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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

		of the Treasury renue Service (77) Note. T	ı he foundation may be abli		a copy of this return			equirements.	2003
		dar year 2009, or tax year				, and e			<u> </u>
G Check all that apply: Initial return			Initial Return of a former public charity			charity	Final return		
			Amended return		Address chang	je		Name change	
Use 1	he l	RS Name of foundation						A Employer identification	number
la Oub -	bel	se KELLY FAMI	T.V ECIMIDATT	ON	INC.			31-1176389	
	rwis rint		O box number if mail is not de				Room/suite	B Telephone number	
or t	type		ILL ROAD					260-465-28	08
See S	-	no City of town, State, at						C If exemption application is pe	ending, check here
Instru	CHO	FORT WAYNE						D 1 Foreign organizations	, check here
H Ch			X Section 501(c)(3) ex					Foreign organizations med check here and attach cor	mputation P
		ction 4947(a)(1) nonexem			ixable private founda nod: X Cash		ual	E If private foundation stat	
		rket value of all assets at e Part II, col. (c), line 16)		ng meu her (spi		L Accr	uai	under section 507(b)(1)(• •
(#O			5,591. (Part I, colu			oasis)		F If the foundation is in a 6 under section 507(b)(1)(
Par				(a) Revenue and benses per books	(b) Net in	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grant			3,280.				
	2	Check X if the foundation							
	3	Interest on savings and tempo cash investments	-		10 261		0 261	10 261	CMAMENEN 1
	4	Dividends and interest fro	om securities		10,361.		0,361.	10,361.	STATEMENT 1
		Gross rents Net rental income or (loss)					. .		
	_	Net gain or (loss) from sale of a	assets not on line 10		-				
2	b	Gross sales price for all assets on line 6a							
Revenue	7 Capital gain net income (from Part IV, line 2)					0.			
~	8	Net short-term capital gail	n						
	9	Income modifications Gross sales less returns							
	10a h	and allowances Less Cost of goods sold		<u> </u>					
		Gross profit or (loss)							
	11	Other income			516.		0.		STATEMENT 2
	12	Total Add lines 1 through	h 11		14,157.	1	0,361.	10,877.	
Ļ	13	Compensation of officers, dire			0.		0.	0.	0.
- [14 15	Other employee salaries a Pension plans, employee							
σi		Legal fees	Delicins				-		
ens		Accounting fees	STMT 3		2,270.		2,270.	2,270.	0.
찣	C	Other professional fees							
ţį		Interest	amım 4		1 010	•		0	0
\$tra		Taxes	STMT 4		1,010.		0.	0.	0.
E	19 20	Depreciation and depletio Occupancy							
Sp.	21	Travel conferences, and	meennos		400.	-	0.	0.	0.
E C	22	Printing and publications	188						
Ē	23	Other expenses	2 & 2010 Sp. Thistrative						
릙	24	Total operating and adm	1		2 600		2,270.	2,270.	0.
\$	26	expenses And lines 13+1 Contributions, girls gran			3,680. 64,500.		4,410.	2,270.	64,500.
溰	25 26	Total expenses and disb			04,500.				01/3000
ANNEOBerHills gno Adilli Brative Expense		Add lines 24 and 25			68,180.		2,270.	2,270.	64,500.
	27	Subtract line 26 from line	12:						
9 1		Excess of revenue over expen			-54,023.		8,091.		
		Net investment income (Adjusted net income (if ne					0,031.	8,607.	
ىلىپ	-	valuated net income (nu							

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
<u></u>	ai t	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	77,280.	23,257.	23,257.
	2	Savings and temporary cash investments			
	_	Accounts receivable ▶			
		Less: allowance for doubtful accounts			
	۱.	Pledges receivable			
	4	Less: allowance for doubtful accounts			
					
