

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

OMB No 1545 0052

2009

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For c	alend	dar year 2009, or	tax	year beginning	-		, 2009	, and ending			,	
GO	heck	all that apply		Initial return	Initia	al Retu	urn of a former p	ublic charity			Fi	nal return
				Amended return	 }		X Address	change	Nai	me (change	
IRS Othe pi	e the label rwise, rint	The Kello	ing	ton Ave #12	275			•		A B	Employer identification in 36-4267581 Telephone number (see the 847.328.2288	ne instructions)
	ype pecifications	ِ								C D	If exemption application 1 Foreign organizations, ch	ıs pending, check here 🕒 📗
H	Fair m (from	narket value of all as Part II, column (c), 72	1) no sets line 1	onexempt charita at end of year 6) 669. (F	ble tru	ust ounting Other (s	exempt private for Other taxable go method. X C pecify) In (d) must be or	orivate founda ash Acc	ation crual	E	2 Foreign organizations me here and attach computa If private foundation stal under section 507(b)(1)(If the foundation is in a under section 507(b)(1)(tion us was terminated A), check here 50-month termination
Part		columns (b), (c)	he to , an amo	otal of amounts ii d (d) may not ne ounts in column (ces-		Revenue and nses per books	(b) Net inv incor		ent	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 Contributions, git	fts, gi	ants, etc, received (at	t sch)		150,070.					
9	1			ndn is not req to att S								
73]	3 Interest on s cash investm		gs and temporary	^y							
5			nteres	st from securities			24,671.			10.		
⊃ ~		5a Gross rents b Net rental incom	۵									
ם ט		or (loss)	_	ale of assets not on lir	- 10		5,626.					
E		b Gross sales price	e for a		-		3,020.					
E E		assets on line 6a Capital gain net		ne (from Part IV, line 2					5,62	26.		
CANTAGE UCL		8 Net short-ter										
E		9 Income mode 0 a Gross sales less returns and			n t	-						
	'	allowances		RECEIVE	느	ပ						
		b Less Cost of goods sold	T			8						
	1	c Gross profit/to 1 Other income	ss) (a S (ai	ந்தி 2 0 20 tach schedule)	ון טו							
	1	2 Total. Add in	nes	Athrough HIN	uī	_	180,367.		5,63	36.	0	
		3 Compensation of	offic	ers, directors, trustees	, etc		Ö.		<u> </u>			
				•	-							
	۱.	6 Pension plan 6 a Legal fees (attac		mployee benefits	·				•			-
	A '	b Accounting fees		•	t. 1		5,000.		3,33	33.		1,667.
	" N	c Other prof fees (~ -				<u> </u>			2/00/.
		7 Interest					-					
	R 1 A 1	 Taxes (attach schedu Depreciation sch) and dep 	(att	ach	m 2		10.					10.
N G	ė I .	0 Occupancy								-		
_	1 -			ces, and meeting	is							
A N D	ΥI			iications. (attach schedule)	, F							· · · · · · · · · · · · · · · · · · ·
-	E T			e Statemen			175,030.			30.		175,000.
	N S E S	4 Total operati	ing a	and administrativ nes 13 through 2	e		180,040.		3,30	۲3 -		176,677.
	- 1			grants paid Part			230,429.		٥, ٥	٠.		230, 429.
	2	6 Total expens	ses a	and disbursemen	-							
	1 2	Add lines 24 7 Subtract line					410,469.		3,30	63.	0	. 407,106.
			veni	ue over expenses	, [-230,102.		_			
				e (if negative, enter 0	·				2,2	73.		
		C Adjusted net inc	ome	(if negative, enter 0)							0	

Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 850,975 1 end-of-year figure reported on prior year's return) 2 -230,102 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 620,873 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 620,873. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

(see the instructions)

Base period years Ad Calendar year (or tax year beginning in)		Adjusted qualifying distributions	Net value of noncharitable-use assets	Distribution ratio (column (b) divided by column (
	2008	275,972.	903,354.		0.305497
	2007	264,250.	851,849.		0.310208
	2006	330,695.	761,372.		0.434341
	2005	261,917.	734,276.		0.356701
	2004	267,044.	646,960.		0.412767
2	Total of line 1, column (d)			2	1.819514
3		ne 5-year base period – divide the total on has been in existence if less than 5 ye		3	0.363903
4	Enter the net value of nonchar	ine 5	4	765,150.	
5	Multiply line 4 by line 3		5	278,440.	
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		6	23.
7	Add lines 5 and 6			7	278,463.
8	Enter qualifying distributions fr	om Part XII, line 4		8	407,106.

