

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



## Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For calendar year 2012 or tax year beginning and ending Name of foundation A Employer identification number KEVIN & CHRISTINE KELLY FAM. FOUNDATION KEVIN & CHRISTINE KELLY, CO-TRUSTEES 39-6745161 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 105 KEENELAND COURT (414) 337-7790 City or town, state, and ZIP code C If exemption application is pending, check here DURHAM, NC 27713 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 187,958. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books ıncome income 38 (2000) 20,833. كين N/A 🌣 🚞 Contributions, gifts, grants, etc., received Check In the foundation is not required to attach Sch. B 2. 18 2 E \$16<sup>(\*)</sup>85 % Interest on savings and temporary cash investments 心意感觉 化糖合剂 3 Dividends and interest from securities -1,039 -1,039 STÄTEMENT 5a Gross rents . . . A CONTRACTOR OF THE 1 3. 4. 18 8 8 E b Net rental income or (loss) \$50, ... 29,362. 19 25 2 2 12 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 63 93,524. . 5 824 29<u>,362</u> 7 Capital gain net income (from Part IV, line 2) 33 8 Net short-term capital gain \* . \* . | 9 Income modifications 10a Gross sales less returns and allowances 11:3 b Less Cost of goods sold N. 45.19 c Gross profit or (loss) 11 Other income 49,156 Total. Add lines 1 through 11 28,323 0 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Administrative Expenses 16a Legal fees 0. STMT 2 470. **b** Accounting fees 0 STMT 3 1,622 c Other professional fees 0. 0. 17 Interest 0. 0. 18 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications 23 Other expenses 24 Total operating and administrative অ -0.9.6 expenses. Add lines 13 through 23 0. 15,520 Contributions, gifts, grants paid c 9 x 11 520. 26 Total expenses and disbursements. Add lines 24 and 25 17,616 0 520 27 Subtract line 26 from line 12: 3 q Sec. 35 . 4 ,540 a Excess of revenue over expenses and disbursements 28,323 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A

<u>E</u>

223501 12-05-12

KEVIN & CHRISTINE KELLY FAM. FOUNDATION Form 990-PF (2012) CHRISTINE KELLY. CO-TRUSTEES 39-6745161 Part II: Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 187,958 156,418. 187,958. 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 7 Other notes and loans receivable Less: allowance for doubtful accounts 1 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 3 4 6 L 3 5 C C S 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 156,418. 16 Total assets (to be completed by all filers) 187,958 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 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. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright x$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 156,418. 187,958. 156,418. 30 Total net assets or fund balances 187,958

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	F	
	(must agree with end-of-year figure reported on prior year's return)	1	156,418.
2	Enter amount from Part I, line 27a	2	31,540.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	187,958.
5	Decreases not included in line 2 (itemize)	5_	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	187,958.
			200 55

Form 990-PF (2012)

156,418.

