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Form 990-PF

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

OMB No 1545-0052

2010

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 calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial return Initial Return of a former public charity Final return Amended return Address change Name change Name of foundation Employer identification number Jena and Bob Gallagher Foundation 27-2167650 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) (704) 936-1600 103 Eastham Court State ZIP code City or town С If exemption application is pending, check here NC 28117 D 1 Foreign organizations, check here Mooresville |X | Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here E Fair market value of all assets at end of year J Accounting method: |X | Cash | Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 137,500. (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I | Analysis of Revenue and (b) Net investment (a) Revenue and (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for charitable expenses per books income ıncome purposes (cash basis only) (see the instructions).) (2) **(3)** (3) Contributions, gifts, grants, etc, received (att sch) 302 2 If the foundn is not req to att Sch B 1 Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 "\$_≫... ; ** **b** Gross sales price for all assets on line 6a Mi sets ali ani an Capital gain net income (from Part IV, line 2) N./G 8 Net short-term capital gain 10. 30. 331 9 Income modifications · · · · 10 a Gross sales less returns and allowances SCANNED OCT **b** Less Cost of goods sold c Gross profit/(loss) (att sch) Other income (attach schedule) Total. Add lines 1 through 11 122,000. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits RECEIVED 16a Legal fees (attach schedule) ADMINISTRATIVE **b** Accounting fees (attach sch) മ c Other prof fees (attach sch) 505 **RS-0** OPERATING 17 Interest Taxes (attach schedule)(see instr.) Depreciation (attach 19 OGDEN. U sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications EXPENSE 23 Other expenses (attach schedule) Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid 3,500 3,500. × × Total expenses and disbursements. ,500 3,500. Add lines 24 and 25 Subtract line 26 from line 12: 1 Br Miller *****: a Excess of revenue over expenses and disbursements 118,500

90 m

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

3,5

D	11	Attached schedules and amounts in the description	Beginning of year	End	of year
Pan	11 1	Balance Sheets Additional Stretches and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	0.	22,500.	22,500.
	2	Savings and temporary cash investments .			
	3	Accounts receivable	,		
		Less: allowance for doubtful accounts			
	4	Pledges receivable	, 4-, 8 , 1		-/ <u>*</u> . // ** *
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)	1. 使 数据的 **.	140 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
A		Less: allowance for doubtful accounts			
Š	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10 a	Investments – U.S and state government obligations (attach schedule)			
	t	Investments — corporate stock (attach schedule) L-10b Stmt		96,000.	115,000.
	c	: Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis			李章 在 1865年 专
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ▶		5. S. S.	
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers – see instructions Also, see page 1, item l)	0.	118,500.	137,500.
L	17	Accounts payable and accrued expenses		220,000	74. TE TE 48 YEAR
Ĭ	18	Grants payable			
A B	19	Deferred revenue			
!	20	Loans from officers, directors, trustees, & other disqualified persons			1 1 1 1 1 1
ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe ►)			
Ė					
<u> </u>	23	Total liabilities (add lines 17 through 22)	 		
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted			
T N	25	Temporarily restricted			
A D	26	Permanently restricted			
A B A L A N		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
S A E L		•		110 500	
EL	27	Capital stock, trust principal, or current funds	0.	118,500.	
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			-
OERS	29	Retained earnings, accumulated income, endowment, or other funds		110 500	
K S	30 31	Total net assets or fund balances (see the instructions) Total liabilities and net assets/fund balances (see the instructions)	0.	118,500. 118,500.	
Pař	<u> </u>	Analysis of Changes in Net Assets or Fund Balanc	<u> </u>	110,500.	2000
	end-	I net assets or fund balances at beginning of year — Part II, colur of-year figure reported on prior year's return)	nn (a), line 30 (must agi	1	0.
		r amount from Part I, line 27a		2	118,500.
3		Increases not included in line 2 (itemize)		3	110 500
4		lines 1, 2, and 3.	•	5	118,500.
5 6		ases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)	_ Part II column (h) !::		118,500.
0	TUIAI	r riet assets or fullu balances at end of year (line 4 millus line 5).	— ι α <u>ι</u> τιι, column (υ), m	10 JU	1 110,000.

