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OMB No 1545-0052

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2011

	lendar year 2011 or tax year beginning		, 2011, and endi			, 20	
	of foundation	ND N TO N		_ <i>*</i>	Employer identif		
	LIAM & RUTH KELLY FAMILY FOUL				06-166199		
Numb	per and street (or P O box number if mail is not deliver	red to street address)	Room/sui	te £	B Telephone number (see instructions) (330) 239-198		
204	7 GRANGER ROAD			ŀ	(3.	70, 233 1303	
	r town, state, and ZIP code						
J., J	town, said, and Elif sodd				If exemption applic	ation is	
MED	INA, OH 44256				pending, check her	• • • • • • • • •	
	ck all that apply: Initial return	Initial return o	of a former public char	itv -			
0.10	Final return	Amended ret	•	ין יי	 1 Foreign organiza 2 Foreign organiza 		
	Address change	Name change			85% test, check	here and attach	
1 Che	ck type of organization: X Section 501(\neg	computation .		
	ection 4947(a)(1) nonexempt chantable trust	Other taxable pri		E		n status was terminated	
		unting method: X Ca		ᅦ.	•)(1)(A), check here . P	
		ther (specify)	71001001	'		s in a 60-month termination (1)(1)(8), check here	
_		column (d) must be on	cash basis)		211201 0000011 001(2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Analysis of Revenue and Expenses (The			!-		(d) Disbursements	
	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment	(c)	Adjusted net	for charitable	
!	may not necessarily equal the amounts in column (a) (see instructions))	books	income		income	purposes (cash basis only)	
1		5,024				(Cash basis only)	
2	Check In the foundation is not required to	, ,					
3	interest on savings and temporary cash investments				****		
4	Dividends and interest from securities	12,383.	12,383.			ATCH 1	
1	Gross rents		· · ·			7.7	
1	Net rental income or (loss)	DEOFILE					
	Net gain or (loss) from sale of assets not on line 10	_ KEUEIVE	Di				
Б	Gross sales price for all	,	70				
6 a b	assets on line 6a Capital gain net income (from Part IV, line 2)	NOV 1 9 201	2 8				
8	Net short-term capital gain	y -1904 ; 4 EU	2 0				
9	Income modifications	85					
, -	Gross sales less returns and allowances	OGDEN	17		*		
Ь	Less Cost of goods sold			•			
	Gross profit or (loss) (attack schodule)						
11	Other income (attach schedule) Total, Add lines 1 through 11						
12	Total, Add lines 1 through 11	17,407.	12,383.				
13	Compensation of officers, directors, trustees, etc	q					
14	Other employee salaries and wages						
15	Pension plans, employee benefits						
15 16a	Legal fees (attach schedule)			•			
	Accounting fees (attach schedule)						
	Other professional fees (attach schedule)						
17	Interest						
18	Taxes (attach schedule) (see instructions)	413.	117.			10	
19	Depreciation (attach schedule) and depletion.					<u> </u>	
17 18 19 20 21	Occupancy						
21	Travel, conferences, and meetings						
22	Printing and publications						
23	Other expenses (attach schedule) ATCH 3	150.	150.				
24	Total operating and administrative expenses.						
	Add lines 13 through 23	563.	267.			10	
25	Contributions, gifts, grants paid	5,000.				5,00	
26	Total expenses and disbursements. Add lines 24 and 25	5,563.	267.			5,10	
27	Subtract line 26 from line 12						
a	Excess of revenue over expenses and disbursements	11,844.					
b	Net investment income (if negative, enter -0-)		12,116.				
_ ا	Adjusted net income (if negative, enter -0-)						