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

Form 990-PF (2009) The KellCle Fund 36-426/58			'age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instru	ıctions)		
1 a Exempt operating foundations described in section 4940(d)(2), check here ■ and enter 'N/A' on line 1			
Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,			23.
check here ► X and enter 1% 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, column (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
foundations only. Others enter -0-)			0.
3 Add lines 1 and 2			23.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			23.
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009 6a 4,689.			
b Exempt foreign organizations — tax withheld at source 6b			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld			
7 Total credits and payments. Add lines 6a through 6d		4,6	689.
8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached			
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4,6	<u>666.</u>
11 Enter the amount of line 10 to be Credited to 2010 estimated tax 4,666. Refunded 11			0.
Part VII-A Statements Regarding Activities			L NI -
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a	Yes	No X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1ь		X
If the answer is 'Yes' to <i>1a</i> or <i>1b</i> , attach a detailed description of the activities and copies of any materials published			
or distributed by the foundation in connection with the activities		1	v
 c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. 	1c		X
	0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	\neg		
foundation managers • \$0.		1	l
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
If 'Yes,' attach a detailed description of the activities			l
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		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
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.		1	l
● By language in the governing instrument, or			I
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions)			
IL			1
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1	l
(or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8ь	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		Х
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.	10		x

Form **990-PF** (2009)

BAA

Forr	m. 990-PF (2009) The Kellcie Fund	36-	426758	1	F	age 5
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 meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	application	on?	13	Х	
14			847.32	28.2	288	
•-•	Located at > 1603 Orrington Ave. Ste. 1275 Evanston IL ZIP + 4					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			N/A	- -	
Dat	and enter the amount of tax-exempt interest received or accrued during the year † VII-B Statements Regarding Activities for Which Form 4720 May Be Required		15			N/A
rai	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1.				 	ies	NO
13	a During the year did the foundation (either directly or indirectly)	□v _a	[∇]Na			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(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?	X Yes	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)?	Yes	X No			
	(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			
ı	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ns)?		1 b		Х
	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		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
í	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	XNo			
	If 'Yes,' list the years ► 20, 20, 20, 20	_	_			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see the instructions.)	• • •		2Ь	N	/A
(of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere				
	► 20, 20, 20					
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
ı	b If '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 approver	ď				
	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.)			3ь	N	/A
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		Х
				П		
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of					
	the tax year beginning in 2009?			4b		X
BAA			F C	rm 99	ひ-ピト (ZUUY)

TEEA0305L 07/06/09

Form **990-PF** (2009)

Form, 990-PF (2009) The Kellcie Fund			36-	4267581	Page 6
Part VII-B Statements Regarding Activit	ies for Which Forr	n 4720 May Be Red	quired (continue	ed)	
5a During the year did the foundation pay or incur	-				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	∐ Yes	X No	
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry	Yes	X No	
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	Yes	X No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instruc	ganization described ctions)	Yes	X No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes	XNo	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons		5 ь N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	•	n t	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	he foundation claim exe sibility for the grant?	emption from the	N/A Yes	□ No	
If 'Yes,' attach the statement required by Regu	ulations section 53.4945	-5(d).			
6a Did the foundation, during the year, receive an on a personal benefit contract?			Yes	XNo	
b Did the foundation, during the year, pay premif 'Yes' to 6b, file Form 8870.	ums, directly or indirect	ly, on a personal benefi	t contract?	-	6Ь Х
7a At any time during the tax year, was the found	lation a party to a prohil	bited tax shelter transac	tion? Yes	XNo	
b If yes, did the foundation receive any proceeds					76 N/A
Part VIII Information About Officers, D and Contractors	virectors, Trustees	, Foundation Mana	igers, Hignly Pa	ila Empio	yees,
1 List all officers, directors, trustees, foundation	n managers and their co	mpensation (see instru	ctions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benef plans and deferre compensation	it othe	pense account, er allowances
See Statement 6					
					0
		0.		0.	0.
	1				
	1				
	-				
2 Compensation of five highest-paid employees	(other than those incl	ıded on line 1— see inst	ructions). If none, e	nter 'NONE	
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions	to (e) Exp	pense account,
paid more than \$50,000	hours per week devoted to position		employee benef plans and deferre compensation		er allowances
None					
			1		
		<u> </u>			
	 - 			-	
	1				
Total number of other ampleyees and supplies 000	<u> </u>	L	L		
Total number of other employees paid over \$50,000	<u>' </u>				000 DE (2000

Form **990-PF** (2009)

	4267581	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information (Continued)	aid Employe	es,
3 Five highest-paid independent contractors for professional services — (see instructions). 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	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Ехре	enses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		<u> </u>
		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A	Am	ount
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	<u> </u>	0.
BAA	Form 9 9	90-PF (2009)

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. 1 a a Average monthly fair market value of securities b Average of monthly cash balances 1 b 770,802. 6,000. c Fair market value of all other assets (see instructions) 1 c 776,802 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c 0. (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 0. Subtract line 2 from line 1d 3 776,802. Cash deemed held for charitable activities Enter 1-1/2% of line 3 11,652 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 765,150. 6 38,258 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and do not complete this part.) and certain foreign organizations check here 1 38,258 Minimum investment return from Part X, line 6 2a Tax on investment income for 2009 from Part VI, line 5 23 2a 2b b Income tax for 2009. (This does not include the tax from Part VI.) c Add lines 2a and 2b 20 38 235 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 38,235 6 Deduction from distributable amount (see instructions) 7 38,235 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII | Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 407,106. 1 a 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 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) За 3 b b Cash distribution test (attach the required schedule) 4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 407,106 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 5 6 Adjusted qualifying distributions. Subtract line 5 from line 4 6 407. 083

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

BAA

Form 990-PF (2009)