HORCH.	(a) List and describe	e the kind(s) of property sold (e.g., rese, or common stock, 200 shares ML	eal estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
	, , , , , , , , , , , , , , , , , , , ,					
	` · · · · · · · · · · · · · · · · · ·		_			
	:					
	<u> </u>					
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
а	1		,			
t)					
	1					
6						
	Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Colu	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (F an -0-) or Losses (fr	(), but not less
a	1					
)					
	>					
	<u> </u>					
6						
2	Capital gain net income or (net	capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	. 2		
3	Net short-term capital gain or (I	loss) as defined in sections 1222(5) a	and (6)	-		.,,
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see the instructions)	If (loss), enter -0-	. 3		
Pai		r Section 4940(e) for Reduce	d Tax on Net Investme		<u></u>	
Was		nis part blank tion 4942 tax on the distributable amo ify under section 4940(e) Do not con		period?	Yes	☐ No
1	Enter the appropriate amount in	n each column for each year, see the	instructions before making	any entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (col	(d) Distribution umn (b) divided	
	2009					<u> </u>
	2008					·
	2007					
	2006		•	""		
	2005					
2	Total of line 1, column (d)			2		
3		e 5-year base period — divide the tot has been in existence if less than 5		3		
4	Enter the net value of nonchard	table-use assets for 2010 from Part >	(line 5	4		
		able use ussets for 2010 from 1 are 7	,,			•
5	Multiply line 4 by line 3			5		<u>-</u> .
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)		6		
7	Add lines 5 and 6	nes 5 and 6				
8	Enter qualifying distributions from			8		<u> </u>
	If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI, I	ine 1b, and complete that p	art using a 1%	tax rate See the	·

(or designate) of each state as required by General Instruction G? If 'No,' attach explanation

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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses
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8b

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2010?

determine if the foundation had excess business holdings in 2010)

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4a

4b

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Part VII-B Statements Regarding Activit	_	<u>1 4720 May Be Req</u> i	uired (continued)	
5a During the year did the foundation pay or incur	•		— —	No L
(1) Carry on propaganda, or otherwise attemp	•		. Yes X	
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registra	tion drive?	-		No No
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes /	∐ Yes X	No
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	ganization described ctions)	Yes X	No ,
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	literary, or r animals?	Yes X	No A
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 qual a current notice regardi	ualify under the exceptions disaster assistance	ons	5b
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ □	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ibility for the grant?		Yes	No
If 'Yes,' attach the statement required by Regu	lations section 53 4945-	·5(d)		
6a Did the foundation, during the year, receive an on a personal benefit contract?			Yes X	No Za
b Did the foundation, during the year, pay premit	ums, directly or indirectl	y, on a personal benefit	contract?	6b X
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found.	ation a party to a probib	uted tay shelter transact	ion? Yes X	
b If yes, did the foundation receive any proceeds	· -			7b
Part VIII Information About Officers, D		· · · · · · · · · · · · · · · · · · ·		
and Contractors				
1 List all officers, directors, trustees, foundation	n managers and their co		ıctions).	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Jena Gallagher				
103 Eastham Court Mooresville NC 28117	Director 5.00	0.	0.	0.
Robert Gallagher				
103 Eastham Court	Director			
Mooresville NC 28117	5.00	0.	0.	0.
	•			
2 Compensation of five highest-paid employee	T '	· -1	tructions). If none, ente	r 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
0				
0				
0				
0				
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	>	None
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Total. Add lines 1 through 3