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JSA ** ATCH 2



Page 2

	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
	artii	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,502.	12,100.	12,100
	2	Savings and temporary cash investments			
	3	Accounts receivable		^ ^ ^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			* * * * * * * * * * * * * * * * * * *
		Less allowance for doubtful accounts ▶			, , , , , , , , , , , , , , , , , , , ,
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)		and Same I a	2.1
	•	Less allowance for doubtful accounts ▶		erra tendrom a un	a anima sa mar of
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
155	10 2	Investments - U S and state government obligations (attach schedule).			
•		Investments - corporate stock (attach schedule) ATCH 4		235,545.	153,298
		Investments - corporate bonds (attach schedule)			
	11	Investments - Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	^ N		5
	12				
	13	Investments - mortgage loans	268,679.		
	14	Land, buildings, and equipment basis	<u>*</u>	1992 . Kr.	
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_		instructions Also, see page 1, item I)	510,685.	522,529.	416,831
Ξ	17	Accounts payable and accrued expenses			410,631
	18	Grants payable			
ŝ	19	Deferred revenue			
Ĭ	20	Loans from officers, directors, trustees, and other disqualified persons			. , . , . , . , . , . , . , . , . , . ,
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
			11		
	23	Total liabilities (add lines 17 through 22)	0	C	
		Foundations that follow SFAS 117, check here ▶			
		and complete lines 24 through 26 and lines 30 and 31.			
ës	24	Unrestricted			* * * * * * * * * * * * * * * * * * * *
Balances	25	Temporarily restricted			
Ba	26	Permanently restricted			
		Foundations that do not follow SFAS 117,	-		
Ξ		check here and complete lines 27 through 31. ► X			
Net Assets or Fund	27	Capital stock, trust principal, or current funds	510,685.	522,529.	* , *,
ţs	28	Paid-in or capital surplus, or land, bldg , and equipment fund		-	†
sse	29	Retained earnings, accumulated income, endowment, or other funds	•		
ĕ	30	Total net assets or fund balances (see instructions)	510,685.	522,529.	1 , ` `
Š	31	Total liabilities and net assets/fund balances (see			, T
_		instructions)	510,685.	522,529.	;
	art I	Analysis of Changes in Net Assets or Fund		<u>, , , , , , , , , , , , , , , , , , , </u>	
		I net assets or fund balances at beginning of year - Part		must agree with	
•		of-year figure reported on prior year's return)			510,685
2	Fnta	er amount from Part I line 27a	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	11,844
2	Othe	er amount from Part I, line 27a er increases not included in line 2 (itemize) ▶	• • • • • • • • • • • • • •		11,044
				<u>3</u>	522,529
5		lines 1, 2, and 3			322,329
		I net assets or fund balances at end of year (line 4 minus	lino 5\ Post II solver= /5	5 S	522,529
0	rota	i net assets of fund balances at end of year time 4 minus	iiile 5) - Part II, column (t	o), line 30 6	322,329

n	-
Page	

Part IV Capital Gains	and Losses for Tax on Inve	estment income	/h\ ⊔~		
	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	· -	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	· · ·				
b					
C					
d					ļ
0					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
b			-		
C					
d				 	
<u>e</u>			 		
Complete only for assets	showing gain in column (h) and owne			Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	COI	(k), but not less Losses (from co	
a					
b			-		
С			1		
d			-		
8	·				
2 Capital gain net income or		gain, also enter in Part I, line 7			
	· · · · · (II	(loss), enter -0- in Part I, line 7	2		
	or (loss) as defined in sections 12				
	rt I, line 8, column (c) (see inst				
Part I, line 8			3		
		duced Tax on Net Investment I e section 4940(a) tax on net invest	-		
		outable amount of any year in the b	ase peno	d?	Yes X N
	not qualify under section 4940(e).				
1 Enter the appropriate am (a)		r; see the instructions before making	g any entr		
Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution r	atio
Calendar year (or tax year beginning in)				(col (b) divided b	
2010	8,100. 19,205.	416,267. 371,472.			0.019459
2009	19,203.	446,223.			0.031700
2008	12,000.	482,146.			0.020092
2007		450,857.	ļ		
2006	<u></u>	430,837.	 		
7. Tatal of line 4. anima:= (-1)	,		,		0.098051
2 Total of line 1, column (d)	for the 5-year base period - divide	o the total on long O by E and with a	2		0.090031
					0.019610
number of years the foun	uation has been in existence if lest	s than 5 years	3		0.019010
4 Enter the net value of nor	ncharitable-use assets for 2011 fro	om Part X, line 5	4		418,019.
5 Multiply line 4 by line 3			5		8,197.
, ,			6		121.
					8,318.
			7		· ·
	ons from Part XII, line 4	in Part VI, line 1b, and complete	8 that part	using a 1% ta	5,100. ix rate. See th
Part VI instructions.		·-·			m 990-PF (20