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,				38,235.
line 7 2 Undistributed income, if any, as of the end of 2009				30,233.
a Enter amount for 2008 only			0.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004 170, 244.				
b From 2005 228, 867.			ļ	
c From 2006 293, 254.				
d From 2007 264, 250.				
e From 2008 275, 972.	1 222 507			
f Total of lines 3a through e	1,232,587.			
4 Qualifying distributions for 2009 from Part				
XII, line 4. ► \$ 407, 106. a Applied to 2008, but not more than line 2a			0.	
			· · · · · · · · · · · · · · · · · · ·	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus	407 106			
(Election required — see instructions)	407,106.			
d Applied to 2009 distributable amount	0.			0.
e Remaining amount distributed out of corpus Excess distributions carryover applied to 2009.	38,235.			38,235.
(If an amount appears in column (d), the	30,233.			30,233.
same amount must be shown in column (a))				
C. Establish matter of each column as				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,601,458.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed 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			0.	
line Za. Taxable amount — see instructions			0.	
f Undistributed income for 2009. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not				
applied on line 5 or line 7 (see instructions)	132,009.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,469,449.		-	
10 Analysis of line 9.				
a Excess from 2005 228, 867.			1	
b Excess from 2006 293, 254.			1	
c Excess from 2007 264, 250.			1	
d Excess from 2008 275, 972.			1	
e Excess from 2009 407, 106.				
3ΔΔ				Form 990-PF (2009)

Form 990-PF (2009) The Kellcie Fund			\//II 6 : ·	36-426/58	
Part XIV Private Operating Foundati					N/A
1a If the foundation has received a ruling or d is effective for 2009, enter the date of the	letermination letter i ruling	that it is a private o	perating foundation,	and the ruling	
b Check box to indicate whether the foundat				4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
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					
 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.					
(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					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the	e organization h	ad \$5,000 or mo	ore in
assets at any time during th 1 Information Regarding Foundation Manag		istructions.)			
a List any managers of the foundation who holds of any tax year (but only if they have		re than 2% of the t	otal contributions re-	ceived by the founda	ation before the
Kenneth Lehman	contributed more t	han \$5,000) (See s	section 507(d)(2))		
b List any managers of the foundation who o	own 10% or more of	the stock of a corp	oration (or an equal	ly large portion of th	e ownership of
a partnership or other entity) of which the None	toundation has a 10	% or greater intere	St.		
2 Information Regarding Contribution, Gran	t Gift Loon Schols	rahin ota Broaran			
Check here \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nakes contributions	to preselected char	ritable organizations		
a The name, address, and telephone number	er of the person to w	vhom applications s	hould be addressed		
See Statement 7					
b The form in which applications should be s	submitted and inform	nation and material	s they should includ	e.	
See Statement for Line 2a					
c Any submission deadlines				_	<u> </u>
See Statement for Line 2a		<u>.</u>			
d Any restrictions or limitations on awards, s	such as by geograph	nical areas, charital	ole fields, kinds of in	stitutions, or other fa	actors
See Statement for Line 2a					_

Dest VV Complementary Information (- \			
Part XV Supplementary Information (c		Daymaant		
3 Grants and Contributions Paid During the Yea	r or Approved for Futui	e 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)	substantial contributor	recipient		
a Paid during the year				
See attached grant list.			All contributions	230,429.
,			were made for the	
			general, charitable,	
			educational or	
			scientific purpose	
			of each	
			organization.	
		•		
				•
Total		<u> </u>	<u> </u>	230,429.
b Approved for future payment		<u> </u>		230,423.
b Approved for future payment				
			ł	
		i		
			1	
]		
	<u> </u>		L	
Total			► 3b	

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

inter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded by	section 512, 513, or 514	.:-
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a			 _		
b					
c					
d				-	
e					
f					
g Fees and contracts from government agencies Membership dues and assessments					
Interest on savings and temporary cash investments Dividends and interest from securities			14	10.	24 661
	-		14	10.	24,661.
5 Net rental income or (loss) from real estate	-		 		· · · · · · · · · · · · · · · · · · ·
a Debt-financed property			- 		
b Not debt-financed property	 		+ +		
6 Net rental income or (loss) from personal property	}	 	- 		
7 Other investment income	 		10	5 606	
8 Gain or (loss) from sales of assets other than inventory	 		18	5,626.	
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory	} -				
11 Other revenue			+		
a			+ +-		
b			 		*
c	 	····	 -		
d			 		
e			1.	T 60.0	
12 Subtotal Add columns (b), (d), and (e)			,,	5,636.	24,661.
13 Total. Add line 12, columns (b), (d), and (e)				13	30,297.
See worksheet in the instructions for line 13 to verify ca	lculations)	 			· · · · · · · · · · · · · · · · · · ·

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
4	TAX EXEMPT INTEREST INCOME EXCLUDED FROM GROSS INCOME BY CODE SECTION 103.
	
