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Form **990-PF** 

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 Open to Public Inspection

OMB No 1545-0052

		ent of the Treasury Revenue Service  Do not enter s Information about For		•		•	•	pen to Public Inspection
_		endar year 2015 or tax year beginning	55511	una no ocparac		and ending		, 20
_		of foundation			, _ , _ , _ ,		A Employer identi	<del></del>
	EDW	ARD BANGS KELLEY AND ELZA K	ELLEY	FND, INC.			04	-6039660
		er and street (or P O box number if mail is not delivered				Room/suite	-	per (see instructions)
	20 1	NORTH MAIN STREET					50	08-775-3117
7	City or	town, state or province, country, and ZIP or foreign p	ostal code					
							C If exemption applic pending, check her	ation is
	SOU'	TH YARMOUTH, MA 02664						
G	Che	ck all that apply: Initial return		Initial return	of a former p	ublic charity	D 1 Foreign organiza	ations, check here ▶
		Final return		Amended ref	turn		2 Foreign organiza	
_		Address change		Name chang			85% test, check computation	
H	Che	ck type of organization: X Section 50					E If private foundatio	n status was terminated
$\perp$		ection 4947(a)(1) nonexempt charitable trust		ther taxable pr	1 1		under section 507(	b)(1)(A), check here . D
ı			_		ash X Acc	rual		in a 60-month termination
		·   -	Other (sp				under section 507(	b)(1)(B), check here . D
				d) must be on ca	sh basis ) T		1	(d) Disbursements
نا	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(47)	Revenue and penses per	(b) Net invo	estment	(c) Adjusted net	for charitable
		may not necessarily equal the amounts in	l ex	books	incon	ne	income	purposes (cash basis only)
$\neg$	1	column (a) (see instructions) )	<del>-</del>	7,275.				(oddii badia billy)
	2	Contributions, gifts, grants, etc., received (attach schedule)  Check file foundation is <b>not</b> required to		1,413.				
	3	Interest on savings and temporary cash investments	I					<del> </del>
	4	Dividends and interest from securities		190,563.	18	9,965.		STMT 1
		Gross rents						
		Net rental income or (loss)					T. DEC	TIVED
<u>a</u>		Net gain or (loss) from sale of assets not on line 10		302,595.			1 KEU	IVCD
Ĕ	b	Gross sales price for all 1,989,217	<i>'</i> .					SC
Revenue	7	Capital gain net income (from Part IV, line 2)			30	2,595.	TO MAY	9 2016
Œ	8	Net short-term capital gain					<u> </u>	<u> </u>
	9	Income modifications	•					117
	10a	Gross sales less returns and allowances						
	l	Less Cost of goods sold .					***************************************	
		Gross profit or (loss) (attach schedule)						<del> </del>
	11 12	Other income (attach schedule)		500,433.	10	2,560.		
_	<b>—</b>	Total. Add lines 1 through 11	1	20,400	. 43	72,300.		20,400
ş	13	Compensation of officers, directors, trustees, etc		20,400	<del> </del>			20,400
nse	15	Other employee salaries and wages Pension plans, employee benefits						
pe	14 15 16a b c 17 18 19 20 21 22 23 24	Legal fees (attach schedule)						
ũ	ь	Accounting fees (attach schedule) STMT 5	. [	4,000		NONE	NON	E 4,000
ĕ.		Other professional fees (attach scheduler 6		35,445	3	35,445.		
rat	17	Interest						
ist	18	Taxes (attach schedule) (see instructions). 7		10,353		1,414.		
Ē	19	Depreciation (attach schedule) and depletion			<u> </u>			
Ą	20	Occupancy	•				·	
ğ	21	Travel, conferences, and meetings	•	1,138				1,138
a	22	Printing and publications		420	<u> </u>		_	420
ing	23	Other expenses (attach schedule) STMT. 8	F	70		70.		70
rat	24	Total operating and administrative expenses		71 006	.	06 020	NON	۵ ، ۵ ، ۵ ، ۵ ، ۵ ، ۵ ، ۵ ، ۵ ، ۵ ، ۵ ،
be	ļ	Add lines 13 through 23	1	71,826	<del></del>	36,929.	NON	
0		Contributions, gifts, grants paid		252,900 324,726	<del> </del>	36,929.	NON	252,900 E 278,928
_	26	Total expenses and disbursements Add lines 24 and 2	·	344,140		10, 141.	NOIN	E 278,928
	27 a	Subtract line 26 from line 12  Excess of revenue over expenses and disbursements .	_	175,707				
	Ь			2.3,.07		55,631.		<del> </del> ·
	l .	Adjusted net income (if negative, enter -0-).			†			

