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Department of the Treasury

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.

OMB No 1545-0052

		veride Service	o abie to doc a copy of and	otali is sausi, siste isper		.
For	cale	ndar year 2011 or tax year beginning		, and ending		
Na	ne o	f foundation			A Employer identification	number
K	EV	IN & CHRISTINE KELLY FA	M. FOUNDATION	N		
K	EV	IN & CHRISTINE KELLY, C	O-TRUSTEES		<u> 39-6745161</u>	
Nur	nber a	and street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_1	31	30 WATERTOWN PLANK RD	UNIT 103		(414) 337-	7790
Cit	or t	own, state, and ZIP code			C if exemption application is p	ending, check here
E	LM	GROVE, WI 53122				
G	Check	c all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me 2. check here and attach or	eeting the 85% test, emputation
H (Check	type of organization: X Section 501(c)(3) ex	empt private foundation		F If private foundation sta	tus was terminated
] Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion		
I Fa	_			Accrual	F If the foundation is in a	60-month termination
	\$	156 , 418 . (Part I, colu	mn (d) must be on cash b	pasis.)		
					(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
	1		20.000.		N/A	1
	2		·	-	_	
	3	Interest on savings and temporary				4
	4		1.386.	1.386.		STATEMENT 1
	ı .					
	Ь	• • • • • • • • • • • • • • • • • • • •	, ,			-
		· · · · · · · · · · · · · · · · · · ·	4.540.	-	·	, , , , , , , , , , , , , , , , , , ,
ē	l "h	Gross sales price for all 21 520		-1		
Revenue	7		- ,	4.540.	-	
æ	8	• • • • • • • • • • • • • • • • • • • •		7.7		
	9			-(-
	10a	Gross sales less returns				
						1
				,		
	11	Other income				
	12		25.926.	5.926.		- ,
	13					0.
	14	•				
	15					
8	l	B Telephone number (414) 337 – 779 0 C if exempton application is pending, check here				
ens	1		460.	0.		0.
Ž						
Б	17	• • • • • • • • • • • • • • • • • • • •		<u> </u>		
ativ	18					
ist E	19					
를	1 20					
ģ	בן כ לו כ	Travellennierances and meetings!		 		
ğ	22					
<u> </u>	23					
Ę	2	Total one rating and administrative		 		
Operating and Administrative Expenses	- 5-		2.029	0.		0.
Ö	25				-	
	26					
		•	17.729.	0.		15.700.
	27					
			8 197	-	1	
		•		5,926.		
					N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

123511 12-02-11

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(a) List and describe	the kind(s) of property sold (e.go ouse; or common stock, 200 shs	., real estate,	income	(b) Ho	ow acq Purch Donat	juired (c) Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a MORGAN STANLEY -	SCHEDULE ATTA	CHED			E			
b MORGAN STANLEY -					E			
c CAPITAL GAINS DI	VIDENDS			ļ			<u> </u>	
<u>d</u>	·•			ļ				
<u>e</u>				l,				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus	(g)
<u>a</u> 564.				5.				79.
b 30,727.			26,51	<u>.4 • </u>				4,213.
<u>c</u> 248.				-+				248.
d	- -			-				
e Complete only for assets showing ga	ain in column (h) and owned by	the foundation	on 12/31/69			/I) G	ains (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1)			còl. (l	i), but not less that osses (from col.	n -0-) or
a		 						79.
b			*					4,213.
c								248.
d	·							
е								_
2 Capital gain net income or (net capital	I loss) If gain, also enter If (loss), enter -0	r ın Part I, line I- ın Part I, line	7 7 .	}	2			4,540.
3 Net short-term capital gain or (loss) a		nd (6):						
If gain, also enter in Part I, line 8, colu	ımn (c).			•	,		N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	er Section 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inco		
If section 4940(d)(2) applies, leave this p Was the foundation liable for the section If "Yes," the foundation does not qualify u	4942 tax on the distributable am	mplete this pa	ırt					Yes X No
1 Enter the appropriate amount in each		uctions before	making any entri					(4)
(a) Base period years Calendar year (or tax year beginning in			Net value of no	(c) Incharr			Dıstrı (col. (b) dı	(d) bution ratio vided by col. (c))
2010		4,446.				L,646.		.109734
2009		0,000.				<u>3,552.</u>		.088065
2008		8,231.				2,222.		.100107
2007		4,771.				2,078. 9,688.		.076855
2006		0.				7,000.		.000000
2 Total of line 1, column (d)3 Average distribution ratio for the 5-year	ar base period - divide the total (on line 2 hy 5.	or by the number	of vea	ırs		2	.374761
the foundation has been in existence i							3	.074952
4 Enter the net value of noncharitable-u	se assets for 2011 from Part X,	line 5					4	142,314.
5 Multiply line 4 by line 3							5	10,667.
6 Enter 1% of net investment income (1	% of Part I, line 27b)					<u>.</u> .	6	59.
7 Add lines 5 and 6							7	10,726.
8 Enter qualifying distributions from Pai						4-	8	15,700.
If line 8 is equal to or greater than line See the Part VI instructions.	: /, cneck the box in Part VI, line	i ib, and comp	nece that part usin	ıg a 1%	o tax ra	ue.		

