of tax in those years	e foundation qualifies for the s	section

Part XIII Undistributed Income (see a	ELLERUP FOUL	NDATION	40-5.	344811 Page S
Part Aiii Ondistributed income (see)	(a)	(b)	(c)	(d)
Į	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI,				
line 7				72
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			<u>.</u> .
4 Qualifying distributions for 2014 from				
Part XII, line 4: \triangleright \$ 5, 300.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				72.
e Remaining amount distributed out of corpus	5,228.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.			0 .
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,228.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015	ł			0 .
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)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.	I		
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	5,228.			
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011	1	Ì	1	
c Excess from 2012				
dExcess from 2013				
e Excess from 2014 5, 228.				
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3 Grants and Contributions Paid During th	e Year or Approved for Future	Payment		ļ
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	750,000		
2 7 and doming the year				
ISLAND INSTITUTE	NONE		GENERAL	
386 MAIN STREET, PO BOX 648				
ROCKLAND , ME 04841-0648			 	250
KENNETT SYMPHONY	NONE		GENERAL	
P.O. BOX 72				
KENNETT SQUARE, PA 19348				5,000
		1		
PAWS FOR PURPLE HEARTS	NONE		GENERAL	
P.O. BOX 9288				
PUEBLO, CO 81008-9288				50
		li		l
		•		
				_
Tatal			N 00	5 200
Total b Approved for future payment			> 3a	5,300
u Approved for facure payment				
NONE				
				ı
Total			▶ 3b	0
				orm 990-PF (2014

	Auglicaia of Ingama Deaduaine	A ativitian
Part XVI-A	Analysis of Income-Producing	ACUVILLES

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_				
b	-				
c	_				
d	_				
e	-		ļ		
f	-		ļ		
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ ļ				
3 Interest on savings and temporary cash					
investments A Dividende and interest from accuration	+				
4 Dividends and interest from securities					
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				İ	
7 Other investment income	-		 		
8 Gain or (loss) from sales of assets other			 		
than inventory					
9 Net income or (loss) from special events	-		ļ. —		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
•	1 1				
b	-		ļ		
С	-				
d	•				-
e	-				
12 Subtotal Add columns (b), (d), and (e)		0.		0.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	emp	t Purposes	
Explain below how each activity for which inc the foundation's exempt purposes (other tha			contrit	outed importantly to the accon	nplishment of
the foundation's exempt purposes (other tha	ir by providing run				
					
					<u> </u>
					·············
					
				· · · · · · · · · · · · · · · · · · ·	
423621 11-24-14					Form 990-PF (2014)

Part XVII	 			and Transactions	and Relations	40-534 Ships With Noncha			age_13
	Exempt Organ	izations							
				ng with any other organizati		tion 501(c) of		Yes	No
				27, relating to political organ	nizations?				İ
	s from the reporting found	ation to a nonchari	table exempt o	rganization of:			4-14		.
(1) Cash							1a(1)		X
(2) Other	r assets nsactions:						1a(2)		\vdash
	nsactions. s of assets to a noncharita	hle exempt organiz	ation				15(1)		х
. ,	chases of assets from a no						1b(2)		X
	tal of facilities, equipment,	•	organization				1b(3)		X
٠,	nbursement arrangements						1b(4)) 	Х
, ,	ns or loan guarantees						1b(5)		Х
(6) Perf	ormance of services or me	mbership or fundr	aising solicitation	ons			1b(6)		Х
c Sharing o	of facilities, equipment, ma	iling lists, other ass	sets, or paid en	nployees			1c		Х
d If the ans	wer to any of the above is	"Yes," complete the	following sch	edule. Column (b) should al	ways show the fair	market value of the goods,	other ass	sets,	
				ved less than fair market valu	ue in any transactioi	n or sharing arrangement, s	show in		
	d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name		e exempt organization	(d) Descriptio	n of transfers, transactions, and	sharing ar	rangeme	nts
			N/A						
									
						<u></u>			
					 				
				····					
	·			·					
									
			1.1.11						
	-	•	•	e or more tax-exempt organi	zations described	Г	Yes	▼	No
	501(c) of the Code (other omplete the following scheen		c)(3)) or in sec	11011 527 7		L	162	LA	סאו ר
	(a) Name of org			(b) Type of organization	I	(c) Description of relations	hip	-	
	N/A			(1)			<u> </u>		
	·								
l and h				ng accompanying schedules and in taxpayer) is based on all inform		Ma	y the IRS o	discuss t	his
Sign	(14 M	100 W.	a control and	_	_	sho	irn with th	(see inst	ar (r_)?
Here	1600 0	100 MM	<u> </u>	19-82019	·	SE L	X Yes		No
Sigi	nature of officer or trustee		10.	Date	7 Title	Chook I I I I DITIN			
	Print/Type preparer's na	•	Preparat s		Date	Check If PTIN self- employed			
Paid	CHRISTOPHE	R M.	CUDIC	DDUED W DE	8.27.15		0724	065	
Preparer	PEKULA Firm's name ► MCG	LADREY L	1	OPHER M. PE	ll	Firm's EIN ► 42-0	0734		
Use Only		TYNVEI FI	15			FIIM SEIN P 42-U	1143	45	
200 Jiny	Firm's address ▶ 75	1 ARBOR I	JAY CII	TTE 200		 			
		UE BELL,				Phone no 215.6	41.8	600	
							rm 99 0		2014)
								1	1