JSA For Paperwork Reduction Act Notice, see instructions.
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P	art II	Balance Sheets description column should be for end-of-year	Beginning of year	<del></del>	of year
$\equiv$		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	59,850.	· · · · - · - · - · · - ·	
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶		_	
- 1	5	Grants receivable	-	<del>-</del>	
	6	Receivables due from officers, directors, trustees, and other			_
		disqualified persons (attach schedule) (see instructions)			
- [	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
Ŋ	8				
Assets	9	Inventories for sale or use			
Ą		, ,	50,000.		<del> </del>
٦		Investments - U S and state government obligations (attach schedule).		5,907,815	6 550 700
		Investments - corporate stock (attach schedule)	4,172,610. 1,493,531.	5,907,015	6,550,798
	11 <sup>C</sup>	Investments - corporate bonds (attach schedule)	1,493,551.		
-		and equipment basis Less accumulated depreciation			·
		(attach schedule)			
- 1		Investments - mortgage loans			
- 1	13 14	Investments - other (attach schedule)			
- 1	'-		<u></u>		
- 1		equipment basis Less' accumulated depreciation (attach schedule)	-		
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers - see the			
$\Box$		Instructions Also, see page 1, item I)	5,775,991.	5,907,815	6,550,798
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
흹	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )		· ·	
	23	Total liabilities (add lines 17 through 22)		NON	IE
$\neg$		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
Balances		Temporarily restricted			
P B	26	Permanently restricted	***		
		Foundations that do not follow SFAS 117,			
괴	27 28 29 30 31	check here and complete lines 27 through 31.			
6	27	Capital stock, trust principal, or current funds	5,775,991.	5,907,815	
\$	20		3,773,331.	3,701,013	<del>'                                    </del>
ဖွ	20	Paid-in or capital surplus, or land, bldg , and equipment fund		<del></del>	
₹	29	Retained earnings, accumulated income, endowment, or other funds	5,775,991.	5,907,815	_
희	30	Total liabilities and net assets/fund balances (see	5,115,331.	5,307,613	<u>'</u>
	31		E 77E 001	E 007 01E	į
Б	art III	Analysis of Changes in Net Assets or Fund Pole	5,775,991.	5,907,815	<u> </u>
_		Analysis of Changes in Net Assets or Fund Balar		ust sames with	
•		If net assets or fund balances at beginning of year - Part I			E 775 001
-		of-year figure reported on prior year's return)		<del></del>	5,775,991.
		er amount from Part I, line 27a			175,707.
		lines 1, 2, and 3			5,951,698.
		reases not included in line 2 (itemize) MENTRY TO REFLECT BY			43,883.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b)	, line 30 6	5,907,815.
					Form <b>990-PF</b> (2015)

Pa		and Losses for Tax on Inve		( <b>b</b> ) How	(c) Date	1
	2-story bri	describe the kind(s) of property sold (eck warehouse; or common stock, 200	- ·	acquired P - Purchase D - Donation	acquired (mo , day, yr )	(d) Date sold (mo , day, yr.)
1a	PUBLICLY TRADED S	SECURITIES				<u> </u>
b						
C		<u> </u>				<u> </u>
<u>d</u> _						<del>-</del>
е			/=\ Coot or other hour		#10: #	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
_	1,989,217.		1,686,622.			302,595.
<u>a</u> b	1,000,211.		1,000,022.			302,333.
C						
d						
<u>ч</u> е					•	
	Complete only for assets sh	nowing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Cal. (b) a	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (Col. (h) g (k), but not less Losses (from co	than -0-) <b>or</b>
			, , , , , , , , , , , , , , , , , , ,			302,595.
_ <u>a</u>			<del></del>	-		504,333.
<u>_b</u>						
_ <u>c</u>	_					
<u>d</u>				ļ		
_ <u>e</u> _	<u></u>		gain also enter in Part I line 7	-		
2	Capital gain net income o		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		302,595.
3		n or (loss) as defined in sections 1				
	<del>-</del>	rt I, line 8, column (c) (see inst				
_			uced Tax on Net Investment I	3		
	Yes," the foundation does n	ot qualify under section 4940(e)	utable amount of any year in the b Do not complete this part. ; see the instructions before makin		ries.	Yes X No
	(a) Base period years	(b)	(c)		( <b>d)</b> Distribution ra	atio
Ca	lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	
	2014	<u>264,338.</u>	6,669,108.			0.039636
	2013	304,605.	6,235,250.			0.048852
	2012	365,183.	4,893,442.			0.074627
	2011	236,270.	5,657,243.			0.041764
	2010	345,167.	5,360,569.	ļ .		0.064390
2		0		2		0.269269
3	_	for the 5-year base period - divide	-	1 _		0 052054
	number of years the foun	dation has been in existence if less	s than 5 years	3		0.053854
4	Enter the net value of nor	ncharitable-use assets for 2015 fro	om Part X, line 5	4	6	,717,667.
5	Multiply line 4 by line 3.			5	<del></del>	361,773.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		4,556.
7	Add lines 5 and 6			7		366,329.
8	Enter qualifying distributi If line 8 is equal to or g Part VI instructions.	ons from Part XII, line 4 reater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	278,928. x rate. See the
JSA					Forn	990-PF (2015)
5E 1	430 1 000 EEE757 689L 05/	02/2016 10:36:06	2438885		. 3111	6 -