Par		istruc	tions	<u>) </u>
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			ļ
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			أحيي
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			242.
	here and enter 1% of Part I, line 27b			!
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of $\mathcal J$			ļ
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			242.
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			242.
6	Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 240.			
	Exempt foreign organizations - tax withheld at source			,
	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d		•	574.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			332.
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 332. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			v
	instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			_X
	Did the foundation file Form 1120-POL for this year?	1 c		^
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$ (2) On foundation managers >\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers. \$			- x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
3	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
10	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
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			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	ļ ``
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	ОН,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u>L</u>
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 2011 or the taxable year beginning in 2011 (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	<u></u>	Х
			ON DE	

Par	t VII-A Statements Regarding Activities (continued)			
11	the second secon			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	!		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ►N/A			--
14	The books are in care of ▶ WILLIAM H. KELLY Telephone no. ▶ 330-239	-198	33	
	The books are in care of ▶ WILLIAM H. KELLY Located at ▶2047 GRANGER ROAD MEDINA, OH ZIP+4 ▶ 44256			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	\Box
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of		1	1
_	the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No_
1 a	During the year did the foundation (either directly or indirectly)			i
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	``		į
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	¥		j
	disqualified person? Yes X No			İ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	/		1
	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)	h.		1
þ	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			v
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	<u>1b</u>		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		-	$\tilde{\mathbf{x}}^{\perp}$
•	were not corrected before the first day of the tax year beginning in 2011?	1c		
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))			1
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?			i
				1
	If "Yes," list the years ▶,,, Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(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)	2b	1	x
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20		
	The provisions of section 4342(a/(2)) are being applied to any or the years listed in 2a, list the years field			Ì
3.a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			i
-	at any time during the year?]]	ì
ь	of "Yes," did it have excess business holdings in 2011 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]	į
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		1	ļ
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			ļ
	foundation had excess business holdings in 2011)	3 ь	-	x
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	76		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X
_	2011 - a	- 00		

Total number of other employees paid over \$50,000

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundat	ions,
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	417,078.
b		1b	7,307.
С		1c	
d	Total (add lines 1a, b, and c)	1d	424,385.
ө		7, 1	
	1c (attach detailed explanation)	÷	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	0. 1	3	424,385.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		4	6,366.
5	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	418,019.
6	Minimum investment return. Enter 5% of line 5	6	20,901.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ □ and do not complete this process.	part)	
_	Minimum investment return from Part X, line 6	1	20,901.
1 2a			20,301.
2 a b	Tax on investment income for 2011 from Part VI, line 5	}	
		2.	242.
с 3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	2c	20,659.
3 4		3 4	20,033.
5	Recoveries of amounts treated as qualifying distributions	5	20,659.
6		6	20,037.
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	0	
•		7	20,659.
_	line 1	, ,	20,035.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,100.
þ	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	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:		
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	5,100.
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 (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,100.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculating wh	nether the foundation

Form 990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (b) (d) (c) Years prior to 2010 Corpus 2010 2011 Distributable amount for 2011 from Part XI, 20,659. Undistributed income, if any, as of the end of 2011 7,985 a Enter amount for 2010 only . . . b Total for prior years 20 09 .20 08 .20 07 Excess distributions carryover, if any, to 2011 a From 2006 **b** From 2007 c From 2008 **d** From 2009 e From 2010 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 5,100. a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election d Applied to 2011 distributable amount e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2011. (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Pnor years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b Taxable amount - see instructions
Undistributed income for 2010 Subtract line 2,885. f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be 20,659. Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2007 . . . b Excess from 2008 . . . c Excess from 2009 . . . d Excess from 2010 . . . e Excess from 2011 . . .