	· · · · · · · · · · · · · · · · · · ·
-	
	
	L

Ċ	rm , 990-P	PF (2009) The Ke	<u>llcie Fun</u>	d				36-42	267581	Pa	ige 13
>	art XVII	Information R Exempt Organ		ransfers To and	Transacti	ons an	d Relations	ships With No	oncharitab	le	_
		Exempt Organ	iizauoiis							Yes	No
	descr	ne organization directly libed in section 501(c) on lig to political organizat	of the Code (of	ngage in any of the ther than section 501	following with I (c)(3) organiz	any oth ations)	er organization or in section 52	1 27,		162	110
		fers from the reporting		a noncharitable exe	mpt organizat	ion of					į
	(1) C	, ,							1a (1)		Х
	(2) O	ther assets							1a (2)		Х
	b Other	transactions									
	(1) S	ales of assets to a non	icharitable exe	mpt organization					1 b (1)		X
	(2) P	urchases of assets fror	m a noncharita	ible exempt organiza	ation				1b (2)		X
	• •	ental of facilities, equip	·	r assets					1 b (3)		X
		eimbursement arrange							1b (4)		X
	• •	oans or loan guarantee							1b (5)		X
	• •	erformance of services							1b (6)		X
	c Snarii	ng of facilities, equipme	ent, mailing ils	is, other assets, or p	paid employee	25			16		
	the go	answer to any of the a pods, other assets, or s ransaction or sharing at	services given	by the reporting fou	ndation. If the	founda	tion received le	ess than fair mar	ket value in	e of	
(a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt o	rganization	(d)	Description of trai	nsfers, transactions, a	and sharing arrar	gement	s
V	/A										
_			ļ								
	-							··			
			1								
			 						<u> </u>		
			1								
			1					•	•		
										•	
			ļ								
_					-						
_				····							
	descr	foundation directly or in the following the following formulation for the following for the following formulation for the following for th	of the Code (of	ated with, or related ther than section 501	to, one or mo I(c)(3)) or in s	re tax-e ection 5	xempt organiza 27°	ations	Yes	X	No
_		(a) Name of organizati	ion	(b) Type of	organization		(c) Description of	relationship	,	
V	/A		 						· · · · · · · · · · · · · · · · · · ·		
_											
	Under pena	lties of perjury, I declare that I had Declaration of preparer (other	ave examined this re	eturn, including accompanyir duciary) is based on all inf	ng schedules and st formation of which	atements, a	and to the best of my	knowledge and belief,	it is true, correct, a	nd	
		12	11 0	1				_			
	▶	tenne	Hu de	lisuah		19	1/27/10	► <u>Presi</u>	dent		
	Signa	ature of officer or trustee	· · · · · · · · · · · · · · · · · · ·			Date		Title			
		Preparer's		. \ \		Date	.1.1		Preparer's Identify See Signature in		
	Paid Pre-	Preparer's Signature Wesl	ey Naviau	1x /NY /DET			8/18/10	self —	N/A		
	parer's	Firm's name (or Navi		ow & Harris'L	LC			EIN ► N/A			
	Use Only				te 718		: 				
		ZIP code Chic	ago, IL (50604-3747				Phone no ► (312) 461	-087	6

BAA

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545 0047

2009

Name of the organization		Employer identification number					
The Kellcie Fund		36-4267581					
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	d as a private foundation					
	527 political organization	s as a private loanidation					
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation	a private foundation					
Check if your organization is covered by the Gonote: Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule anization can check boxes for both the General Rule ar	nd a Special Rule. See instructions.					
General Rule —							
	, or 990-PF that received, during the year, \$5,000 or n	nore (in money or property) from any one					
Special Rules —							
509(a)(1)/170(b)(1)(A)(vi) and received from	orm 990 or 990-EZ, that met the 33-1/3% support test n any one contributor, during the year, a contribution o ir (ii) Form 990-EZ, line 1 Complete Parts I and II						
	ation filing Form 990 or 990-EZ, that received from any 0 for use <i>exclusively</i> for religious, charitable, scientific . Complete Parts I, II, and III						
contributions for use exclusively for religious this box is checked, enter here the total contributions for use exclusively for religious this box is checked, enter here the total contributions.	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively						
religious, charitable, etc, contributions of \$8	5,000 or more during the year.	▶ \$					
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not fi 2 2 of their Form 990, or check the box on line H of its g requirements of Schedule B (Form 990, 990-EZ, or 9	Form 990-EZ, or on line 2 of its Form					
BAA For Privacy Act and Paperwork Reduction Form 990, 990FZ or 990-PF	on Act Notice, see the Instructions Sche	dule B (Form 990, 990-EZ, or 990-PF) (2009)					

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
-	ellcie Fund	I ' -	267581
Part I		100 %	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	New Prospect Foundation 1603 Orrington Ave. Ste. 1275 Evanston, IL 60201	\$ <u>_150,070.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page		of 1	of Part II
Name of organ	Ilcie Fund			36-426	dentification	number
Part II	Noncash Property (see instructions)			130-420	11301	
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	Date	(d) received
	N/A	Γ				
		ĺ				
		\$_				
- (-)	4.	-		->	+-	/-D
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	Date	(d) e received
		\$_			 	
(a)	(b)			-)	+	(d)
No. from Part I	Description of noncash property given	L	FMV (or (see inst	c) estimate) ructions)	Date	received
		\$_				
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	Date	(d) received
					+	
		\$_				
		\vdash				
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	Date	(d) received
		\$_				
(a)	(b)	-	(6		+	(d)
(a) No. from Part I	Description of noncash property given	L	FMV (or (see inst	c) estimate) ructions)	Date	received
		ı				