31 Total liabilities and net assets/fund balances

187,958

Page 3

<del></del>		osses for lax on in		t income	(b) Ho	w acquired	(a) Det	20.000	(4) D-4
		kind(s) of property sold (e.g s; or common stock, 200 sh			D -	ow acquired Purchase Donation	(mo.,	te acquired , day, yr.)	(d) Date sold (mo., day, yr.)
	NLEY SM	TH BARNEY -	SCHEDU	LE					
b ATTACHED						<u>P</u>			
6 MORGAN STA		CHEDULE ATTA			-				
d MORGAN STA		CHEDULE ATTA	CHED			P			<del></del>
	/8	Depreciation allowed	(a) Co:	st or other basis	L		(h)	Gain or (loss)	
(e) Gross sales pri	je (	(or allowable)		expense of sale				lus (f) minus (	
<u>a</u>	<b>T</b> 20			40.00					
	738. 415.			12,83					8,900.
	976.			8,13 43,18					276. 16,791.
	395.			43,10	5.				3,395.
		n column (h) and owned by	the foundation	n on 12/31/69			(I) Gains (	(Col. (h) gain	
(i) F.M.V. as of 12/31	/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (յ), ıf any		(	ol. (k). but	t not less than es (from col. (l	1 -0-) or
a									
<u>b</u>			<u> </u>						8,900.
<u>c</u>									276.
<u>d</u>								-	16,791.
<u>e</u>				_	<del>_</del>		<u> </u>		3,395.
2 Capital gain net income	or (net capital los	s) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases}$	n Part I, line - in Part I, line	7 7	}	2	· · · ·	_	29,362.
3 Net short-term capital g If gain, also enter in Par		fined in sections 1222(5) an (c).	nd (6):						
If (loss), enter -0- in Pai	t I, line 8				<u></u>	3		N/A	
		Section 4940(e) for					come		
(For optional use by domes	tic private founda	tions subject to the section 4	1940(a) tax on	ı net investment in	icome.)				
If section 4940(d)(2) applie	s, leave this part t	olank.							
Was the foundation liable for	or the section 404	2 tax on the distributable am	ount of any w	aar in the bace per	1042				Yes X No
		r section 4940(e). Do not co		•	lou r		•		L Tes LAJ NU
		umn for each year; see the ir			ntries.				
(a) Base period y Calendar year (or tax yea		(b) Adjusted qualifying dist	tributions	Net value of no	(c) ncharita	able-use asse	ts	Distrib (col. (b) divi	(d) ution ratio ded by col. (c))
2011		1	5,641.			142,31	4.	(	.109905
2010			4,446.			131,64			.109734
2009			0,000.			113,55			.088065
2008			8,231.			82,22			.100107
2007			4,771.			62,07	8.		.076855
									10155
2 Total of line 1, column (	•				_		. 2	<u> </u>	.484666
		ase period - divide the total o	on line 2 by 5,	or by the number	of years	S			006022
the foundation has beer	in existence if les	s tnan 5 years					3	<del> </del>	.096933
4 Enter the net value of no	oncharitable-use a	ssets for 2012 from Part X, I	ine 5				4_		156,518.
5 Multiply line 4 by line 3							5		15,172.
		<u> </u>							
6 Enter 1% of net investm	ent income (1% o	f Part I, line 27b)					6_	<del> </del>	283.
7 Add lines 5 and 6							7		15,455.
8 Enter qualifying distribu	tions from Part XI	, line 4					8		15,520.
If line 8 is equal to or gre	eater than line 7, c	heck the box in Part VI, line	1b, and comp	 lete that part using	g a 1%	tax rate.		- <del> </del> -	<u> </u>
See the Part VI instruction	ons.		<del></del>						
223521 12-05-12								Fo	rm <b>990-PF</b> (2012)

	KEVIN & CHRISTINE KELLY FAM. FOUNDATION				
		7451			age 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see in	stru	ctior	ns)
18	ı Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1. 👚 🗎 溪 🚉	25 N		*\	32 63
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		نِي رَحِيُ	1	13 C
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	<del> </del>		2	<u>83.</u>
	of Part I, line 27b		} ~. } > ₹		
(	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		e dit	1,48	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2			2	83.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			2	83.
6	Credits/Payments:	1.50			N. Carpet
a	a 2012 estimated tax payments and 2011 overpayment credited to 2012	ૹ૽ૼૣૺૺૺૺૺૼૼૼૼૼૼૼૼૼૼૼૼૼૼૺ૾૽ઌ૽ૺ	*;	`~ \ X	
	Exempt foreign organizations - tax withheld at source		. <u>"</u> ,"		
	Tax paid with application for extension of time to file (Form 8868)		***	۱۳۰۶ غ.^^ ا	18 18 ,
	1 Backup withholding erroneously withheld 6d 6d	12 · 4 ·		````\ ```\\\	1
	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any <b>penalty</b> 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			2	83.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax				
	art VII-A Statements Regarding Activities				
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		, , , , ,	Yes	No
	any political campaign?		1a		X
t	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	Γ	3,	33	- 1. 15 m
	distributed by the foundation in connection with the activities.		ر ا	3.8	31 ( ) 38 ( 3 ( ) 38 (
(	Did the foundation file Form 1120-POL for this year?		1c	1	X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	, ,			A\$ " 5 5 1
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •		38.54	8,	
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1.	·	, , , , , , , , , , , , , , , , , , ,	3.5
	managers. ►\$ 0.		. ` `	×	wil.
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.		1.	3	*
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		.	23.3	§\$ ₹
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	,	X_
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ľ	4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?	'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.				7.2
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		```	1,4	*
·	By language in the governing instrument, or	1	Ĭ.		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		, -	- 3	-
	remain in the governing instrument?		6		x
7	Did the foundation have at least \$5,000 in assets at any time during the year?	ľ	7	х	
•	If "Yes," complete Part II, col. (c), and Part XV.	F	,,,,	5 7	٠.
g s	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE		٤٠	, s	
0.0	The the states to which the foundation reports of with which it is registered (see histagolichis)	[		,	``, ``,
,	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	— I	1	***	
	of each state as required by General Instruction G? If "No," attach explanation	İ	8b		<b>X</b> _
۵	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	 	OU.	3	
3	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete-Part-XIV————————————————————————————————————				_X_
-in-		4	10	X	
10	Did any personal decorne additional contributions during the tax years in res, attach a screedule listing their names and addresses SIMI		.0 1		