BAA

PartX 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: a Average monthly fair market value of securities 1 a 1 b **b** Average of monthly cash balances 1 c c Fair market value of all other assets (see instructions) 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c 1 e (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 0. Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 0. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 0. Minimum investment return. Enter 5% of line 5 6 0. PartXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations x and do not complete this part.) and certain foreign organizations check here 1 Minimum investment return from Part X, line 6 2a 2a Tax on investment income for 2010 from Part VI, line 5 2b b Income tax for 2010 (This does not include the tax from Part VI.) 2 c c Add lines 2a and 2b 3 3 Distributable amount before adjustments Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 3,500. 1 a 1 b **b** Program-related investments — total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a 3 b **b** Cash distribution test (attach the required schedule) Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 3,500. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 0. Enter 1% of Part I, line 27b (see instructions) Adjusted qualifying distributions. Subtract line 5 from line 4 6 3,500.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7.				
2 Undistributed income, if any, as of the end of 2010.	* *			1
a Enter amount for 2009 only		* *		
b Total for prior years. 20, 20, 20	X-12	-0-		
3 Excess distributions carryover, if any, to 2010:	\$	\$ 4 m * ~		
a From 2005				
b From 2006				
c From 2007			操	
d From 2008 .				
e From 2009 .		Programme of the	12	
f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part	2.: , p // (2): .		*	
XII, line 4: ► \$ 3,500.				
a Applied to 2009, but not more than line 2a				
		10, the car , A 2, a		
b Applied to undistributed income of prior years (Election required – see instructions)				
·		Carlotte Control		54.00 100 100 100
c Treated as distributions out of corpus (Election required — see instructions)		Burkey of the		
d Applied to 2010 distributable amount	(.)	\$. P.		
e Remaining amount distributed out of corpus	3,500.		42.	
5 Excess distributions carryover applied to 2010		2. · · · · · · · · · · · · · · · · · · ·	34	
(If an amount appears in column (d), the same amount must be shown in column (a).)		7. 新一种 100 (A)		
(-),				
6 Enter the net total of each column as				Min at the second
indicated below:	2 500			
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	3,500.		Page 1 1 1 1 1 1 1 1 1	
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-		Ŭ.		
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount — see instructions .		0.		
e Undistributed income for 2009 Subtract line 4a from		Profession Profession		
line 2a. Taxable amount — see instructions			0.	
f Hadistinhisted income for 2010. Subtract lines				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be			74	
distributed in 2011			1	0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed			36	\$450 · · · · · · · · · · · · · · · · · · ·
by section 170(b)(1)(F) or 4942(g)(3)		Better of the state of the		£ 2 / 9 · \$
(see instructions)			56 Th. 1	7. 2 YM 1977
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	j. 430-1-1		
		3		
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	3,500.			***
10 Analysis of line 9	~ * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	30.21	
a Excess from 2006 0.		· * * *		· *
b Excess from 2007 0.				\$ 4 x 3 × 4 × 1
c Excess from 2008 0.				Ax andrews
d Excess from 2009 0.				
e Excess from 2010 3,500.	× 1 1			

NOT APPLICABLE

c Any submission deadlines NOT APPLICABLE

NOT APPLICABLE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

b The form in which applications should be submitted and information and materials they should include

27-2167650 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or contribution Recipient status of **Amount** recipient Name and address (home or business) a Paid during the year Childrens Home of Iredell PO Box 451 Statesville NC 28687 Exempt Expenses 1,000. YMCA 500 East Morehead St Charlotte Expenses 2,500. NC 28202 Exempt За 3,500. Total **b** Approved for future payment