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

	3 (Form 990, 990-EZ, or 990-PF) (2009)			Page 1	of 1	of Part III				
Name of organ					Employer identificat					
	llcie Fund		_		36-4267583	1				
Part III	Exclusively religious, charitable, organizations aggregating more t	etc, individual contribution \$1,000 for the year.	ons to sect Complete cols	tion 501(c (a) through	(a) (b), (b), or (1) (c) and the follow	ing line entry.)				
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, ch (Enter this information once – s	arıtable, etc, see instruction	ns)	> \$	N/A				
(a)	(b)	(c)			(d)					
No. from Part I	Purpose of gift	Use of gift		Desc	cription of how gif	t is held				
	N/A									
						_				
			-							
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of	transferor to trans	sferee				
(a)	(b)	(c)			(d)					
No. from Part I	Purpose of gift	Use of gift		Desc	ription of how gif	t is held				
Farti					· · · · · · · · · · · · · · · · · · ·					
	(e) Transfer of gift									
	*									
	Transferee's name, addres	Rela	ationsnip of	transferor to trans	steree					
		····								
(a)	(b)	(c)	(d)							
No. from	Purpose of gift	Use of gift	Description of how gift is held							
Part I										
	(e)									
	Transferee's name, addres	Rela	ationship of	transferor to trans	sferee					
(a)	(b)	(c)			(d)					
No. from	Purpose of gift	Use of gift		Doce	رم) ription of how gif:	tic bold				
Part I	Fulpose of gift	Use of gift		Desc	puon oi now ga	t is neid				
		l								
		(e) Transfer of gift								
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee							
		·				 				
				_		-				
										

2009	Federal Statements	Page 1
	The Kellcie Fund	36-4267581
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income	(d) Charitable Purposes
Accounting Fees	A 5 000 A 0 000	\$ 1,667. \$ 1,667.
Statement 2 Form 990-PF, Part I, Line 18 Taxes		
IL Taxes	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 10. \$ 0. \$ 0.	(d) Charitable Purposes \$ 10. \$ 10.
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses		
Bank Service Charges Lake Tanganika HC Progran	(a) (b) Net (c) Investment Adjusted Net Income \$ 30. \$ 30. Expense 175,000. Total \$ 175,030. \$ 30.	(d) Charitable Purposes \$ 175,000. \$ 175,000.
Statement 4 Form 990-PF, Part II, Line 15 Other Assets		
Other Asset	Total \$ 6,150. \$	6,150.
Statement 5 Form 990-PF, Part II, Line 20 Loans from Officers, Directors	, Trustees, and Key Employees	
Lender's Name: Lender's Title: Date of Note: Maturity Date:		Balance Due

2009	F	ederal Statement	ts		Page 2
		The Kellcie Fund		36-4267581	
Statement 5 (continued) Form 990-PF, Part II, Line of Loans from Officers, Direct Repayment Terms: Interest Rate: Security Provided:	tors, Trustees,	and Key Employees ciple upon maturity	У	<u>Ba</u> .	lance Due
Purpose of Loan: Desc. of Consideratio FMV of Consideration: Original Amount: Balance Due:	Mosqu n: Cash	000.		\$ Total <u>\$</u>	100,000.
Statement 6 Form 990-PF, Part VIII, Lin List of Officers, Directors,	e 1 Trustees, and h	Key Employees			
Name and Addr	cess	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	
Kenneth Lehman 1603 Orrington Ave. S Evanston, IL 60201		Co-President 2.00		\$ 0.	\$ 0.
Lucy Lehman 1603 Orrington Ave. S Evanston, IL 60201	te. 1275	Co-President 2.00	0.	0.	0.
Amy Lehman 1603 Orrington Ave. S Evanston, IL 60201	te. 1275	Secretary 0.50	0.	0.	0.
Betsy Lehman 1603 Orrington Ave. S Evanston, IL 60201	te. 1275	Asst. Secretary 0.50	0.	0.	0.
Peter Lehman 1603 Orrington Ave. S Evanston, IL 60201	te. 1275	Treasurer 0.50	0.	0.	0.
Justin Levisay 1603 Orrington Ave. S Evanston, IL 60201	te. 1275	Asst. Treasurer 0.50	0.	0.	0.
		Total	\$ 0.	\$ 0.	<u>\$ 0.</u>
: !					

:" " ,"

2009

Federal Statements

Page 3

The Kellcie Fund

36-4267581

Statement 7 Form 990-PF, Part XV, Line 2a-d Application Submission Information

Name of Grant Program:

Name:

Care Of:

Street Address: City, State, Zip Code: Telephone:

Form and Content:

Submission Deadlines: Restrictions on Awards: Kenneth Lehman

KKP Group LLC 1603 Orrington Ave. Ste. 1275 Evanston, IL 60201 847.328.2288

No particular form is required. A letter is sufficient. No deadline exists.

The organization must be qualified under IRS Sec 170(c).