Form **990-PF** (2012)

Form 990-PF (2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

KEVIN & CHRISTINE KELLY	FAM. FOUNDATI	ON		
Form 990-PF (2012) KEVIN & CHRISTINE KELLY,			39-67451	61 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	•
5a During the year did the foundation pay or incur any amount to:			2	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir	ectly,	`	
any voter registration drive?		Y	es 🗶 No 🖹	
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		4	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗶 No 📄	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or	for		
the prevention of cruelty to children or animals?		Y	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?	_	N/A	5b   1 1 1 1 1
Organizations relying on a current notice regarding disaster assistance check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined		
expenditure responsibility for the grant?		. —	es 🔲 No 🗔	
If "Yes," attach the statement required by Regulations section 53.494		•		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			\$	
a personal benefit contract?	_	Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.			Ī	****
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y		36. ( ) ( ) ( ) ( ) ( )
b If "Yes," did the foundation receive any proceeds or have any net income attribu	•			7b
Port VIII Information About Officers, Directors, Trust		nagers, Highl		···-
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
A Minera and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
KEVIN J. KELLY	CO-TRUSTEE	,		
105 KEENELAND COURT				
DURHAM, NC 27713	0.00	0.	0.	0.
CHRISTINE M. WALSH-KELLY	CO-TRUSTEE			
105 KEENELAND COURT				
DURHAM, NC 27713	0.00	0.	0.	0.
		<del></del>		
		İ		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
( ) Norman and address of mark and a second and a live OCO 000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE		-		
		1		
		<u> </u>		
Total number of other employees paid over \$50,000	<del></del>	l		0
1 O COLO TO CO				<u>U</u>

KEVIN & CHRISTINE KELLY FAM. FO  KEVIN & CHRISTINE KELLY, CO-TRU  Description About Officers, Directors, Trustees, Found	STEES39-	6745161 Page7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ent		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u> 0
	estual information augh as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc.	Expenses
1 N/A		
2		
3		
4		
		<del></del>
Part IX-B Summary of Program-Related Investments	- 1 1 10	Amount
Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.	<u> </u>	
3		
Table Add Imag 1 through 2	<b>•</b>	0.
Total. Add lines 1 through 3		Form <b>990-PF</b> (2012)

Form 990-PF (2012) 39-6745161 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 1a 158,902. Average of monthly cash balances 1b c Fair market value of all other assets 1c 158,902. d Total (add lines 1a, b, and c) 1 d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 158,902. 2,384. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 156,518. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 7,826. 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 part.) Minimum investment return from Part X, line 6 7,826. 1 Tax on investment income for 2012 from Part VI, line 5 283 Income tax for 2012. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b C 2c 283 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 543. 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 543. 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 <u>15,520.</u> 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 15,520. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 283. 5 15,237. Adjusted qualifying distributions Subtract line 5 from line 4 6

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation gualifies for the section