Pa	rt XIV Private Oper	ating Foundations (see instructions and	l Part VII-A, questior	า 9)	NOT APPLICABLE
	If the foundation has	received a ruling or d	etermination letter that	t it is a private opera		
	foundation, and the ruling	g is effective for 2011, e	nter the date of the ruling		. ▶	
b	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942(j)	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
	I or the minimum investment return from Part X for each	İ				
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part	1				
	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i)					
	enter 2/3 of minimum invest-					
	ment return shown in Part X.					
С	line 6 for each year listed					
·	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	toans (section 512(a)(5)).					
	or royalties)					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	()X3XBX**)					
	(3) Largest amount of sup- port from an exempt	1				
	organization					
Da	(4) Gross investment income. Int XV Supplement	any Information (C	omplete this part	only if the found	otion had \$5,000	or more in assets
Га		during the year - se		only if the lound	ation nau \$5,000	or more in assets
1	Information Regardin		· · · · · · · · · · · · · · · · · · ·			
а	List any managers of	-		e than 2% of the tota	I contributions receive	ed by the foundation
	before the close of any	y tax year (but only ıf tl	ney have contributed r	more than \$5,000) (Se	ee section 507(d)(2).)	•
	WILLIAM H.	KELLY				
ь	List any managers of		own 10% or more of	the stock of a corpo	oration (or an equally	large portion of the
	ownership of a partner	rship or other entity) o	f which the foundation	n has a 10% or greater	interest.	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ► X If	the foundation only	makes contributions	to preselected charit	table organizations a	nd does not accept
	unsolicited requests f	or funds. If the found	ation makes gifts, gra	ints, etc. (see instruct	ions) to individuals or	organizations under
	other conditions, com			•	,	-
а	The name, address, a	ind telephone number	of the person to whor	n applications should b	e addressed:	
þ	The form in which app	olications should be su	bmitted and information	on and materials they	should include:	
	N/A			 .		
С	Any submission deadl	mes:				
	N/A					
d	Any restrictions or I	ımıtations on awards	, such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors:		, , , , , , , , , , , , , , , , , , , ,			

N/A

Part XV Supplementary Information (·	
3 Grants and Contributions Paid Durin	ng the Year or Appr			
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		
a Paid during the year				
ATTACHMENT 6				
ATTACHMENT 0				
		·		
		1		
Total			. <u></u>	5,000.
b Approved for future payment	<u> </u>			· ·
- · • • • • • • • • • • • • • • • • • •				
	1			
Total			▶ 3b	

Page 12

er gross amounts unless otherwise indicated.		ated business income	i	section 512, 513, or 514	(e) Related or exempt
_	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
Program service revenue:	- Dadameda dada	7,11100111	Excusion code	7111001R	(See instructions)
a			 		
b			1		
d			1		
				-	.
e			 		
g Fees and contracts from government agencies			1		
Membership dues and assessments			1		_
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	12,383.	
Net rental income or (loss) from real estate	, v _s ?	3 77 ()		*	7%
a Debt-financed property					-
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory	/				
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a					
b			-		
c					
d					
e	. 23			12,383.	
Subtotal Add columns to tal and tel					
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp in column (e	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No. Explain below how each activity	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No. Explain below how each activity	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No. Explain below how each activity	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No. Explain below how each activity	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No. Explain below how each activity	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities in No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities.	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities Ine No. Explain below how each activities	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
rotal. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities Ine No. Explain below how each activities	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38
Ine No. Explain below how each activi	culations) s to the Ac	ccomplishment of E	xempt Purp	oses of Part XVI-A contrib	12,38

Part .	XVII	Information R Exempt Organ		insters to and transa	ictions a	nd Relations	ships With Non	icharit	able
1 E	od the			engage in any of the follow	wing with	any other orga	nization described	1	Yes No
		•	•	section 501(c)(3) organization	-	•		1 T-	100 110
		ations?	(0.000)	22 (2)(0) 0/g222		000000000000000000000000000000000000000	oldting to political	1 1	- -
	•		a foundation to	a noncharitable exempt or	nanization i	of.		1 1	- .
		•	•	· · · · · · · · · · · · · · · · · · ·	-			الماما	x
								1a(1)	$\frac{x}{x}$
						• • • • • • •	• • • • • • • • •	1a(2)	
		ransactions						1 1	
(1) Sal	es of assets to a no	ncharitable exer	npt organization				16(1)	X
				ble exempt organization				1b(2)	X
(:	3) Rer	ntal of facilities, equi	pment, or other	assets				16(3)	X
(4	4) Rei	mbursement arrange	ements					16(4)	X
(5) Loa	ins or loan guarantee	es					1b(5)	X
i	6) Per	formance of service	s or membersh	ip or fundraising solicitations	S			1b(6)	X
				ts, other assets, or paid emp				1c	X
				s," complete the following					ur market
				ces given by the reporting					
				gement, show in column (c					
(a) Line		(b) Amount involved	·	onchantable exempt organization			ers, transactions, and sha		
(a) Line	no		(c) Name of n	onchantable exempt organization			ers, transactions, and sha	ring arrang	Jenenis
		N/A			N/A	·			
			<u> </u>						
									
		· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		
					- 				
			 						
	-	· · · · · · · · · · · · · · · · · · ·							
			 						
2a Is	the t	foundation directly	or indirectly aff	filiated with, or related to,	one or m	ore tax-exempt	organizations		
ď	escrib	ed in section 501(c)	of the Code (of	ther than section 501(c)(3))	or in secti	on 527?	. 	Yes	X No
		" complete the follo				• • • •			
		(a) Name of organization		(b) Type of organization	n	() Description of relation	ship	
									
		,							
		· · · · · · · · · · · · · · · · ·							
							<u></u>		
						<u> </u>			
۵.				ned this return including accompanyin expayer) is based on all information of wh			the best of my knowled	ge and bel	lef, it is true
Sign		1 1 -	2 11			•	May the IR	S decuse	this return
Here	7	Jan UC:	Tolly.	11/7/12	SEC	RETARY	1 '	reperer sh	1
	Sign	ature of officer or trustee	No.	Date	Title		(see instruction	ns)? X	Yes No
		-	•				<u> </u>		لــــــــــــــــــــــــــــــــــــــ
n = : -!	4	Print/Type preparer's	name	Preparer's signature		Date	Check If	PTIN	
Paid		WILLIAM BRECK		Winem 150	rel	11-6.1		P0043	7589
Prepa	arer		NST & YOUN		ب ح	17.07	Firm's EIN > 34 - 6		
Use C	nlv			T., SUITE 1200			FHITTS EIN > 34-0		
	,	Firm's address > 50		1., 30116 1200		4300	- 220.0		00
		A.K	RON, OH		4	4308	Phone no 330-2	55-58	<u> </u>

Schedule B

Schedule of Contributors OMB No 1545-0047

or 990-PF)

(Form 990, 990-EZ, Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number WILLIAM & RUTH KELLY FAMILY FOUNDATION 06-1661997 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 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 exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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 its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization WILLIAM & RUTH KELLY FAMILY FOUNDATION

Employer identification number 06-1661997

Part I	Contributors (see instructions). Use duplicate copies of Part	I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM H. KELLY 2027 GRANGER ROAD MEDINA, OH 44256	\$5,024.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number 06–1661997

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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	(ć) 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
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Name of organization WILLIAM & RUTH KELLY FAMILY FOUNDATION

Employer Identification number

tl	Exclusively religious, charitable, etc., hat total more than \$1,000 for the year organizations completing Part III, er	ar. Complete columi	ns (a) through (e	and the following line entry.		
С	contributions of \$1,000 or less for the	year. (Enter this infor	rmation once. Se	e instructions.) ▶\$		
(a) No. from	Use duplicate copies of Part III if additional space is (b) Purpose of gift		gift	(d) Description of how gift Is held		
Part I						
	<u> </u>	(e) Transfer	of gift			
	Transferee's name, address, and	d ZIP + 4	Relation	nship of transferor to transferee		
i						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of	f gıft	(d) Description of how gift is held		
		(e) Transfer	of gift			
į	Transferee's name, address, and	d ZIP + 4	Relation	nship of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	e of gift (c) Use of gift		(d) Description of how gift is held		
		(e) Transfer	of gift			
	Transferee's name, address, and	d ZIP + 4	Relation	nship of transferor to transferee		
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	d ZiP + 4	Relation	nship of transferor to transferee		

ATTACHMENT 1

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

NET INVESTMENT INCOME	6,310. 6,073.	12,383.
REVENUE AND EXPENSES PER BOOKS	6,310. 6,073.	12,383.
		TOTAL
DESCRIPTION	MERRILL LYNCH FIRSTMERIT BANK, NA	

ATTACHMENT 1 PAGE 19

TAXES
ł
н
PART
990PF,
FORM

CHARITABLE	100.	100.
NET INVESTMENT INCOME	117.	117.
REVENUE AND EXPENSES PER BOOKS	196. 100. 117.	413.
DESCRIPTION	INTERNAL REVENUE SERVICE STATE OF OHIO FOREIGN TAXES PAID	TOTALS

FORM 990PF, PART I - OTHER EXPENSES

	NET	INVESTMENT	INCOME	150.
REVENUE	AND	EXPENSES	PER BOOKS	150.
			DESCRIPTION	MERILL LYNCH

150.

150.

TOTALS

DESCRIPTION

FIRSTMERIT BANK BAKER HUGHES INC

ENDING BOOK VALUE

ENDING FMV

222,389. 13,156.

143,570. 9,728. 153,298.