2	0	0	9

General Elections

Page 1

The Kellcie Fund

36-4267581

Section 49(h)(2) Election As To The Treatment Of Qualifying Distributions

Pursuant to IRC Section 4942(h)(2) and Regulation 53.4942(a)-3(d)(2), the foundation hereby elects to treat current year qualifying distibutions in excess of the immediately preceding tax year's undistributed income as being made out of corpus.

Signed: <u>Kenneth Lelman</u>

The Kellcie Fund Contributions made For the year ended December 31, 2009

Гуре Date Num		Num	Name	Address	Amount
Check	01/02/2009	209	Heartland International	Chicago, IL	150
Check	01/08/2009	210	University of Chicago	Chicago, IL	5,000
Check	02/03/2009	211	San Miguel Resource Center	Telluride, CO	100
Check	02/24/2009		Planned Parenthood of Illinois	Chicago, IL	10,000
Check	04/12/2009		VSA Arts	Washington, DC	25,000
Check	04/12/2009		Family Institute	Chicago, IL	25,000
Check	04/19/2009		VSA Arts	Washington, DC	500
Check	05/09/2009	1001	Access Living	Chicago, IL	1,350
Check	05/22/2009	1002	Evanston Community Foundation	Evanston, IL	25,000
Check	05/23/2009	1003	Facing History & Ourselves	Chicago, IL	250
Check	05/23/2009	1004	Bulletin of the Atomic Scientist	Chicago, IL	250
Check	05/23/2009	1005	Florida Immigrant Advocacy Center	Mıamı, FL	250
Check	06/15/2009	1006	UCMC	Chicago, IL	1,000
Check	07/08/2009	1007	Rainforest Alliance	New York, NY	1,000
Check	07/08/2009	1008	Juvenile Diabetes Research Fund	Chicago, IL	5,000
Check	08/17/2009	1010	John Howard Association of Illinois	Chicago, IL	1,000
Check	08/31/2009	1009	Chicago Global Donors Network	Chicago, IL	500
Check	10/08/2009	1011	Mountain Film	Telluride, CO	200
Check	10/08/2009	1012	Art Institute	Chicago, IL	500
Check	12/11/2009	1013	Art Institute	Chicago, IL	80
Check	12/11/2009	1014	Telluride Historical Museum	Telluride, CO	60
Check	12/11/2009	1015	Partners in Health	Boston, MA	500
Check	12/11/2009	1016	Telluride Medical Center	Telluride, CO	250
Check	12/11/2009	1017	Holocaust Memorial Museum	Washington, DC	100
Check	12/11/2009	1018	Greater Chicago Food Depository	Chicago, IL	500
Check	12/11/2009	1019	Special Olympics	Normal, IL	50
Check	12/11/2009	1020	ADL	New York, NY	250
Check	12/11/2009	1021	Shedd Aquarium	Chicago, IL	99
Check	12/11/2009	1022	Human Rights Watch	New York, NY	250
Check	12/11/2009	1023	S Poverty Law Center	Montgomery, AL	100
Check	12/11/2009	1024	Neighborhood Writing Alliance	Chicago, IL	100
Check	12/11/2009	1025	Lighthouse Preservation Fund	South Dennis, MA	50
Check	12/11/2009	1026	Young Women's Leadership Charter School	Chicago, IL	250
Check	12/11/2009	1027	You	Evanston, IL	100
Check	12/11/2009	1028	Lincoln Park Zoo	Chicago, IL	70
Check	12/11/2009	1029	Brookfield Zoo	Brookfield, IL	50
Check	12/11/2009	1030	Youth Job Center	Evanston, IL	250
Check	12/11/2009	1031	Story Corps	Brooklyn, NY	500
Check	12/11/2009	1032	The family Room	Evanston, IL	100
Check	12/11/2009	1033	United Way	Northfield, IL	1,500
Check	12/11/2009	1034	University of Arizona Integrated Medicine	Tucson, AZ	1,000
Check	12/11/2009	1035	Rehabilitation Institute of Chicago	Chicago, IL	1,000
Check	12/11/2009	1036	The Wilderness Society	Washington, DC	1,000
Check	12/11/2009	1037	WTTW Channel 11	Chicago, IL	150
Check	12/11/2009	1038	Working In The Schools	Chicago, IL	250
Check	12/11/2009	1039	ANRF	Berkeley, CA	50