	1 -	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ļ	disqualified persons			
	7	Other notes and loans receivable			
	l	Less: allowance for doubtful accounts ▶			
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	i	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 5	1,519,538.	1,519,538.	1,203,334.
	l .	Investments - corporate bonds	1,313,330.	1,313,330.	1,200,004.
	1				
	וון	Investments - land, buildings, and equipment basis	į		
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	1,596,818.	1,542,795.	1,226,591.
		Accounts payable and accrued expenses			-7
	18	Grants payable			
"	ł	Deferred revenue			
Liabilities	19	F			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
펼	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
				_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
	İ	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
ä	25	Temporarily restricted			
Bal	l	Permanently restricted			
ᆽ	20	Foundations that do not follow SFAS 117, check here	• • • • • • • • • • • • • • • • • • • •		
Ē	ļ	•			
Net Assets or Fund Balances		and complete lines 27 through 31			
ţs	27	Capital stock, trust principal, or current funds	0.	0.	
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ,	29	Retained earnings, accumulated income, endowment, or other funds	1,596,818.	1,542,795.	
ž	30	Total net assets or fund balances	1,596,818.	1,542,795.	
			İ		
	31	Total liabilities and net assets/fund balances	1,596,818.	1,542,795.	
	art	Analysis of Changes in Net Assets or Fund Ba	lances		
드	art	III Allalysis of Changes in Net Assets of Falla De			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
		st agree with end-of-year figure reported on prior year's return)		11	1,596,818.
		amount from Part I, line 27a		2	-54,023.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,542,795.
		eases not included in line 2 (itemize)			1,542,795.
			ump (b) line 20	5 6	1,542,795.
<u>-</u>	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umm (u), mie 30		Form 990-PF (2009)
					1 Ullil 3 3 3 - 1 1 (2 0 0 3)

Form 990-RF (2009) ' KELLY FAMILY FOUNDATION, INC.

Page 2

31-1176389

31-1176389

Page 3

Form 990-RF (2009)

KELLY FAMILY FOUNDATION,

	1990-PF (2009) KELLY FAMILY FOUNDATION, INC.	<u> 31 -</u>	<u> 117638</u>	<u> 99</u>	F	age 4
Pε	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u>4948 </u>	- see ins	tru	ction	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		ŀ			
	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 here X and enter 1%	1_				81.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				81.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1	81.
6	Credits/Payments:	<u> </u>				
-	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 760	_				
	Exempt foreign organizations - tax withheld at source	7				
	Tax paid with application for extension of time to file (Form 8868) 6c	7				
	Backup withholding erroneously withheld 6d	1				
	Total credits and payments. Add lines 6a through 6d	7			7	60.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				~ ~ •
8	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 	-		
9		10			6	79.
10		11				0.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► 679 • Refunded ► art VII-A Statements Regarding Activities	1 !!				<u> </u>
					Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	IE III			103	X
	any political campaign?			a		X
Q	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		<u> </u>	ь		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ea or				
	distributed by the foundation in connection with the activities					v
	Did the foundation file Form 1120-POL for this year?		1	C		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			-		
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0	<u>•</u>		1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			a		<u>X</u>
_	of "Yes," has it filed a tax return on Form 990-T for this year?	N	·	b		37
5			<u> </u>	5		<u> </u>
	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			ı	į	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	te 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?			7	Х	
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) IN					
Ь	of 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		F	ь	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 call	lendar				
•	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	1	X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		-	0		X
	g and a software and		Form 9		PF (

Form	990-RF (2009) KELLY FAMILY FOUNDATION, INC. 31-11	<u> 16389</u>	Page 5
Pa	art 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	11	x
40	section 512(b)(13)? If "Yes," attach schedule (see instructions)	- ' ' 	- ^
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	x
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
10	Website address ► N/A		
14	The books are in care of ► KEVIN KELLY Telephone no. ► 260 - 4	165-28	308
• •	Located at ► 4405 OLD MILL ROAD, FORT WAYNE, IN 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	N/	<u>/A</u>
Pa	art 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?		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
	a disqualified person?	1 1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		
	(5) Transfer any income or assets to a disqualified person (or make any of either available		
	for the benefit or use of a disqualified person)?		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No		
C	of the 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 page 20 of the instructions)? N/A	16	
	Organizations relying on a current notice regarding disaster assistance check here		
,	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 2009?	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 $4942(1)(3)$ or $4942(1)(5)$):		1
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		
	before 2009? Yes X No		
	If "Yes," list the years		
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (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.) N/A	2b	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
_	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
38	during the year? Yes X No		
t	olf "Yes," did it have excess business holdings in 2009 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 2009)	3b	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	X
t	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 2009?	4b	DE (COOC)
		rorm 990-	- PF (2009)