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE CABOT-KIELLERUP FOUNDATION

Employer identification number

T	HE CABOT-KJELLERUP FOUNDATION	46-5344811						
Organization type (check	cone)							
Filers of:	Section:							
Form 990 or 990 EZ								
4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization								
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
, ,	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	Rule See instructions						
X For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II See instructions for determining a contribu							
Special Rules								
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 stor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the ard Z, line 1 Complete Parts I and II	6a, or 16b, and that received from						
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 for 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 nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.								
•	that is not covered by the General Rule and/or the Special Rules does not file Schedu on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on it	•						

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

THE CABOT-KJELLERUP FOUNDATION

46-5344811

Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER KJELLERUP 810 MERRYBELL LN KENNETT SQUARE, PA 19348	\$\$	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
2	PETER KJELLERUP 810 MERRYBELL LN KENNETT SQUARE, PA 19348	\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0		\$Schedule B /Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

THE CABOT-KJELLERUP FOUNDATION

46-5344811

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	CONTRIBUTION OF STOCK		
		\$ 296,547.	12/16/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 11-05		\$Schodula B (Form 9)	90, 990-EZ, or 990-PF) (2

Name of organization Employer identification number THE CABOT-KJELLERUP FOUNDATION

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations \$\\$\$ completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part 1 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	LEGAL	FEES			STATEMENT	1	
	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTE: NET INCO			
MORGAN LEWIS	1,001.		0.		0.	0.	
TO FM 990-PF, PG 1, LN 16A ==	1,001.		0.		0.	0.	
FORM 990-PF OTHER DECREASES	IN NET AS:	SETS OR 1	FUND I	BALANCES	STATEMENT	2	
DESCRIPTION					AMOUNT		
BOOK/TAX DIFFERENCES FOR CONTR	BUTION OF	STOCK			129,4	00.	
TOTAL TO FORM 990-PF, PART III	, LINE 5				129,4	00.	
FORM 990-PF	CORPORATI	E STOCK			STATEMENT	3	
DESCRIPTION			В00	OK VALUE	FAIR MARKE VALUE	т	
ABBVIE INC CABOT CORPORATION CABOT OIL & GAS GILEAD SCIENCES INC				9,500. 486. 45. 15,903.	25,8 39,4 10,0 80,1	74. 67.	
TOTAL TO FORM 990-PF, PART II, LINE 10B				25,934.		155,511.	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	4	
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKE VALUE	T	
ENTERPRISE PRODUCTS PARTNERS L MAGELLAN MIDSTREAM PARTNERS		COST		38,125. 103,088.	39,2 112,4		
TOTAL TO FORM 990-PF, PART II,	LINE 13			141,213.	151,6	44.	

FORM 990-PF PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT

5

NAME OF MANAGER

PETER KJELLERUP AMANDA C. CABOT

Form **8868**

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

Internal Reve	enue Service	► Information about Form 886	88 and its	instructions is at www.irs.gov/form	n8868 ·			
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							- X	
•	<u>-</u>	litional (Not Automatic) 3-Month Ex	-		this form)			
•	•	ss you have already been granted a				orm 8868		
		u can electronically file Form 8868 if y					oration	
	, ,	or an additional (not automatic) 3-moi						
-		ns listed in Part I or Part II with the exc						
	•	which must be sent to the IRS in pap	•	·				
		lick on e-file for Charities & Nonprofits		(See mendenene) i ei mere detame			,	
Part I		3-Month Extension of Time		submit original (no copies ne	eded).			
A corpora	<u> </u>	Form 990-T and requesting an autor						
Part I only	•	3			•	>		
-		ding 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to reque	st an exter	nsion of time		
	ome tax returns	g , , _e	, 40, 4,,4	,, ,, ,, ,, ,, ,, ,, ,, ,, ,,,,,,,,,,		er's identifying nu	mber	
Type or	Name of exemp	t organization or other filer, see instru	ctions		Employer identification number (EIN) or			
print							timodalori ridinisor (Eliv) or	
File by the	THE CABO	T-KJELLERUP FOUNDAT	TION			11		
due date for filing your return See		and room or suite no. If a P.O. box, si YBELL LN	ee instruc	tions	Social se	ecurity number (SSN	ty number (SSN)	
instructions		st office, state, and ZIP code For a fo SQUARE,PA 19348	oreign add	lress, see instructions				
Enter the	Return code for th	e return that this application is for (file	e a separa	te application for each return)			0 4	
Applicati	on		Return	Application			Return	
ls For			Code	Is For			Code	
-	or Form 990-EZ		01	Form 990-T (corporation)		07		
Form 990			02	Form 1041-A		08		
	0 (individual)		03	Form 4720 (other than individual)		09		
Form 990-PF			04	Form 5227		10		
		08(a) trust)	05	Form 6069				
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)			06	Form 8870 1				
	T (II dot office than	THE FOUNDATION						
• The bo	ooks are in the care	of ▶ 810 MERRYBELL I	JN - H	KENNETT SQUARE, PA	1934	8		
	one No ▶ 610			Fax No 🕨				
•		ot have an office or place of business	s in the Un				. 🔲	
	•	rn, enter the organization's four digit (If this is fo	r the whole group.	check this	
box ▶		of the group, check this box				_		
1 I red	quest an automatic	3 month (6 months for a corporation	required t	to file Form 990-T) extension of time	until			
	AUGUST 15		t organizat	tion return for the organization name	ed above	The extension		
is fo	or the organization'							
▶ļ	calendar year			24 004.4				
▶ L	X tax year begin	ning APR 2, 2014	, and	d ending DEC 31, 2014		_		
2 If th	e tax year entered	in line 1 is for less than 12 months, cl	heck reaso	on X Initial return	Fınal retur	n		
	Change in accou							
3a If th	is application is for	Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions 3a \$					0.			
b If this application is for Forms 990 PF, 990-T, 4720, or 6069, enter any refundable credits and								
esti	mated tax paymen	ts made Include any prior year overp	ayment al	lowed as a credit	3b	\$	0.	
	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,							
		ronic Federal Tax Payment System) S			3c	\$	0.	
Caution.		make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	3453 EO ai	nd Form 8879 EO fo	or payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 423841 05-01-14