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross	s amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
1 Progr	ram service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)
_						
			_			
f				ļ		
-	and contracts from government agencies					
	bership dues and assessments					
	st on savings and temporary cash investments					
	ends and interest from securities	14 12 利益 允许		100		
	ental income or (loss) from real estate	***************************************	STATES WAS F 17 VE			
	-financed property . debt-financed property					
	ntal income or (loss) from personal property					
	r investment income					
	r (loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory	_				
	r revenue	1 213	NAME OF THE PERSON OF THE PERS	· 38 £		2 12 NO 10
а						
c						
d		ļ				
e				2000 A 2000 LIVE		
	otal. Add columns (b), (d), and (e)	洋学学		*#		
	I. Add line 12, columns (b), (d), and (e)				13	
(See works	sheet in line 13 instructions to verify calculation					
(See works			ishment of Exemp	t Purp		
(See works	sheet in line 13 instructions to verify calculation B Relationship of Activities to the	Accompl			oses	to the
(See works	sheet in line 13 instructions to verify calculation	Accompl			oses	to the e instructions)
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculation B Relationship of Activities to the	Accompl			oses	to the e instructions)
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(See works Part XVI Line No.	sheet in line 13 instructions to verify calculation B Relationship of Activities to the	Accompl			oses	to the e instructions)
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculation B Relationship of Activities to the	Accompl			oses	to the e instructions)
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(See works Part XVI Line No.	sheet in line 13 instructions to verify calculation B Relationship of Activities to the	Accompl			oses	to the e instructions)
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculation B Relationship of Activities to the	Accompl			oses	to the e instructions)
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(See works Part XVI Line No.	sheet in line 13 instructions to verify calculation B Relationship of Activities to the	Accompl			oses	to the e instructions)

Form 990-PF (2010) Jena and Bob Gallagher Foundation 27-2167650 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								*	Yes	No
1 Did the describ	organization direct ed in section 501(c)	ly or indirectly er) of the Code (ot	ngage in any of ti her than section	ne following with 501(c)(3) organiz	any othe ations)	er organization or in section 52	7.	a A		
relating	to political organiz	ations?		(e) (e) ga	,		·· •			
a Transfe	rs from the reporting	ng foundation to	a noncharitable e	exempt organizat	on of:			in Xi		Ł.,
(1) Cas	sh							1a (1)	 	<u>X</u>
(2) Oth	er assets .		•					1a (2)		X
b Other to	ransactions									
	es of assets to a no		. •					1 b (1)	 	<u>X</u>
(2) Pur	chases of assets fr	om a noncharita	ble exempt organ	nization				1 b (2)		X
(3) Rer	ntal of facilities, equ	upment, or other	r assets					. 1b (3)		<u>X</u>
(4) Rei	mbursement arranç	gements						1 b (4)		<u>X</u>
	ns or loan guarante							1 b (5)		<u>X</u>
	formance of service							1 b (6)	_	<u>X</u>
c Sharing	of facilities, equipi	ment, mailing lis	ts, other assets,	or paid employee	es			1c		<u>X</u>
d If the a	nswer to any of the	ahove is 'Ves' (complete the follo	wing schedule (`olumn (h) should alway	e show the fair	market value	of	
the goo	ds, other assets, or	r services given l	by the reporting f	oundation If the	foundati	on received les	s than fair mark	et value in	O1	
any tra	nsaction or sharing							•		
(a) Line no.	(b) Amount involved	(c) Name	of noncharitable exem	npt organization	(d)	Description of tran	sfers, transactions,	and sharing arrar	gements	
	<u> </u>									
										
	<u>.</u>									
										
	·				_					
				··· · · · · · · · · · · · · · · · · ·						
2a Is the fe	oundation directly o	r indirectly affilia	ated with, or relat	ed to, one or mo	re tax-ex	empt organiza	tions			
	ed in section 501(c	,	her than section	501(c)(3)) or in s	ection 5	27?	•	∐ Yes	X N	lo
	complete the follow				-	· .				
	a) Name of organiz	ation	(b) Type	e of organization		(0	c) Description of	relationship		
								·		
										