Par	t VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		
	person had advisory privileges? If "Yes," attach statement (see instructions)		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	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 2015, 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?		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 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
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		
	disqualified person?		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	;	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		
	foundation agreed to make a grant to or to employ the official for a period after		
	termination of government service, if terminating within 90 days)		
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ŀ	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		
	Organizations relying on a current notice regarding disaster assistance check here		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		
	were not corrected before the first day of the tax year beginning in 2015?		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 2015, did the foundation have any undistributed income (lines 6d and		
	6e, Part XIII) for tax year(s) beginning before 2015?		
	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 )		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
2-	Did the foundation held many than a 20% direct or indirect interest in any hydrony arthurst		
Ja	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		
	at any time during the year?		
U	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 2015.)		
<b>4</b> a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	1	X
	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 2015?		Х
	Form 9	DA DE	

3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
EASTERN BANK		_
605 BROADWAY, LF 42, SAUGUS, MA	INVESTMENT MANAGER	35,445.
JAMES F BOGLE, CPA		
244 WILLOW STREET, YARMOUTHPORT, MA	ACCOUNTANT	4,000.
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year include relevan organizations and other beneficiaries served, conferences convened, research papers produced, et	t statistical information such as the number of	Expenses
1CAPE COD HEALTHCARE FOUNDATION INC.		_
RENOVATION		
		50,000
2CAPE COD REGIONAL SUBSTANCE ABUSE PREVENTION INIT	PIATIVE	
SUBSTANCE ABUSE PREVENTION		
		10,000
BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISLAND	OS	
OPERATING SUPPORT	···	
ANOMES EGG. NOW THE DE EGG.		27,500
4HOMELESS NOT HELPLESS OPERATING SUPPORT	<del></del>	
OPERATING SUPPORT		15 000
Part IX-B Summary of Program-Related Investments (see instruction	one)	15,000
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1NONE	5	<u> </u>
2		
All other program-related investments See instructions		
3 NONE		
Total. Add lines 1 through 3		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreisee instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	6,819,966.
b	Average of monthly cash balances	1b	NONE
С	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	6,819,966.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	6,819,966.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	102,299.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,717,667.
6	Minimum investment return. Enter 5% of line 5	6	335,883.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun	dations	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	335,883.
	Tax on investment income for 2015 from Part VI, line 5	4	
þ	Income tax for 2015. (This does not include the tax from Part VI.)	4	
C	Add lines 2a and 2b	2c	9,113.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	326,770.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	<u>326,770.</u>
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	326,770.
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	278,928.
b	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	278,928.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		210,520.
-	Enter 1% of Part I, line 27b (see instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	278,928.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.	aculating	Miletiet tile logiluation