Part VII-B Statements Regarding Activities for Which		Required (control	31-11/63	89 Page 6		
	TOTTI 4720 May De I	required (contin	<u> </u>			
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	na 4045/a)\2		es X No			
(1) Carry on propagation, or otherwise attempt to influence registation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
any voter registration drive?	or to carry on, uncomy or mon		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?		s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization						
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary	v. or educational purposes, or	· -:				
the prevention of cruelty to children or animals?	, ar account of party accounts		es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	ider the exceptions described					
section 53.4945 or in a current notice regarding disaster assistance (see instr	•	J	N/A	5b		
Organizations relying on a current notice regarding disaster assistance check						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined		1 1		
expenditure responsibility for the grant?	ľ	√N 🗀 Ye	es D No			
If "Yes," attach the statement required by Regulations section 53 494	15-5(d)					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					
a personal benefit contract?		Ye	es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		10	Sb X		
If "Yes" to 6b, file Form 8870						
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	es X No	_		
b If yes, did the foundation receive any proceeds or have any net income attribu				7b		
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	anagers, Highly	y			
List all officers, directors, trustees, foundation managers and their	compensation.					
		(c) Compensation	(d) Contributions to	(e) Expense		
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances		
KEVIN J KELLY	DIRECTOR					
FORT WAYNE, IN						
	0.00	0.	0.	0.		
PAMELA M KELLY	DIRECTOR					
FORT WAYNE, IN						
	0.00	0.	0.	0.		
WILLIAM KELLY	DIRECTOR					
COLUMBUS, OH	_					
	0.00	0.	0.	0.		
	4					
2 Compensation of five highest-paid employees (other than those in	cluded on line 1\ If none	enter "NONE "				
2 Osmpensation of the mignest-haid employees former trial those in	(b) Title, and average	CITCH HOUSE.	(d) Contributions to	(e) Expense		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances		
NONE	devoted to position	-	compensation	anovanoo		
NONE	-					
	 					
	1					
Total number of other employees paid over \$50,000				0		
			Form \$	990-PF (2009)		

Form 990-RF (2009) ' KELLY FAMILY FOUNDATION, INC.	31-	<u> 1176389</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Main Paid Employees, and Contractors (continued)	nagers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informa number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the	Expenses	
1 N/A			
2		·- ·	
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	2.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	>		0.

7

Form **990-PF** (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions.)
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	996,496.
b	Average of monthly cash balances	1b	71,740.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,068,236.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets] 2]	0.
3	Subtract line 2 from line 1d	3	1,068,236.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	16,024.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,052,212.
6	Minimum investment return Enter 5% of line 5	6	52,611.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	52,611.
2 a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	81.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	52,530.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	52,530.
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	52,530.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		64.500
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	64,500.
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:		
а	Suitability test (prior IRS approval required)	3a	
þ	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	64,500.
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	81.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	64,419.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation of	nualifies for	the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII	Undistributed	Income	(see instructions)
-----------	---------------	--------	--------------------

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		, , , , , , , , , , , , , , , , , , ,		-··
line 7				52,530.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			61,136.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 64,500.				
a Applied to 2008, but not more than line 2a			61,136.	
b Applied to undistributed income of prior		_	i	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			2 264
d Applied to 2009 distributable amount				3,364.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	!			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2008. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				40 166
be distributed in 2010				49,166.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	^			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
Analysis of line 9: a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
<u> </u>	· · · · · · · · · · · · · · · · · · ·			Form 990-PF (2009)