235,545.

TOTALS

ATTACHMENT 4
PAGE 22

ENDING

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	ENDING BOOK VALU
AMERICAN CAP WORLD GR & IN FND	31,
AMERICAN MUTUAL FUND	. '62
AMERICAN BALANCED FUND	29,
AMERICAN CAP BLDR	32,
AMERICAN FUNDAMENTAL INVESTORS	29,
AMERICAN GROWTH FUND	27,8
AMERICAN INC FUND OF AMERICA	32,
AMERICAN INVESTMENT CO	30,
AMERICAN NEW PERSPECTIVE	31,

TOTALS

FMV	6,63	8,80	69'6	29,227.	7,68	5,03	66'6	5,68	8,66	251,433.
BOOK VALUE	1,64	9,79	9,34	32,187.	9,37	7,82	2,69	0,28	1,71	274,884.

ATTACHMENT 6

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HIRAM COLLEGE	NONE	CHARITABLE	2,000.
P.O. BOX 67	TAX-EXEMPT		
HIRAM, OH 44234			
LEDGEMONT HIGH SCHOOL	NONE	CHARITABLE	2,000.
16700 THOMPSON ROAD	TAX-EXEMPT		
THOMPSON, OH 44086			
MEDINA GENERAL HOSPITAL FOUNDATION	NONE	CHARITABLE	1,000.
1000 E. WASHINGTON STREET	TAX-EXEMPT		
MEDINA, OH 44256			

5,000. TOTAL CONTRIBUTIONS PAID

ATTACHMENT 6 PAGE 24

Form 8868

(Rev. January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenu	e Service Prile a	separate a	pplication for each return.		i			
	filing for an Automatic 3-Month Extension, o							> X
-	filing for an Additional (Not Automatic) 3-Mo		•				•	
•	olete Part II unless you have already been gra				•			
a corporation 8868 to red Return for instructions)	iling (e-file). You can electronically file Form in in required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	nal (not au forms liste il Benefit nis form, vi	tomatic) 3-month extended in Part I or Part II w Contracts, which must sit www.irs.gov/efile.an	ision ith th t be d clic	of time You can ne exception of Fo sent to the IRS k on e-file for Cha	elec orm ın	tronic 8870 paper	cally file Form), Information r format (see
	tomatic 3-Month Extension of Time. On							
•	in required to file Form 990-T and requesting					•		
Part I only .								▶∐
All other col	rporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use F	-orm	7004 to request an	ext	ensio	n of time
to file incom	e tax returns				Enter filer's identify	ng ni	ım ber,	see instructions
Type or	Name of exempt organization or other filer, see in	structions			Employer identification	ation	numb	er (EIN) or
print	WILLIAM & RUTH KELLY FAMILY	ECIMDA"	TON	X	06-166199	27		
File by the	Number, street, and room or suite no If a P O box						(CC)	·-··
due date for	2047 GRANGER ROAD	A, 500 mon a	5.10710		Social security num	noer	(22N)	
filing your return See	City, town or post office, state, and ZIP code For	a foreign ad	dress see instructions					
instructions	MEDINA, OH 44256	a foreign ac	dieda, ace insudendia					
Enter the Re	eturn code for the return that this application	e for (file :	s congrate application fo	r 020	h raturn)			. 04
Litter the Ke	sturn code for the return that this application is	ישוו) וטו כו	s separate application to	i eac	mretum)	• •	• • •	[0 4
Application		Return	Application					Return
Is For		Code	Is For					Code
Form 990	· · · ·	01	Form 990-T (corporate	ion)				07
Form 990-B	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A	011)				08
Form 990-E		01	Form 4720					09
Form 990-PI		04	Form 5227			-		10
	(sec 401(a) or 408(a) trust)	05	Form 6069					11
	(trust other than above)	06	Form 8870					12
 The book 	s are in the care of ▶ WILLIAM H. KEL	LY						
	e No ▶ 330 239-1983	_	FAX No ▶					,
	anization does not have an office or place of b							
	or a Group Return, enter the organization's for						_	this is
	e group, check this box		art of the group, check t	his bo	ox,		and a	attach
	e names and EINs of all members the extensi	 						
until	est an automatic 3-month (6 months for a cor 08/15 , 20 12 , to file the		· ·			bove	• The	extension is
	organization's return for							
	calendar year 2011 or	20				20		
	tax year beginning		, and ending			20_		
	ax year entered in line 1 is for less than 12 m Change in accounting period	onths, ched	ck reason Initial re	eturn	Final return	n		
3a If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the 1	enta	tive tax, less any	<u> </u>		
	undable credits. See instructions					3 a	\$	1,440.
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	funda	able credits and			
	ted tax payments made. Include any prior yea			_		3 b	\$	240.
c Balanc	e due. Subtract line 3b from line 3a Include	your paym	ent with this form, if red	quire	d, by using EFTPS			
	onic Federal Tax Payment System) See instru					3с	\$	1,200.
	you are going to make an electronic fund v		with this Form 8868,	see	Form 8453-EO ar			
payment ins								
For Privacy A	Act and Paperwork Reduction Act Notice, see Instr	uctions.				Form	886	8 (Rev 1-2012)