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Pa	t XIII Undistributed Income (see instru	uctions)			rage 3
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d</b> ) 2015
	line 7				326,770.
-	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only.	-		NONE	
	Total for prior years 20 13 ,20,20	<del></del>	NONE		
	Excess distributions carryover, if any, to 2015 From 2010 NONE				
	From 2010 NONE NONE				
-	From 2012				
	From 2013				
	From 2014 NONE				
f	Total of lines 3a through e	126,132.			
4	Qualifying distributions for 2015 from Part XII, line 4.  \$ 278,928.				
а	Applied to 2014, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years				
	(Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election required - see instructions)	NONB			
	Applied to 2015 distributable amount	NONT			278,928.
	Remaining amount distributed out of corpus	NONB			47.040
5	Excess distributions carryover applied to 2015. (If an amount appears in column (d), the same amount must be shown in column (a))	47,842.			47,842.
6	Enter the net total of each column as indicated below:	70.000			
8	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	78,290.			
t	Prior years' undistributed income Subtract		NONE		
	line 4b from line 2b		NONE		
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
	Subtract line 6c from line 6b Taxable				<del></del>
•	amount - see instructions		NONE	_	
•	Undistributed income for 2014 Subtract line 4a from line 2a. Taxable amount - see instructions		_	NONE	
•	Undistributed income for 2015. Subtract lines				
•	4d and 5 from line 1 This amount must be distributed in 2016				NONE
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	NONE			
_	required - see instructions)	NONE			
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2016.  Subtract lines 7 and 8 from line 6a	78,290.			
	Analysis of line 9				
	Excess from 2011 NONE			}	
	Excess from 2012				
	Excess from 2013				
	E Excess from 2014 NONE				
		·			Form <b>990-PF</b> (2015)

Grants and Contributions Paid Du	frecipient is an individual		uture rayinent	
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				
SEE STATEMENT 18				252 00
DEE DIRIEMENT 10				252,90
		1		
		1 1		
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		1	•	
		1		
		1 1		
Total			▶ 3a	252,9
Approved for future payment				
ASE SEE ATTACHED SCHEDULE				
,			1	
/				
		İ		
T-4-1				
Total			▶ 3b	

r gross amounts unless otherwise indicated		ted business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption income (See instructions
rogram service revenue.		<del> </del>			(See Instructions
			_		
	<u> </u>		-		
Fees and contracts from government agencies	-	<del></del>	<del>   </del>		
embership dues and assessments			<del> </del>	<del></del> .	
terest on savings and temporary cash investments			14	190,563.	
vidends and interest from securities et rental income or (loss) from real estate.			++-	190,303.	
Debt-financed property				· <del>-</del> ·	
Not debt-financed property					<del> </del>
et rental income or (loss) from personal property.					
ther investment income					
ain or (loss) from sales of assets other than inventory	1 1		18	302,595.	
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue. a					·
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calci	ulations)				
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitution of activities.  Explain below how each activities accomplishment of the foundation.	ulations) s to the Act	ccomplishment of	Exempt Purp	ooses of Part XVI-A contribution	493,1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcitations.  Explain below how each activities.	ulations) s to the Act	ccomplishment of	Exempt Purp	ooses of Part XVI-A contribution	493,1
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otal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calci  XVI-B Relationship of Activities  No. Explain below how each activities	ulations) s to the Act	ccomplishment of	Exempt Purp in column (en by providing	ooses of Part XVI-A contribution	493,1
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcity  XVI-B Relationship of Activities  No. Explain below how each activities	ulations) s to the Act	ccomplishment of	Exempt Purp in column (en by providing	ooses of Part XVI-A contribution	493,1
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orm 99	0-PF (20	15)				04-6039660		Pag	<sub>1e</sub> 13
Part 2	KVII	Information R Exempt Organ		ansfers To and T	ransactions	s and Relationships With Non	charit	able	-
1 0	id the	organization directl	y or indirectly	engage in any of the	following wi	th any other organization described		Yes	No
	n sectio rganiza		de (other than	section 501(c)(3) org	ganizations) o	r in section 527, relating to political			
	_		foundation to	a noncharitable exen	npt organization	on of:			
							1a(1)		X
						• • • • • • • • • • • • • • • • • • • •	1a(2)		X
ь	ther tra	ansactions:							
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C 2	naring	of facilities, equipm	ient, mailing lis	ts, other assets, or pa	ia empioyees	ola Caluma (h) abauta abau aba	1c		X
						ule Column (b) should always show ation. If the foundation received less			
						value of the goods, other assets, or s			
(a) Line		(b) Amount involved	ı	noncharitable exempt organ		(d) Description of transfers, transactions, and sha			
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(	iescribe		of the Code (o			r more tax-exempt organizations ection 527?	Y	es 🗆	No
	•	(a) Name of organizatio		(b) Type of org	ganization	(c) Description of relation	ship	_	
									_
	Under correct.	penalties of perjury, I decided and complete Declaration of	are that I have exam of preparer Letter than	imed this return, including act taxpayer) is based on all inform	companying schedu	iles and statements, and to the best of my knowled arer has any knowledge	ge and b	oelief, it	is true
Sign		tw/		05/02/20		May the IF	S discus		
Here	<b>S</b> igna	ature of officer or trustee		Date Date	Title		· -	Yes	below No
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BOSTON,