	AMILY FOUND				176389 Page 10
Part XIV Private Operating F	oundations (see ins	tructions and Part V	'Il-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	r 2009, enter the date of th	ne ruling	▶ └		
b Check box to indicate whether the found		g foundation described		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	40,000	- (a) Tabel
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			 		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the				-	
alternative test relied upon:					
a "Assets" alternative test - enter:			ł		
(1) Value of all assets			+	···	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
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			į		
and 5 or more exempt organizations as provided in			1		
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		to this wort only	if the foundation	bad \$5 000 as ==	oro in coocto
Part XV Supplementary Info	•	•	ir the loundation	on nau \$5,000 or ii	iore in assets
		11311 40110113.7			
 Information Regarding Foundation List any managers of the foundation wh 	_	han 20% of the total co	ntributions received by	the foundation before the cl	nea of any tay
year (but only if they have contributed in			intibutions received by	ine fourtoation before the ci	USE OF ATTY LAX
SEE STATEMENT 6					
b List any managers of the foundation wh	o own 10% or more of the	stock of a corporation	ı (or an equally large po	ortion of the ownership of a	partnership or
other entity) of which the foundation ha			· (0. 2 0 q 2 2) g 0 p 1		рания в на
NONE _					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., I	Programs:		· · ·
Check here 🕨 🔲 if the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations	under other conditions	, complete items 2a, b, c, ar	nd d.
a The name, address, and telephone num		n applications should b	e addressed:		
KELLY FAMILY FOUNDAT					
4405 OLD MILL ROAD,					
b The form in which applications should t					
NO SPECIFIC FORM EXC	EPT REQUEST	SHOULD BE	WRITTEN		
APPLICATIONS ARE ACC				· · · <u>- · · </u>	· · · · · · · · · · · · · · · · · · ·
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable field	s, kinds of institutions,	or other factors:	
NONE					
					Form 000 DE (0000)

3 Grants and Contributions Paid During the Yea	ar or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u></u>
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 7				64 500
Total			<u>▶ 3a</u>	64,500.
NONE Total 923611 07-07-09			▶ 3b	0 • orm 990-PF (2009)

•						
orm 990-RF (2009) KELLY FAMILY	FOUNDATION	, INC.	···	31-1	L176389	Page 12
Part XVI-A Analysis of Income-Pro	ducing Activities	s				
nter gross amounts unless otherwise indicated.	Unrelated by	usiness income	Excluded b	y section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or ex function inc	•

Enter gross amounts unless otherwise indicated.	Unirelate	o business income		dea by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_				
b	_	<u> </u>			
C	_				
d	_	_			
e	· · ·				
f					
g Fees and contracts from government agencies	-				
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash					
- , , ,					
investments			1 4	10 261	
4 Dividends and interest from securities			14	10,361.	
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					
8 Gain or (loss) from sales of assets other					
than inventory			18		
9 Net income or (loss) from special events					
	-				
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:		-16			
a OTHER INCOME		516.			
b					
C					
d	_				
e					
12 Subtotal. Add columns (b), (d), and (e)	_	516.		10,361.	0.
13 Total Add line 12, columns (b), (d), and (e)			-	13	
(See worksheet in line 13 instructions to verify calculations.))				
		1:-b		* D	
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which in	come is reported	in column (e) of Part XVI-A	contrib	outed importantly to the accom	iplishment of
the foundation's exempt purposes (other tha	an by providing fu	nds for such purposes).		,	
with toditoditor o's o's o's perpendict (o's o's o's o's o's o's o's o's o's o's					
	·		-		
					
					
					•
					
					
					
	 '				
					
923621 07-07-09					Form 990-PF (2009)