Form 8868 (Re	ev 1-2012)				Page 2			
	filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part I	I and check this box				
	complete Part II if you have already been gra				• • —			
• If you are	filing for an Automatic 3-Month Extension,	complete d	only Part I (on page 1)					
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the one	jinal (no copies needed).				
	Name of exempt organization or other filer, see instructions Enter filer's identifying number, see instructions Employer identification number (Vice or other filer).							
	Name of exempt organization or other filer, see in	nstructions		Employer identification num	ber (EIN) or			
Type or				1				
print	WILLIAM & RUTH KELLY FAMILY	X 06-1661997						
	Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SS 2047 GRANGER ROAD							
File by the due date for								
filing your return See	City, town or post office, state, and ZIP code For	r a foreign ad	dress, see instructions					
instructions	MEDINA, OH 44256							
Instructions MEDINA, OH 44256 Enter the Return code for the return that this application is for (file a separate application for each return)								
Application		Return	Application		Return			
ls For		Code	ls For		Code			
Form 990		01						
Form 990-B	II	02	Form 1041-A	<u> </u>	08			
Form 990-E		01	Form 4720		09			
Form 990-P		04	Form 5227		10			
	(sec_401(a) or 408(a) trust)	05	Form 6069		11			
	(trust other than above)	06	Form 8870		12			
	not complete Part II if you were not already			seion on a proviously filed For				
	s are in the care of WILLIAM H. KEL		Tadomatic 3-month exter	ision on a previously med rol	117 0000.			
	ne No ▶ 330 239-1983		FAX No ▶	· · · · · · · · · · · · · · · · · · ·				
	anization does not have an office or place of				` C			
• If this is f	or a Group Return, enter the organization's fo	us dian Cre	une United States, check to	NS DOX				
					his is			
	le group, check this box		art of the group, check this	box▶ and at	касл а			
	names and EINs of all members the extension est an additional 3-month extension of time up			1/15 20 12				
	est an additional 3-month extension of time di dendar year <u>2011</u> , or other tax year beginn				20			
	tax year entered in line 5 is for less than 12 m			nd ending ,	20			
, mm		ionins, ched	x reason Initial re	turn Final return				
	Change in accounting period in detail why you need the extension ADDIT	יד אואר. יד	TMP TO NEPDED TO	COLLECT ALL THE				
	RMATION NECESSARY TO FILE A CO							
111101	REALTON NECESSARI TO FILE A CO	MPDEIE /	AND ACCORATE REIOR	114.				
Ra If this	application is for Form 990-BL, 990-PF, 99	00 T 4720		California de la Califo				
		70-1, 4/20	, or ocos, enter the ten	- 1 1	1 440			
	fundable credits. See instructions	4720	6060	8a \$	1,440.			
	application is for Form 990-PF, 990-T,							
	ated tax payments made include any pri	or year o	verpayment allowed as	- p				
	nt paid previously with Form 8868			8b \$	1,440.			
	ce Due. Subtract line 8b from line 8a Include		ent with this form, if requir	· · · · · · · · · · · · · · · · · · ·				
(Electi	ronic Federal Tax Payment System) See instru			8c \$				
	Signature and Verifica			•				
	s of penjury, I declare that I have examined this form,		ompanying schedules and statem	ients, and to the best of my knowled	dge and belief,			
it is true, correc	at, and complete, and that I am authorized to prepare this fo	ताम						
	Winim J. Breek				10005			
Signature >	The same	,,,	Title ► CPA	Date ▶ 08/14,				
				Form 8868	(Rev 1-2012)			