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617-587-9019 Form **990-PF** (2015)

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

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs gov/form990 OMB No 1545-0047

Name of the organization **Employer identification number** EDWARD BANGS KELLEY AND ELZA KELLEY FND, 04-6039660 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 (i) Form 990, Part VIII, line 1h, or (ii) 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 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Employer identification number 04 - 6039660

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN OTIS DREW	\$	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	BRUCE AND JANET C TAYLOR	\$ 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
3_	KAREN L. BISSONNETTE	\$\$50.	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
4	MATT COLE	\$\$	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
5_	JASHUA NICKERSON JR	\$\$	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
6	HENRY & ANN MURPHY JR	\$\$	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 copi	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RICHARD & ELIZABETH NEITZ	\$\$	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	ROBERT F. MILLS	\$ 250.	Person X Payroil Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	JUDY & PETER SMITH	\$ 75.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10_	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
11	GYNN LAW OFFICES	\$\$	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	CHARLES AND SANDRA ROBINSON	\$ \$ 500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 2 Name of organization Employer identification number EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 JOEL G & BETH CROWELL Person Payroll 1,000. Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 JOEL PETERSON Person Payroll 1,000. Noncash (Complete Part II for noncash contributions) (a) (c) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 THOMAS & ANASTASIA PERRINO Person **Payroll** 200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution 16 ALEX & KATHRYN RODOLAKIS Person **Payroll** 500. Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

-			noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)

Person Payroll Noncash

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

01 EQ	REVENUE AND EXPENSES INVESTMENT PER BOOKS INCOME
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FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

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75% 12/14/ 01/14/2019 01/14/2019 EX FUND T GRADE CO Y BOND ETF ASIA EX J D ETF /15/2015	> < 🖼		12/14/2018															RPORA	ETF	7 6 6	IAFAIN										α

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

NET INVESTMENT INCOME		22. 18. 1,81	٠ •	75. 2,7	· i ল	75. 2,3	oo. 28.	$\infty$	65. 97.	47. 10,24	76. 1,17	33. 1,53	25. I,22	48.	18. 61	55. 1,3	06.	48.	96. 19	91. 59	3,85	76. 2,57	31. 1,03	21. 62	688. 2,688.	83. 1,98	
REVENUE AND EXPENSES PER BOOKS	-    - 	1,		2,		2,		2,		10,	1,					1,					3,6	~		•	2,(	1,	2438885
SC	i. IC. Govvan	FEDERATED GOV'I OBLIGATION IAA MANAGED F MONSANTO CO 2.75% 07/15/2021		STANLEY 5.55%	2	ORACLE CORPORATION 2.375% 01/15/2019	PAYCHEX INC	AMBLE CO	PUBLIC SVC ENTERPRISE GROUP	S HIGH YIELD BON	RETIONA		SOUTHERN CO 2.45% 09/01/2018	STAKBOOKS CORP STATE STEET CORD	STRYKER CORP	SUNTRUST BANKS	-	IEVA FRAKMACEOIICAL ADK TIME WARNER INC	UIL HOLDINGS CORPORTION	UNITED PARCEL SERVICE	INC		VISA, INC WALGREENS BOOTS ALLIANCE INC		LS FARGO 8	COS.	EEE757 689L 05/02/2016 10:36:06

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FORM 990PF,	
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NET INVESTMENT TNCOME		972.	8,758.	1,612.	694.		1,711.	284.	. 888	438.		189,965.	
REVENUE AND EXPENSES PER ROOKS		972.	8,758.	1,612.	694.	536.	1,711.	284.	.886	438.	11111111111	190,563.	
												TOTAL	
NOTEGIOSEG	DESCRIPTION	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	ACE LTD			

FORM 990PF, PART I - ACCOUNTING FEES

2438885

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	CHARITABLE PURPOSES	4,000.
	ADJUSTED NET INCOME	NONE
	NET INVESTMENT INCOME	NONE
!!	REVENUE AND EXPENSES PER BOOKS	4,000.
	DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

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FORM 990PF, PART I - OTHER PROFESSIONAL FEES

35,445.