Part X		egarding Transfe	rs To and Transactions an	d Relationships With None	charitable	Page 13
1 Did 1	he organization directly or indi	rectly engage in any of th	e following with any other organization	described in section 501(c) of	Ye	es No
			section 527, relating to political organiz			
a Tran	sfers from the reporting found	ation to a noncharitable e	exempt organization of:			
(1)	Cash				1a(1)	X
(2)	Other assets				1a(2)	X_
b Othe	r transactions:					
(1)	Sales of assets to a noncharita	ble exempt organization			1b(1)	X
(2)	Purchases of assets from a no	ncharitable exempt organ	nization		1b(2)	X
(3)	Rental of facilities, equipment,	or other assets			1b(3)	<u> </u>
	Reimbursement arrangements				1b(4)	_ X
	Loans or loan guarantees				1b(5)	<u> </u>
	Performance of services or me	•			1b(6)	X
	ing of facilities, equipment, ma	-			1c	<u> </u>
or se colu	-	oundation. If the foundat other assets, or services	ion received less than fair market value	ays show the fair market value of the going any transaction or sharing arrangem. (d) Description of transfers, transactions	ent, show in	
(a)Line no	(b) Amount involved	(c) warne or nor		(u) Description of transfers, transactions	, and sharing arrang	ements
·			N/A			
	 	1				
	******					· · · · · · · · ·
	<u> </u>					
	· 					
-						
ın se	e foundation directly or indirect ection 501(c) of the Code (othe es," complete the following sch	er than section 501(c)(3)	ed to, one or more tax-exempt organiza or in section 527?	ations described	Yes	X No
	(a) Name of or	ganization	(b) Type of organization	(c) Description of rela	tionship	
	N/A					
	<u></u>					
						
and co	omplete Declaration of preparer (oth		is based on all information of which preparer h	MECTON	r, it is true, correct,	
غ اغ	Signature of officer or trustee	$-\frac{\sim}{\sim}/_{\sim}$	Dafe \	Title Chack if IS	reparer's adentific -	numbe-
Sign Here	Preparer's signature	plake VIN	Tan 1	15/20 self-	reparer's identifying ${f P000272}$	
Sign Paid Preparer's	7	1. HENDERSON	N & COMPANY, LLP		520612	<u>/</u>
g, g	firm's name (or yours 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16		REET, SUITE 200	<u> </u>	220012	
- ق	=		IN 46240	Phone no. (3	<u>17) 566</u> -	-1000

(317) 566-1000 Form **990-PF** (2009)

FORM 990-PF DIVIDENT	S AND	INTER	EST FROM	SEC	JRITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A	.)
DIVIDENDS	-		10,361.		0.	10,3	61.
TOTAL TO FM 990-PF, PART I, I	.n 4		10,361.		0.	10,3	61.
FORM 990-PF	0'	THER I	NCOME			STATEMENT	2
DESCRIPTION			(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME		
FEDERAL TAX REFUND				516.	0	. 5	16.
TOTAL TO FORM 990-PF, PART I,	LINE	11		516.	0	. 5	16.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		2,270.	2	,270	2,27	0.	0.
TO FORM 990-PF, PG 1, LN 16B		2,270.	2	,270	2,27	0.	0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-			
FEDERAL TAXES		1,010.		0		0.	0.
TO FORM 990-PF, PG 1, LN 18		1,010.		0		0.	0.
	_						

FORM 990-PF	CORPORATE STOCK		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	Т
AMERICAN FD GROWTH FUND DODGE & COX STOCK FUND LOOMIS SAYLES SM CAP GROWTH FU LOOMIS SAYLES SM CAP VALUE FUN PIMCO STOCKS PLUS FUND	ND	214,224. 251,299. 58,594. 87,990. 706,455. 200,976.	207,7 245,0 63,1 81,6 468,3 137,4	04. 06. 59. 77.
VANGUARD EUROPEAN STOCK INDEX TOTAL TO FORM 990-PF, PART II,		1,519,538.	1,203,3	
	PART XV - LINE 1A OF FOUNDATION MANAGE	RS	STATEMENT	6