Form **8868** (Rev 1 2014)

Form \$868 (Hev 1-2014)					Page 2	
If you are filing for an Additional (Not Automatic) 3-	Month Extension,	complete only Part II and check thi	s box		▶ [X]	
Note. Only complete Part II if you have already been gr				8868		
 If you are filing for an Automatic 3-Month Extension 						
Part II Additional (Not Automatic) 3-N	Month Extensio	n of Time. Only file the origin	nal (no c	opies necdo	ed).	
		Enter filer's	identifyi	<u>ng number, se</u>	e instructions	
Type or Name of exempt organization or other filer,	e or Name of exempt organization or other filer, see instructions					
print						
File by the THE CABOT-KJELLERUP FOI			ļ	4811		
due date for filing your return See 810 MERRYBELL LN		Social se	curity number	(SSN)		
City, town or post office, state, and ZIP cook KENNETT SQUARE, PA 193		fress, see instructions.				
Enter the Return code for the return that this applicatio	n is for (file a separa	te application for each return)		, ,.	0 4	
Application	Return	Application			Return	
ls For	Code	ls For			Code	
Form 990 or Form 990 EZ	01					
Form 990-BL	02	Form 1041-A		80		
Form 4720 (individual)	03	Form 4720 (other than individual)		09		
Form 990 PF	04	Form 5227		·	10	
Form 990-T (sec. 401(a) or 408(a) trust) Form 990 T (trust other than above)	05 06	Form 6069 Form 8870	11 12			
STOP! Do not complete Part II if you were not alread	····	*	iouely file	d Form 9969		
THE FOUNDA		mane o-morni extension on a pre-	nousiy inc	<u>:01 0(1)1 0000.</u>		
• The books are in the care of ▶ 810 MERRYI		KENNETT SOUARE. PA	1934	8		
Telephone No ▶ 610-869-8335		Fax No ▶				
If the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have an office or place of the organization does not have a constant d	of business in the Ur	nited States, check this box				
 If this is for a Group Return, enter the organization's 					up, check this	
box 🕨 🔲 . If it is for part of the group, check this bo	ox 🕨 🔲 and atta	ch a list with the names and EINs o	f all memb	ers the extensi	on is for.	
4 I request an additional 3 month extension of time						
5 For calendar year, or other tax year beg		**** 1		31, 20	14 .	
6 If the tax year entered in line 5 is for less than 12	months, check reas	on X Initial return	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension		A COMPLEME AND ACC	TTD 3 mm	DDMIDN		
ADDITIONAL TIME IS NEEDEL	O TO FILE	A COMPLETE AND ACC	URATE	RETURN	•	
						
			····			
Ba If this application is for Forms 990 BL, 990 PF, 99	0-T, 4720, or 6069.	enter the tentative tax, less any				
nonrefundable credits. See instructions				s	0.	
b If this application is for Forms 990 PF, 990 T, 472	If this application is for Forms 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated					
tax payments made. Include any prior year overpa	ayment allowed as a	credit and any amount paid				
previously with Form 8868			8b	ş	0,	
C Balance due, Subtract line 8b from line 8a Includ	, , , ,	h this form, if required, by using				
EFTPS (Flectronic Federal Tax Payment System)			8c	\$	0.	
		st be completed for Part II o				
Under penalties of perjury. Lefectare that I have examined this to true, correct, and anitoticle, and that I am antiported by an	न्त्रम, including accomp pare this form	ranying schedules and statements, and to	o the best o	r my knowledge :	and belief,	
				<u> </u>		

. . . .

Form 8868 (Rev. 1 2014)