TOTALS

LEGAL FEES - PRINCIPAL (ALLOCA

DESCRIPTION

35,445.

35,445.

35,445.

INVESTMENT INCOME

REVENUE AND EXPENSES PER BOOKS

2438885

9

FORM 990PF, PART I - TAXES 

NET INVESTMENT INCOME	18. 971. 425.	· 4
REVENUE AND EXPENSES PER BOOKS	18. 8,939. 971. 425.	. 253, U.L. 353.
DESCRIPTION	FOREIGN TAXES FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	IOTALS

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CHARITABLE PURPOSES	70.	70.
NET INVESTMENT INCOME	70.	70.
REVENUE AND EXPENSES PER BOOKS	70.	70.
DESCRIPTION	OTHER ALLOCABLE EXPENSE-PRINCI	TOTALS

28

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STATEMENT

2438885

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

NAME: EASTERN BANK

C/O LORI EVANS

ADDRESS: 33 ENTERPRISE STREET, SUITE 10

DUXBURY, MA 02332

TELEPHONE NUMBER: (508)923-2805

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: HOMELESS NOT HELPLESS, INC RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: HOPEHEALTH INC, RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 11,200. RECIPIENT NAME: CAPE COD TIMES NEEDY FUND, INC RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 8,500. RECIPIENT NAME: BARNSTABLE LAND TRUST FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 12,500. EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: YMCA CAPE COD FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 7,500. RECIPIENT NAME: CAPE COD CHILD DEVELOPMENT PROGRAM RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 7,000. RECIPIENT NAME: CAPE COD MARITIME MUSEUM FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: THRIVE AT CIGSYA FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 5,000. EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: WEST FALMOUTH LIBRARY FOUNDATION RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: ST. ANTHONY'S CONFERENCE OF THE SOCIETY OF ST. VINCENT DE PAUL FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: CHATHAM ORPHEURM THEATRE FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: PHILANTHROPY PARTNERS OF THE CAPE COD RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 3,500. EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FALMOUTH HISTORICAL SOCIETY FDN RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID ..... 2,500. 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: AMOUNT OF GRANT PAID ..... 27,500. 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 ..... 15,000. EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: KENNEDY-DONOVAN CENTER INC. ADDRESS: ONE COMMERCIAL STREET FOXBORO, MA 02035 RELATIONSHIP: NONE PURPOSE OF GRANT: INDIVIDUALS W SPECIAL NEEDS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 5,000. 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: AMOUNT OF GRANT PAID ...... 5,000. 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: PC

AMOUNT OF GRANT PAID .....

6,000.

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 ..... 10,000. 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 ..... 2,500. RECIPIENT NAME: BOYS & GIRLS CLUB OF CAPE COD ADDRESS: 31 FRANK HICKS DRIVE MASHPEE, MA 02649 RELATIONSHIP: NONE PURPOSE OF GRANT: ENABLE YOUTH TO REALIZE THEIR FULL POTENTIAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 10,000.

04-6039660 EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FALMOUTH TOGETHER WE CAN RELATIONSHIP: NONE PURPOSE OF GRANT: SKATEPARK FOR FALMOUTH FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 11,700. RECIPIENT NAME: CAPE COD HEALTHCARE FOUNDATION CAPE COD HOSPITAL ADDRESS: 27 PARK STREET HYANNIS, MA 02601 RELATIONSHIP: PURPOSE OF GRANT: HEALTH CARE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 50,000. 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: PC

AMOUNT OF GRANT PAID .....

7,500.

EDWARD BANGS KELLEY AND ELZA KELLEY FND, INC. 04-6039660 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CAPE COD REGIONAL SUBSTANCE ABUSE PRVENTION INITIATIVE RELATIONSHIP: NONE PURPOSE OF GRANT: SUBSTANCE ABUSE PREVENTION FOUNDATION STATUS OF RECIPIENT:

TOTAL GRANTS PAID: 252,900. =============

# 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) <u>Name and Address</u>	(B) Title and Avg. Hours Per Week Devoted to Position	(C) Contributions to Employee Benefit Plans	(D) Expense Account, Other <u>Allowances</u>	(E) Compensation (if any)
OFFICERS  Joel G. Crowell, Jr.  President Cape Cod Cooperative Bank 25 Benjamin Franklin Way Hyannis, MA 02601	As Required	None	None	None
DeWitt Davenport Vice President & Administrative Manager 20 North Main Street South Yarmouth, MA 02664	As Required	None	None	None
E. Joel Peterson Treasurer & Clerk 300 Mill Road Falmouth, MA 02540	As Required	None	None	None
BOARD OF DIRECTORS				
Jeffrey Bilezikian 29 Adams Avenue Watertown, MA 02472	As Required	None	None	None
Karen L. Bissonnette 7 Coleridge Drive Falmouth, MA 02540	As Required	None	None	None
Matthew H. Cole Cape Associates, Inc. P.O. Box 1858 North Eastham, MA 02651	As Required	None	None	None

Joel G. Crowell, Jr. Cape Cod Cooperative Bank 25 Benjamin Franklin Way Hyannis, MA 02601	As Required	None	None	None
John Curley, Jr. Curley Direct 15 Fruean Avenue South Yarmouth, MA 02664	As Required	None	None	None
DeWitt Davenport 20 North Main Street South Yarmouth, MA 02664	As Required	None	None	None
John Otis Drew P. O. Box 487 Hyannisport, MA 02647	As Required	None	None	None
Elizabeth Gawron Helping our Women (HOW) 34 Conwell Street Provincetown, MA 02657	As Required	None	None	None
Suzanne Fay Glynn Glynn Law Offices 49 Locust Street Falmouth, MA 02541	As Required	None	None	None
Suzanne McAuliffe 71 Thacher Shore Road Yarmouthport, MA 02675	As Required	None	None	None
Peter Meyer Cape Cod Times 319 Main Street Hyannis, MA 02601	As Required	None	None	None
Robert F. Mills 21 Emma Oakley Mills Way Mashpee, MA 02649	As Required	None	None	None
M. Christopher Murphy DePaola, Begg & Associates 220 West Main Street Hyannis, MA 02601	As Required	None	None	None
Richard W. Neitz Neitz Real Estate 34 North Main Street South Yarmouth, MA 02664	As Required	None	None	None

Brian O'Malley, MD 30 Shank Painter Road Provincetown, MA 02657	As Required	None	None	None
David Penfield, MD 114 4 <sup>th</sup> Street Wellfleet, MA 02667	As Required	None	None	None
E. Joel Peterson 300 Mill Road Falmouth, MA 02540	As Required	None	None	None
David P. Sampson 791 Sandwich Road Bourne, MA 02532	As Required	None	None	None
Hamilton N. Shepley 216 Thornton Drive Hyannis, MA 02601	As Required	None	None	None
Robert A. Talerman 34 Wild Goose Way Centerville, MA 02632	As Required	None	None	None
Janet Taylor P.O. Box 97 East Orleans, MA 02643	As Required	None	None	None
HONORARY DIRECTORS Milton L. Penn P.O. Box 162 Cummaquid, MA 02637	As Required	None	None	None
Mary Louise Montgomery Rowland Farm 114 Ramsay Hill Road Walpole, NH 03608	As Required	None	None	None

# 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

#### **2015 GRANTS**

a. Paid during the year

RECIPIENT	Foundation Status of <u>Recipient</u>	Purpose of Grant or Contribution	Amount
WE CAN Corporation Tax ID 31-1777179	Paid In Full	To expand and strengthen WE CAN services to meet the increasing demand, with particular focus on both Upper and Lower cape.	\$5,000.00
Falmouth Historical Society Tax ID. 04-6066623	Paid In Full	For students ages 9- 12. Inspired by Nature Explore how nature has impacted science, art, music and history	\$2,500 00
Big Brothers Big Sisters of Cape Cod & the Islands Tax ID: 04-2074462	Paid In Full	Strategic Expansion and Long-Term Sustainability	\$20,000 00
Big Brothers Big Sisters of Cape Cod & the Islands Tax ID 04-2074462	Paid in Full	One to One Mentoring for Youth in Yarmouth and Dennis	\$7,500 00
Sight Loss Services Tax ID 04-2998072	Paid in Full	Program support for visually impaired and blind residents of Cape Cod.	\$10,000.00
West Falmouth Library Tax ID 04-221-4857	Paid in Full	West Falmouth Library Capital Campaign	\$5,000.00
The Greater Boston Food Bank Tax ID: 04-2717782	Paid in Full	Supporting Emergency Food Distribution in Barnstable County	\$5,000 00
Thrive at CIGSYA Tax ID 04-3427228	Paid in Full	Thrive Heating System Replacement	\$5,000 00
Helping our Women Tax ID: 04-3179955	Paid in Full	Wellness Approach for Women with Chronic or Life Threatening Illnesses	\$2,500 00
Kennedy Donovan Center Tax ID: 04-2519028	Paid in Full	Cape Cod Safety Net Scholarship Program	\$5,000.00
St Anthony's Conference Of the Society of St Vincent De Paul Tax ID: 13-5562362	Paid in Full	Housing Assistance in Falmouth	\$5,000.00