KEVIN & CHRISTINE KELLY FAM. FOUNDATION

	n 990-PF (2011) KEVIN & CHRISTINE KELLY, CO-TRUSTEES 39-674			<u> Page 4</u> ,
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctio	ns)
1a	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 instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%			<u>59.</u>
	of Part I, line 27b			-
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			,
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2			<u>59.</u>
4	Subtritle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>59.</u>
6	Credits/Payments:	-	ı	,
	2011 estimated tax payments and 2010 overpayment credited to 2011	-		,
	Exempt foreign organizations - tax withheld at source			
	: Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d		_	
_	Total credits and payments. Add lines 6a through 6d		2	40.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			81.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► 80 . Refunded ► 11 art VII-A Statements Regarding Activities			01.
			Voo	No
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>	162	
L	any political campaign?	1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		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 Did the foundation file Form 1120-POL for this year?	1 4-		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1c		
ŭ	(1) On the foundation. \$\bigs\times 0 \cdot (2) On foundation managers. \$\bigs\times 0 \cdot 0.	,	- `	
4	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	- 1		
٠	managers. > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		i	-
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE	:	-	1
				1
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		1	-
	of each state as required by General Instruction G? If "No," attach explanation	8b		X
	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		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT 4	10	X	ı

Form **990-PF** (2011)

X

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could reopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2011.)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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

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

Total. Add lines 1 through 3

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	0.
b	Average of monthly cash balances	1b	144,481.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	144,481.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .	- 5	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	144,481.
4	Cash deemed held for charatable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,167.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	142,314.
6	Minimum investment return. Enter 5% of line 5	6	7,116.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	7,116.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	income tax for 2011. (This does not include the tax from Part VI.)	11.11	
C	Add lines 2a and 2b	2c	59.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,057.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,057.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,057.
Р	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	15,700.
b	• • • • • • • • • • • • • • • • • • • •	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	
a	Surtability test (prior IRS approval required)	3a	
b	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	15,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	59.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,641.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies for th	

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7			- · · · · · · · · · · · · · · · · · · ·	7,057.
2 Undistributed income, if any, as of the end of 2011				_
a Enter amount for 2010 only	'		0.	·
b Total for prior years:			, 1	
3 Excess distributions carryover, if any, to 2011:		0.	, , , , , , , , , , , , , , , , , , ,	
1 2	1		'	•
a From 2006 b From 2007 748.	-	-		•
b From 2007 748. c From 2008 4,158.			-	, ,
d From 2009 4, 550.		-		• 1
eFrom 2010 8,132.				1,
f Total of lines 3a through e	17,588.			·
4 Qualifying distributions for 2011 from	11,300.			
Part XII, line 4: ► \$ 15,700.			-	-
a Applied to 2010, 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				
(Election required - see instructions)	0.		,	•
d Applied to 2011 distributable amount		-	-	7,057.
e Remaining amount distributed out of corpus	8,643.	_		-
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				-
6 Enter the net total of each column as indicated below:	,	,	-	
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	26,231.		-	-
b Prior years' undistributed income. Subtract	-		,	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		,
d Subtract line 6c from line 6b. Taxable				= _
amount - see instructions		0.	: -	
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.	-		0.	- 7
f Undistributed income for 2011. Subtract			0.	
lines 4d and 5 from line 1. This amount must	-			
be distributed in 2012				0.
7 Amounts treated as distributions out of				-
corpus to satisfy requirements imposed by			_	•
section 170(b)(1)(F) or 4942(g)(3)	0.	-		
8 Excess distributions carryover from 2006				-
not applied on line 5 or line 7	0.			•
9 Excess distributions carryover to 2012.		-		-
Subtract lines 7 and 8 from line 6a	26,231.			
10 Analysis of line 9:	, , , ,			<u> </u>
a Excess from 2007 748.			-	•
b Excess from 2008 4,158.				
c Excess from 2009 4,550.				
d Excess from 2010 8,132.				•
e Excess from 2011 8,643.		<u> </u>		5 000 DE (0044)