NAME OF MANAGER

KEVIN J KELLY PAMELA M KELLY

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 7
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
CARE 70 E LAKE STREET, SUITE 1430 CHICAGO, IL 60601	CHARITABLE	PUBLIC	10,000.
ARTS UNITED OF GREATER FORT WAYNE 114 EAST SUPERIOR STREET FORT WAYNE, IN 46802	CHARITABLE	PUBLIC	4,000.
FORT WAYNE PHILHARMONIC 2340 FAIRFIELD AVENUE FORT WAYNE, IN 46807	CHARITABLE	PUBLIC	5,000.
NATURE CONSERVANCY OF INDIANA 151 N DELAWARE STREET, STE 200 INDIANAPOLIS, IN 46202	CHARITABLE	PUBLIC	5,000.
TIPPECANOE WATERSHED FOUNDATION 301 NORTH MAIN ST. NORTH WEBSTER, IN 46555	CHARITABLE	PUBLIC	5,000.
UNITED WAY 227 E WASHINGTON BLVD FORT WAYNE, IN 46802	CHARITABLE	PUBLIC	10,000.
WBNI 3204 CLAIRMONT COURT FORT WAYNE, IN 46808	CHARITABLE	PUBLIC	1,500.
INDIANA UNIVERSITY FOUNDATION - IU KENYA PROGRAM PO BOX 660245 INDIANAPOLIS, IN 462660245	CHARITABLE	PUBLIC	3,000.

KELLY FAMILY FOUNDATION, INC.			31-1176389
PBS .39 WFWA-DT 2501 E COLISEUM BLVD FORT WAYNE, IN 46805	CHARITABLE	PUBLIC	1,500.
MATTHEW 25 413 E. JEFFERSON BLVD. FORT WAYNE, IN 46802	CHARITABLE	PUBLIC	2,000.
WORLD WILDLIFE FUND 1250 TWENTY FOURTH STREET, NW WASHINGTON, DC 200371193	CHARITABLE	PUBLIC	5,000.
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 217415030	CHARITABLE	PUBLIC	5,000.
LITTLE RIVER WETLAND PROJECT 2403 FAIROAK DRIVE FORT WAYNE, IN 46803	CHARITABLE	PUBLIC	1,000.
FRIENDS OF KENYA 43968 CHAMPIONSHIP PLACE ASHBURN, VA 20147	CHARITABLE	PUBLIC	1,500.
UNICEF 125 MAIDEN LANE, 11TH FLOOR NEW YORK, NY 10038	CHARITABLE	PUBLIC	1,000.
CANTERBURY SCHOOL 5601 COVIMGTON ROAD FORT WAYNE, IN 46804	CHARITABLE	PUBLIC	3,000.
INDIANA UNIVERSITY - PURDUE UNIVERSITY FORT WAYNE	CHARITABLE	PUBLIC	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	:NE 3A		64,500.

OMB No 1545-0150 **Power of Attorney** 2848 For IRS Use Only and Declaration of Representative Received by Dapartment of the Treasury ► Type or print. ► See the separate instructions Name **Power of Attorney** Telephone Part I Caution: Form 2848 will not be honored for any purpose other than representation before the IRS Taxpayer information Taxpayer(s) must sign and date this form on page 2, line 9. Date Taxpaver name(s) and address Employer identification Social security number(s) number 31-1176389 Plan number (if applicable) KELLY FAMILY FOUNDATION, INC. 4405 OLD MILL ROAD Daytime telephone number FORT WAYNE, IN 46807 260-465-2808 hereby appoint(s) the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II. 5000-33536R CAF No. Name and address 317-566-1000 Telephone No. 317-566-1700 MICHAEL A. RASOR Fax No. 450 E. 96TH STREET, STE 200 Check if new: Address ! Telephone No. Fax No. INDIANAPOLIS, IN 46240 0200-69740R CAF No. Name and address 317-566-1000 Telephone No. Fax No. 317-566-1700 KARI MORWICK Telephone No. Fax No. 450 E. 96TH STREET, STE 200 Check if new: Address L INDIANAPOLIS, IN 46240 CAF No. Name and address Telephone No. Fax No. Check if new: Address Telephone No. Fax No to represent the taxpayer(s) before the internal Revenue Service for the following tax matters: 3 Tax matters Year(s) or Period(s) Type of Tax (Income, Employment, Excise, etc.) Tax Form Number (see the instructions for line 3) or Civil Penalty (see the instructions for line 3) (1040, 941, 720, etc.) INCOME TAX 990-PF 2007-2011 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4 Specific Uses Not Recorded on CAF Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, or additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information. Exceptions An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and I) authority is limited (for example, they may only practice under the supervision of another practitioner). List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

Name of representative to receive refund check(s)

and list the name of that representative below.

Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks.

٠.		mmunications Original notices and other wr				
	=	the second representative listed to receive a			X	▶
<u> </u>		int any notices or communications sent to yo cation of prior power(s) of attorney. The filin			Learlier	
U		rney on file with the Internal Revenue Service				
		u do not want to revoke a prior power of attor				▶ 🗔
		ACH A COPY OF ANY POWER OF ATTORNEY	* :	IN EFFECT		_
9	Signature of ta	(payer(s) If a tax matter concerns a joint retu	ırn, both husband and wil	e must sign if joint repres	entation is	
	requested, othe	rwise, see the instructions. If signed by a corp	porate officer, partner, gua	ardian, tax matters partne	r, executor, receiver,	
	administrator, o	r trustee on behalf of the taxpayer, I certify th	at I have the authority to e	execute this form on beha	If of the taxpayer.	
	> 15 HOT 0101	TO AND PATE THE DOWNER OF ATTORNE	VIAMI DE DETUDAÇO			
	F IF NUT SIGN	ED AND PATED, THIS POWER OF ATTORNE	Y WILL BE KETUKNED.	/ /	Λ	
		for / KIN		7/18/10	MUTCTON	
-		Signature		Date -	Title (if applic	
1		- 12 12 /21	15 6- 0	•		
Ţ	CENTY (). KELLY - 51-	<u>-(1)</u> 6589	KELLY FAM	LY FOUNDATION	_INC
		Print Name Pit	N Number	Print name	of taxpayer from line 1 if other than in	ndividual
			•			
_		Signature			Title (if applic	
		Signature		Build	This (ii appin	545.0,
_		Print Name PIN	N Number			
Pa	irt II Dec	laration of Representative				
Caut	inn: Students	with a special order to represent taxpaye	ers in qualified Low Inco	ome Taynayer Clinics o	r the Student Tax Clinic	
Prog	gram (levels k a	nd I), see the instructions for Part II	qualinea Low mee	sine raxpayer ournes o	Tano otagoni Tax omno	
		jury, I declare that:				
		otly under suspension or disbarment from pra			ottornous, contribut public concu	intante
•		egulations contained in Circular 230 (31 CFR s, enrolled actuaries, and others;	, Part 10), as amenueu, ct	incerning the practice of a	morneys, cermieu public accou	mams,
	_	to represent the taxpayer(s) identified in Par	t I for the tax matter(s) so	ecified there: and		
•	l am one of the					
		•				
		a member in good standing of the bar of the	highest court of the jurisd	iction shown below.		
	b Certified F	a member in good standing of the bar of the ublic Accountant - duly qualified to practice a	= -		own below.	
		-	s a certified public accour		own below.	
	c Enrolled A d Officer - a	ublic Accountant - duly qualified to practice a gent - enrolled as an agent under the requirer bona fide officer of the taxpayer's organizatio	s a certified public accour nents of Circular 230. n.		own below.	
	c Enrolled A d Officer - a e Full-Time	ublic Accountant - duly qualified to practice a gent - enrolled as an agent under the requirer bona fide officer of the taxpayer's organizatio Employee - a full-time employee of the taxpay	s a certfied public accour nents of Circular 230. n. er.	ntant in the jurisdiction sh		
	c Enrolled A d Officer - a e Full-Time f Family Me	ublic Accountant - duly qualified to practice a gent - enrolled as an agent under the requirer bona fide officer of the taxpayer's organizatio Employee - a full-time employee of the taxpay mber - a member of the taxpayer's immediate	s a certified public accour ments of Circular 230. n. er. efamily (for example, spor	ntant in the jurisdiction sh use, parent, child, brother	, or sister).	