				_	
Check	12/11/2009		Evanston Public Library Fund	Evanston, IL	100
Check	12/11/2009	1041	USA for UNHCR	Washington ,DC	1,000
Check	12/11/2009	1042	Chicago Foundation for Women	Chicago, IL	250
Check	12/11/2009	1043	Metropolitan Planning Council	Chicago, IL	250
Check	12/11/2009	1044	Child Care Center of Evanston	Evanston, IL	100
Check	12/11/2009	1045	Wilderness Inquiry	Minneapolis, MN	100
Check	12/11/2009	1046	Operation Walk Chicago	Chicago, IL	250
Check	12/11/2009	1047	Rocking Chair Project	Woodbury, CT	200
Check	12/11/2009	1048	National Museum of Mexican Art	Chicago, IL	250
Check	12/11/2009	1049	Arnold P Gold Foundation	Englewood Cliffs, NJ	250
Check	12/11/2009	1050	Health for Humanity	Wilmette, IL	150
Check	12/11/2009	1051	Judd Goldman Adaptive Sailing Foundation	Chicago, IL	250
Check	12/11/2009	1052	New Israel Fund	Washington, DC	1,000
Check	12/11/2009	1053	chicago Council on Global Affairs	Chicago, IL	1,000
Check	12/11/2009	1054	World Wildlife Fund	Washington, DC	75
Check	12/11/2009	1055	IWDC	Washington, DC	500
Check	12/11/2009	1056	NPR Foundation	Washington, DC	5,000
Check	12/11/2009	1057	WBEZ	Chicago, IL	4,000
Check	12/11/2009	1058	University of Wisconsin Foundation	Madison, WI	1,000
Check	12/11/2009	1059	University of Chicago Laboratory School	Chicago, IL	1,000
Check	12/11/2009	1060	Johns Hopkins University	Baltimore, MD	950
Check	12/11/2009	1061	University of Chicago	Chicago, IL	5,000
Check	12/11/2009	1062	Media Burn	Evanston, IL	500
Check	12/11/2009	1063	Northwestern University	Evanston, IL	1,000
Check	12/11/2009	1064	Kellogg school of Management	Evanston, IL	500
Check	12/11/2009	1065	Pomfret School	Pomfret, CT	500
Check		1066		Wallingford, CT	500
			Choate Rosemary Hall Fndn Public Radio Intl	-	
Check		1067		Minneapolis, MN	25,000
Check	12/11/2009	1068	New York Immigration Coalition	New York, NY	5,000
Check	12/11/2009	1069	Women's Global Education Project	Chicago, IL	250
Check	12/11/2009	1070	Southern Education Foundation	Atlanta, GA	250
Check	12/11/2009	1071	Chicago Botanic Garden	Glencoe, IL	70
Check	12/11/2009	1072	AJWS	New York, NY	250
Check	12/11/2009	1073	BPI	Chicago, IL	250
Check	12/11/2009	1074	The Carter Ctr	Atlanta, GA	75
Check	12/11/2009		Teach for America	New York, NY	500
Check		1076	AIUSA	New York, NY	1,000
Check	12/11/2009	1077	Legal Assistance Foundation of Met Chgo	Chicago, IL	250
Check		1078	Chicago History Museum	Chicago, IL	250
Check	12/11/2009	1079	EFSGV	Vancouver, BC	150
Check	12/11/2009	1080	IL Council Against Handgun Violence	Chicago, IL	250
Check	12/11/2009	1081	Roger Baldwin Foundation of ACLU	Chicago, IL	500
Check	12/11/2009	1082	ANRF	Berkeley, CA	100
Check	12/11/2009	1083	ASH	Washington, DC	75
Check	12/11/2009	1084	Telluride Adaptive Ski Program	Tellunde, CO	250
Check	12/11/2009	1085	The Joffrey Ballet of Chgo	Chicago, IL	250
Check	12/11/2009	1086	JCUA	Chicago, IL	250
Check	12/11/2009	1087	CARE	Atlanta, GA	50,000
Check	12/11/2009	1088	Dystonia Medical Research Foundation	Chicago, IL	500
Check	12/11/2009	1089	Voices for Illinois Children	Chicago, IL	250
Check	12/11/2009	1090	National Peace Corps Assn	Washington, DC	1,000
Check	12/11/2009	1091	CAPCA	Sacramenton, CA	100

Check	12/11/2009	1092	Friends of Guatemala	Apex, NC	50
Check	12/11/2009	1093	People for the American Way	Washington, DC	500
Check	12/11/2009	1094	Illinois Holocaust Museum	Skokie, IL	75
Check	12/11/2009	1095	Center for Independent Futures	Evanston, IL	100
Check	12/11/2009	1096	Alliance for Peace Building	Washington, DC	1,000
Check	12/11/2009	1097	Interfaith Youth Corps	Chicago, IL	1,000
Check	12/11/2009	1098	Illinois Caucus for Adolescent Health	Chicago, IL	1,000
Check	12/11/2009	1099	Center for Science in Public Interest	Washington, DC	1,000
Check	12/11/2009	1100	Center for Conflict Resolution	Chicago, IL	1,000
Check	12/11/2009	1101	Union of Concerned Scientists	Cambridge, MA	1,000
Check	12/11/2009	1102	Boalt Hall Foundation	Berkeley, CA	500
					230,429

•

.