RECIPIENT	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Barnstable Land Trust Tax ID 22-2483963	Paid in Full	Keep Lowell Park Green	\$12,500 00
Cape Cod Council of Churches Tax ID 04-2382479	Paid in Full	Faith Neighborhood Kitchen Re-Build	\$15,000 00
Homeless Not Hopeless Tax ID: 260604808	Paid in Full	Helping the Homeless	\$15,000.00
HopeHealth Tax ID 04-2681561	Paid in Full	McCarthy Care Center Patient Bed Upgrade Replacements	\$11,200 00
Chatham Orpheum Theater Tax ID: 45-3806617	Paid in Full	Closed Captain System	\$5,000.00
Cape Cod Times Needy Fund Tax ID: 22-2480332	Paid in Full	Keeping our Community Warm Through Fuel Assistance	- \$8,500 00
Lower Cape Outreach Council Tax ID 04-2864255	Paid in Full	Food to Encourage	\$6,000 00
The Family Pantry of Cape Cod Tax ID 22-3079904	Paid in Full	Fish for Families	\$7,500 00
YMCA Cape Cod Tax ID 042-394-925	Paid in Full	Teen Achievers Program	\$7,500 00
Cape Cod Child Development Tax ID 23-7324732	Paid in Full	Teacher and Home Care Worker Training in Opiate Addiction in the Home	\$7,000.00
Falmouth Volunteers in Public Schools Tax ID. 04-3232397	Paid in Full	Strengthening Youth Mentoring Relationships for at Risk Students in Falmouth	\$6,700.00
Cape Cod Children's Place Tax ID 04-3265972	Paid in Full	Increased Safety, Skills and Services for Families Recovering from Addiction	\$10,000.00
Boys and Girls Club of Cape Cod Tax ID 04-3273141	Paid in Full	STEAM Program	\$10,000 00
Cape Cod Healthcare Foundation Tax ID.: 90-0054984	Paid in Full	New Urgent Care Centers Project	\$50,000.00
Cape Cod Maritime Museum (2014 grant paid out in 2015) Tax ID 04-3438295	Paid in Full	Stem Education Program	\$5,000 00
		TOTAL 2015 GRANTS PAID	\$249.400

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

RECIPIENT	Foundation Status of Recipient	Purpose of Grant or Contribution	<u>Amount</u>
			\$ 00

## **SCHOLARSHIPS**

### a. Paid during the year

RECIPIENT Name and Address	Foundation Status of Recipient	Purpose of Grant or Contribution	<u>Amount</u>
None			\$0 00
		TOTAL 2015 SCHOLARSHIPS	\$0 00

### b. Approved for future payment

RECIPIENT Name and Address	Foundation Status of Recipient	Purpose of Grant or Contribution	<u>Amount</u>
None			\$0.00
		TOTAL SCHOLARSHIPS TO BE PAID IN 2015	\$0.00

#### MASSACHUSETTS FORM PC - 2015

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

Line 24 - Supporting Schedule

24M. Karen L. Bissonnette – Board of Directors, Boys & Girls Club of Cape Cod, Inc.; David Penfield, M.D., Corporator and Budget and Finance Committee of Cape Cod Healthcare; Peter Meyer, President, Cape Cod Times Needy Fund; David Sampson, Member of the Budget and Finance Committee, Cape Cod Healthcare; DeWitt Davenport, Trustee of Cape Cod Healthcare; Suzanne Fay Glynn, Trustee of Cape Cod Healthcare; Joel Crowell, Board Member of Cape Cod Healthcare and Board Member of Cape Cod Times Needy Fund; Dick Neitz, Board Member of Hope Health; Janet Taylor, Board Member of We Can; Matthew Cole, Board Member of YMCA Cape Cod; Chris Murphy, Partner in Charge of the audit for Cape Cod Times Needy Fund and Barnstable Land Trust