· · · · · · · · · · · · · · · · · · ·										
- <u>(</u>		 	<u> </u>							
correc	penalties of perjury, I ded t, and complete Declarat	clare that I have exam non of preparer (other	rined this return, include than taxpayer or fiduc	ding accompanying sci ciary) is based on all ir	nedutes and iformation	d statements, and to of which preparer ha	i the best of my know as any knowledge	ledge and belief, i	t is true,	
Sign		Ω	1							
lere	(Ava	Hellas	her		10	-3-11	L			
1 -	ignature of officer or trust			•	Date		Title	-		
,	Print/Type preparer's	name	Preparers	signature		Date	Check if	ıf PTIN		
Paid	Jason P. Ro	obinson CPA	A/ABV	an Kbin	ن	09/26/11	self-employed			
_	Firm's name		Robinson,	CPA's, PA			Firm's EIN ►	·		
Preparer Jse Only			emore Drive	•						
DOC OTHY	Firm's address	Charlotte			C 28	209	Phone no (7	04) 522-	6554	
BAA				<u></u>		- · - · - · - · - · · · · · · · · · · · · ·		Form 99		กาก
								. 01111 33	(2	5,0)

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

2010

Name of the organization	Employer identification number	
Jena and Bob Gallagher Founda	ation	27-2167650
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 a	as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Gei Note. Only a section 501(c)(7), (8), or (10) organization	neral Rule or a Special Rule Inization can check boxes for both the General Rule and	a Special Rule See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ,	, or 990-PF that received, during the year, \$5,000 or more	re (in money or property) from any one
contributor. (Complete Parts I and II)		
Special Rules		
	orm 990 or 990-EZ, that met the 33-1/3% support test of	
509(a)(1) and 1/0(b)(1)(A)(vi), and received (2) 2% of the amount on (i) Form 990. Part	I from any one contributor, during the year, a contribution VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I	n of the greater of (1) \$5,000 or I and II
	ation filing Form 990 or 990-EZ, that received from any c	
aggregate contributions of more than \$1,000) for use exclusively for religious, charitable, scientific, li	terary, or educational purposes, or
the prevention of cruelty to children or anima	als Complete Parts I, II, and III.	
	ation filing Form 990 or 990-EZ, that received from any c	
If this box is checked, enter here the total co	s, charitable, etc. purposes, but these contributions did nontributions that were received during the year for an <i>exc</i>	clusively religious, charitable, etc.
purpose Do not complete any of the parts u	inless the General Rule applies to this organization beca	use it received nonexclusively
religious, charitable, etc, contributions of \$5	,000 or more during the year	► \$
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file	Schedule B (Form 990, 990-EZ, or
990-PF) but it must answer 'No' on Part IV, line	2 of their Form 990, or check the box on line H of its Fo	orm 990-EZ, or on line 2 of its Form
	requirements of Schedule B (Form 990, 990-EZ, or 990	
BAA For Paperwork Reduction Act Notice, second as a condition of the second as a condition act Notice, second act Notice	e the Instructions for Form 990, Schedul	le B (Form 990, 990-EZ, or 990-PF) (2010

	B (Form 990, 990-EZ, or 990-PF) (2010)	Page	
Name of org		-	loyer identification number
Jena a	and Bob Gallagher Foundation	27-	-2167650
Partil	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Bob and Jena Gallagher 103 Eastham Court Mooresville NC 28117	\$26,00	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

Page

of 1

of Part II

Name of organization

Jena and Bob Gallagher Foundation

Employer identification number

27-2167650

Partill Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	500 Shares of Carlisle and Gallagher Class B Stock	1		
		\$_	96,000.	10/01/10
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		- - \$.		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		_ _ _ \$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$.		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
BAA	Cah	\$- odu	e B (Form 990, 990-EZ	or 990 PE) (2016

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt .

	End of	Year
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value
CG Stock	96,000.	115,000.
Total	96,000.	115,000.

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Supporting Statement of:

Form 990-PF, p1/Line 1(a)

	Description	Amount
		26,000. 96,000.
Total		122,000.

Supporting Statement of:

Sch. B, page 2 (Copy 1)/Contribution amount-1

	Description	Amount
		26,000.
Total		26,000.