	c Enrolled A d Officer - a e Full-Time f Family Me g Enrolled A	ublic Accountant - duly qualified to practice a gent - enrolled as an agent under the requirer bona fide officer of the taxpayer's organizatio Employee - a full-time employee of the taxpay mber - a member of the taxpayer's immediate ctuary - enrolled as an actuary by the Joint Bo	s a certified public accour ments of Circular 230. n. er. e family (for example, spor pard for the Enrollment of	ntant in the jurisdiction sh use, parent, child, brother Actuaries under 29 U.S.C	, or sister).	
	d Officer - a e Full-Time f Family Me g Enrolled A to practice	ublic Accountant - duly qualified to practice a gent - enrolled as an agent under the requirer bona fide officer of the taxpayer's organizatio Employee - a full-time employee of the taxpay mber - a member of the taxpayer's immediate ctuary - enrolled as an actuary by the Joint Bobefore the Internal Revenue Service is limited	s a certified public accour ments of Circular 230. n. er. e family (for example, spot pard for the Enrollment of d by section 10.3(d) of Cir	ntant in the jurisdiction sh use, parent, child, brother Actuaries under 29 U.S.C cular 230).	, or sister). . 1242 (the authority	1)
	d Officer - a e Full-Time f Family Me g Enrolled A to practice h Unenrolled	ublic Accountant - duly qualified to practice a gent - enrolled as an agent under the requirer bona fide officer of the taxpayer's organizatio Employee - a full-time employee of the taxpay mber - a member of the taxpayer's immediate ctuary - enrolled as an actuary by the Joint Bobefore the Internal Revenue Service is limited to Return Preparer - the authority to practice by	s a certified public accour ments of Circular 230. n. er. e family (for example, spor pard for the Enrollment of d by section 10.3(d) of Cir efore the Internal Revenue	use, parent, child, brother Actuaries under 29 U.S.C cular 230). e Service is limited by Circ	, or sister). . 1242 (the authority rular 230, section 10.7(c)(1)(vii	1)
	d Officer - a e Full-Time f Family Me g Enrolled A to practice h Unenrolle You must	ublic Accountant - duly qualified to practice a gent - enrolled as an agent under the requirer bona fide officer of the taxpayer's organizatio Employee - a full-time employee of the taxpay mber - a member of the taxpayer's immediate ctuary - enrolled as an actuary by the Joint Boberote the Internal Revenue Service is limited to Return Preparer - the authority to practice behave prepared the return in question and the	s a certified public accour ments of Circular 230. n. er. e family (for example, spor pard for the Enrollment of d by section 10.3(d) of Cir efore the Internal Revenue	use, parent, child, brother Actuaries under 29 U.S.C cular 230). e Service is limited by Circ	, or sister). . 1242 (the authority rular 230, section 10.7(c)(1)(vii	1)
	d Officer - a e Full-Time f Family Me g Enrolled A to practice h Unenrolled You must on page 1	ublic Accountant - duly qualified to practice a gent - enrolled as an agent under the requirer bona fide officer of the taxpayer's organizatio Employee - a full-time employee of the taxpay mber - a member of the taxpayer's immediate ctuary - enrolled as an actuary by the Joint Bobefore the Internal Revenue Service is limited to Return Preparer - the authority to practice by	s a certfied public accour ments of Circular 230. n. er. e family (for example, spot pard for the Enrollment of d by section 10.3(d) of Cir efore the Internal Revenue return must be under exa	use, parent, child, brother Actuaries under 29 U.S.C cular 230). e Service is limited by Circ mination by the IRS. See	, or sister). . 1242 (the authority rular 230, section 10.7(c)(1)(vii Unenrolled Return Preparer	
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KELLY FAMILY FOUNDATION, INC.

31-1176389 Page 2

Form 2848 (Rev 6-2008)