KEVIN & CHRISTINE KELLY FAM. FOUNDATION

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3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
AMERICAN LUNG ASSOCIATION	NONE	PUBLIC	CHARITABLE	
13100 W LISBON RD				
BROOKFIELD, WI 53005				3,500.
CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION MS 3050 P O BOX 1997	NONE	PUBLIC	CHARITABLE	
MILWAUKEE, WI 53201				10,000.
THE LEUKEMIA & LYMPHOMA SOCIETY 200 S EXECUTIVE DR 203 BROOKFIELD WI 53005	NONE	PUBLIC	CHARITABLE	1,000,
UNITED WAY	NONE	PUBLIC	CHARITABLE	
225 W VINE ST				
MILWAUKEE, WI 53212			-	1,200.
Total			, ▶ 3a_	15,700.
b Approved for future payment				
NONE				
				-
Total			▶ 3b	0.
	•		F	orm 990-PF (2011)

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Part XVI-A Analysis of Income-Producing Activities

		ed business income		ded by section 512, 513, or 514	(e)
. =	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	Amount	code	Amount	Tunction income
<u>.</u>		 	-		
b	-	 _			
<u> </u>		<u> </u>	+		
d			+		
e			-		
		<u> </u>	<u> </u>		
g Fees and contracts from government agencies		_			
Membership dues and assessments					
Interest on savings and temporary cash					
investments			1	4 005	-
Dividends and interest from securities			14	1,386.	
Net rental income or (loss) from real estate:				-,	
a Debt-financed property			<u> </u>		
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			14	248.	4,29
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:		i			
a					
b					
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)		0	•	1,634.	4,29 5,92
Total. Add line 12, columns (b), (d), and (e)				13	5,92
ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Acc	omplishment of E	xemp	l Purposes	
e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the foundation's exempt purposes (other than the foundation's exempt purposes).	me is reported	ın column (e) of Part XVI-	A contrib	uted importantly to the accomp	plishment of
Relationship of Activities to the No. Explain below how each activity for which income.	me is reported	ın column (e) of Part XVI-	A contrib	uted importantly to the accomp	plishment of
Relationship of Activities to e No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-	A contrib	uted importantly to the accomp	plishment of
Relationship of Activities to Ro. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-	A contrib	uted importantly to the accomp	plishment of
Relationship of Activities to e No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-	A contrib	uted importantly to the accomp	plishment of
Relationship of Activities to e No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-	A contrib	uted importantly to the accomp	plishment of
Relationship of Activities to the No. Explain below how each activity for which income.	me is reported	ın column (e) of Part XVI-	A contrib	uted importantly to the accomp	plishment of