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev 4-2009)

Department of the Internal Revenue	Treasury Service		► File a separ	ate application for e	each return.		1	
• If you are	filing for an	Automatic 3-Month	Extension, comp	ete only Part I and	check this box		 .	- X
				Extension, complete		page 2 of this	form)	
Do not comp	lete Part II un	iless you have alrea	dy been granted a	en automatic 3-mon	th extension on a	previously fil	ed Form 8868.	
Part A	Automatic :	3-Month Extens	ion of Time. O	nly submit origin	nal (no copies	needed).	·	
A corporation	required to f	ile Form 990-T and	requesting an aut	omatic 6-month exte	ension – check t	his box and co	omplete Part I	only . ▶
All other corp income tax re	orations (incl eturns	uding 1120-C filers,), partnerships, RE	MICS, and trusts m	ust use Form 70	04 to request	an extension o	of time to file
Form 990-1.1	nstead, you r	enerally, you can e nths for a corporati lic) 3-month extens nust submit the full r/efile and click on	v completed and s	orm 8868 if you wan Form 990-T) Howe Forms 990-BL, 6069 signed page 2 (Part & Nonprofits.	t a 3-month auto ver, you cannot f), or 8870, group II) of Form 8868	matic extensi ile Form 8868 returns, or a For more det	on of time to fi electronically composite or c tails on the ele	ile one of the if (1) you want consolidated ectronic filing of
	Name of Exempt	Organization				1	Employer identifica	ation number
Type or print						j		
	The Kell	cie Fund					36-426758	1
File by the due date for	Number, street, a	ind room or suite number	If a P O box, see instru	ictions				
		ington Ave #						
instructions	City, town or pos	office, state, and ZIP coo	le For a foreign address	, see instructions				
		, IL 60201				····		
Check type of	f return to be	filed (file a separa	te application for e	each return):				
Form 990		Ĺ	Form 990-T (co	rporation)		Form 4720)	
Form 990	-BL	L	_ Form 990-T (see	ction 401(a) or 408(a) trust)	Form 5227	7	
Form 990		[] Form 990-T (tru	st other than above;)	Form 6069)	
X Form 990	-PF		Form 1041-A			Form 8870)	
Telephone If the orga If this is for check this the extension	No. ► 847. anization does or a Group Re box ► sion will cove	eturn, enter the orgon . If it is for part of t	or place of busing anization's four dig the group, check the	FAX No. ► 847. ess in the United St. git Group Exemption nis box ► □ and	ates, check this t Number (GEN) attach a list with	If the names an		
•				n required to file Fo	•			
				ization return for the	e organization na	med above.		
		he organization's re	eturn for					
	calendar year	20_09_ or						
▶ ∐	tax year begii	nning	, ²⁰ , a	ind ending	, 20			
2 If this ta	x year is for	less than 12 month	s, check reason	Initial return	Final retur	rn Ch	ange in accou	nting period
3a if this ap	pplication is fondable credits	or Form 990-BL, 99 s. See instructions		, or 6069, enter the			3a \$	50.
b If this apmade, in	pplication is f nclude any pr	or Form 990-PF or ior year overpayme	990-T, enter any ront allowed as a cr	efundable credits ar edit	nd estimated tax	`	3b\$	1,000.
See inst	tructions			ayment with this for Electronic Federal T	`		推点 3c \$	0.
Caution. If yo payment instr		o make an electron	ic fund withdrawal	with this Form 8868	3, see Form 84 53	3-EO and Forn	n 8879-EO for	

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

Form 8868	(Rev 4-2009)	Page :
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete on	nly Part II and check this box ► X
Note. Only	complete Part II if you have already been granted an automatic 3-month ex	tension on a previously filed Form 8868.
• If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page	e 1).
2000	Additional (Not Automatic) 3-Month Extension of Time. Only	y file the original (no copies needed).
	Name of Exempt Organization	Employer identification number
Type or		
print	THE KELLCIE FUND	36-4267581
	Number, street, and room or suite number. If a P O box, see instructions	For IRS use only
File by the extended	NAVIAUX, DUBOW & HARRIS LLC	
due date for filing the	53 WEST JACKSON BLVD. SUITE 718	
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	CHICAGO, IL 60604-3747	
Check type	e of return to be filed (File a separate application for each return):	
Form 9	90 X Form 990-PF	Form 1041-A Form 6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227
	not complete Part II if you were not already granted an automatic 3-month e	extension on a previously filed Form 8868.
	oks are in care of. ► PHILIP C. FONTANA	
•	one No. ► 847.328.2288 FAX No. ► 847.328.2	
	rganization does not have an office or place of business in the United States	
	s for a Group Return, enter the organization's four digit Group Exemption Nu	
whole grou	p, check this box $ ightharpoonup$. If it is for part of the group, check this box $\ . \ ightharpoonup$	and attach a list with the names and EiNs of all
	he extension is for.	
•	uest an additional 3-month extension of time until 11/15 , 20_	
		Final return Change in accounting period
	in detail why you need the extension. ADDITIONAL TIME IS NE	
REQ	UIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.	,
		······································
8a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent fundable credits. See instructions	8a \$ 23.
paym	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of ents made. Include any prior year overpayment allowed as a credit and any form 8868	credits and estimated tax amount paid previously 8b\$ 4,689.
		
with F	ice Due. Subtract line 8b from line 8a. Include your payment with this form, on the coupon or, if required, by using EFTPS (Electronic Federal Tax Payment)	t System). See instrs 8c \$ 0.
	Signature and Verificatio	
Under penalties correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statement mplete, and that I am authorized to prepare this form	
S	What I will the	Date > 3/12/10
Signature	Title Title	Date > 7,7,0
BAA	FIFZ0502L 03/11/09	Form 8868 (Rev 4-2009)