Part	VAII	Exempt Organi		isters 10 a	nd Transactions	anu neiationsi	nps with Monchar	itable	3	
1 Die	the or	ganization directly or indir		of the following	with any other organizat	on described in section	on 501(c) of		Yes	No
		other than section 501(c)								
		from the reporting founda								
	Cash	nom all reporting rounds	10011 to a tronomaria	ibio oxompt org	umzadon on			1a(1)		X
٠,	Other	accate	•	•	• • •	• • •		1a(2)		X
		sactions:						1.21.2		
		of assets to a noncharital	hle evernt organize	ition				1b(1)		X
		lases of assets from a nor				•	• •	1b(2)		X
		l of facilities, equipment, (-	organization				1b(3)		X
• •		, , , ,						1b(4)		X
• •		oursement arrangements	• • •		•			1b(5)		X
		s or loan guarantees		Iouaa ookortatio				1b(6)	!	X
• •		rmance of services or me	•	-	• • • • • • • • • • • • • • • • • • • •	-		10(0)	 	X
	•	facilities, equipment, mai	•						cote	
							arket value of the goods, o or sharing arrangement, sl		3619,	
					u iess uiaii iaii maiket va	iue iii aiiy u aiisacuuii	Or Sharing arrangement, Si	IOW III		
) the value of the goods, (evernt organization	(d) December	of transfers, transactions, and s	harina ai		nte -
(a) Line r	10	(b) Amount involved	(c) Name o		exempt organization	(u) Description	or transfers, transactions, and s	nanng ar	Tariger ITE	HILS
				<u> N/A</u>						
							·			
						-				
							·			
	_ _									
				•						
							· · · · · · · · · · · · · · · · · · ·			
				_						
									_	
							·			
	i								_	
2a Is	the four	dation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	nizations described				
ın:	section	501(c) of the Code (other	than section 501(c	(3)) or in sect	on 527?		<i>.</i> . \square	☐ Yes	X	No
b If"	Yes," co	mplete the following sche	edule.							
	•	(a) Name of org	anızation		(b) Type of organization		c) Description of relationsh	ırp		
-		N/A					-			
							 -			
								-		
		penalties of perjury, I declare t						the IRS	discuss	this
Sign	and be	lief, it is true, correct and com	plete Declaration of p	eparer (other than	taxpayer) is based on all infor	mation of which preparer	nas any knowledge retu	m with th	ne prepar v (see ins	er
Here		Kura //.K/1	//_TIEE/C	monu	W/8/3/11/12	truso	le 15	Yes] No
	Sian	ature of officer or trustee	2711-4	-	Date	Trtle				
		Print/Type preparer's na		Preparer's si		Date	Check X If PTIN			
		DAVID M. F		1) _ /	1. 1.	//	self- employed			
Paid		C.P.A.	remunth,	WXOVY/	in frankl	1 3/2/1		1023	354	
Prep	arer	Firm's name ► KOH	ד רווא מים.	7D & NIZT. T	M C D A 'C	1 JI/1 V	Firm's EIN ► 39-17			
Use (rums name - KOH.	ו מואש אים די	. VUNVIT	u, C.F.A. D				0	
Jac (Jilly	Firm's address > 2 E	0 14 0017	PATEDY O	OTTOM CTITME	211	 			
			U W. COVE		OURT, SUITE	411	Phone no. (414)	3 5	2-7	222
		IVI I	LIVE CALL IN CAPA	TT			\ 7 4 3 4		, /	

Form 990-PF (2011)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

KEVIN & CHRISTINE KELLY FAM. FOUNDATION

OMB No 1545-0047

Employer identification number

2011

KEVIN & CHRISTINE KELLY, CO-TRUSTEES 39-6745161 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable 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 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 reliquous, 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.

LHA 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)

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 II, 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),

Name of organization

Employer identification number

KEVIN & CHRISTINE KELLY FAM. FOUNDATION KEVIN & CHRISTINE KELLY, CO-TRUSTEES

39-6745161

Contributors (see instructions). Use duplicate copies of Part Lif additional space is needed.

raiti	Conditions (see instructions). Ose duplicate copies of Part III addition		<u> </u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR.S' KEVIN & CHRISTINE KELLY 13130 WATERTOWN PLANK RD UNIT 103 ELM GROVE, WI 53122	\$\$697.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DR.S' KEVIN & CHRISTINE KELLY 13130 WATERTOWN PLANK RD UNIT 103 ELM GROVE, WI 53122	\$\$ <u>19,303.</u>	Person Payroll Noncash X (Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Omnicash 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.)

Name of organization KEVIN & CHRISTINE KELLY FAM. FOUNDATION **Employer identification number**

KEVIN & CHRISTINE KELLY, CO-TRUSTEES

39-6745161

. <u></u>			-0/45101
Part II	Noncash Property (see instructions). Use duplicate copies of P	rart II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	100 SHARES AMAZON.COM		
2			
		<u> </u>	12/09/11
(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. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
53 01-23-		\$	90, 990-EZ, or 990-PF) (20

FORM 990-PF DIVIDEND	S AND INTER	EST FROM	SECUF	RITIES	STATEMENT	1
SOURCE	GROSS	AMOUNT		TAL GAINS	COLUMN (A)
MORGAN STANLEY SMITH BARNEY		1,634.		248.	1,3	86.
TOTAL TO FM 990-PF, PART I, I	N 4	1,634.		248.	1,3	86.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
TAX PREPARATION FEE	460.		0.			0.
TO FORM 990-PF, PG 1, LN 16B	460.		0.			0.
FORM 990-PF O	THER PROFES	SIONAL F	EES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
MANAGEMENT FEES	1,569.		0.			0.
TO FORM 990-PF, PG 1, LN 16C	1,569.		0.			0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

4

NAME OF CONTRIBUTOR

ADDRESS

KEVIN AND CHRISTINE KELLY

13130 WATERTOWN PLANK RD UNIT 103

ELM GROVE, WI 53122