Form 990-PF (2012)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2011	2011	2012
1 Distributable amount for 2012 from Part XI, line 7			The state of the s	7 5/2
2 Undistributed income, if any, as of the end of 2012			\$ 150 S X 1	7, 3 % x 2, 1 1 2 4 5 5 7
a Enter amount for 2011 only	the state of the s		0.	
b Total for prior years:	3 3 3		8 8	Part of the Control
3 Excess distributions carryover, if any, to 2012:	<u> </u>	0.	3 3 3 4	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a From 2007 748.				
b From 2008 4,158.				
c From 2009 4,550.				
d From 2010 8,132.				
e From 2011 8,643.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
f Total of lines 3a through e	26,231.			
4 Qualifying distributions for 2012 from	× , ,	A		18 18 18
Part XII, line 4: ► \$ 15,520.				
a Applied to 2011, but not more than line 2a	. ' . * ' . ' . ' . ' . ' . ' . ' . ' .	The state of the s	0.	
b Applied to undistributed income of prior		_		Market Services
years (Election required - see instructions)	* 35 5	0.		***
c Treated as distributions out of corpus	_			
(Election required - see instructions)  d Applied to 2012 distributable amount	0.		; , w;	7 543
e Remaining amount distributed out of corpus	7,977.		* * * * * * * * * * * * * * * * * * * *	7,543.
· · · · · · · · · · · · · · · · · · ·	7,317.	× × × × × × × × × × × × × × × × × × ×	* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	0.
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	` ; ,	***	* >, - > >	0.
6 Enter the net total of each column as	, , ,		** ,	
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	34,208.	* 1 m	12	
<b>b</b> Prior years' undistributed income. Subtract	*** *** * * * * * * * * * * * * * * * *			7 7 8
line 4b from line 2b	1,000	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		0	The same of the sa	* * *
assessed  d Subtract line 6c from line 6b. Taxable	****	0.	9 ° '	
amount - see instructions		0.		*
e Undistributed income for 2011. Subtract line	,			
4a from line 2a. Taxable amount - see instr.		,	0.	
f Undistributed income for 2012. Subtract		, , ' ' '		
lines 4d and 5 from line 1. This amount must		*		
be distributed in 2013			·	0.
7 Amounts treated as distributions out of		, * , *	, ,	
corpus to satisfy requirements imposed by		<b>!</b> >	, *	
section 170(b)(1)(F) or 4942(g)(3)	0.	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	
8 Excess distributions carryover from 2007	740		-	
not applied on line 5 or line 7  9 Excess distributions carryover to 2013.	748.			* * * * * * * * * * * * * * * * * * * *
Subtract lines 7 and 8 from line 6a	33,460.		, ,	
10 Analysis of line 9:	33,400.			
a Excess from 2008 4,158.			•	
b Excess from 2009 4,550.				•
c Excess from 2010 8,132.			٠	,
d Excess from 2011 8,643.				
e Excess from 2012 7,977.				

		& CHRISTINE				ON		
		& CHRISTINE					<u> 39-674</u>	5161 Page 10
	rt XIV Private Operating I				, question 9)	N/A_		
1 a				perating				
		•	_		▶ ∟		<del></del>	
			ing foundation de	escribed in s			or 4942	2(j)(5)
2 a	•		/b) 201	4			2000	(a) Tatal
		(a) 2012	(8) 201	<u>'</u>	(6) 2010	(a)	2009	(e) lotal
	•				<del>-</del>			
	•						-	
C								
a	•	•	· · · · · · · · · · · · · · · · · · ·			<del></del>	<del></del>	<del></del>
·								
	•							
e	•							· · · · · · · · · · · · · · · · · · ·
·								
	•							
3	Complete 3a, b, or c for the						-	
а								
_	(1) Value of all assets							
	(2) Value of assets qualifying				-			
	under section 4942(j)(3)(B)(i)							
b				İ				
	shown in Part X, line 6 for each year		1					
	listed							
C	• •							
							İ	
			}	- 1				
	securities loans (section			İ				
	* * * * * * * * * * * * * * * * * * * *	ļ						
	and 5 or more exempt							
	organizations as provided in							
	,, ,, ,							
	• • • • • • • • • • • • • • • • • • • •							
	·		<del></del>		<del></del>			·
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling b. Check box to indicate whether the foundation is a private operating foundation described in section.  2 a finite the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed  3 85% of line 2a  4 Qualifying distributions from Part XII, line 4 for each year listed  4 Amounts included in line 2c not used directly for active conduct of exempt activities  6 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 reflect upon:  a Assets' alternative test reflect upon:  a Yassets' alternative test - enter:  (1) Value of alassets (2) Value of assets qualifying under section 4942(j)(3)(6)(i)  b 'Endowment' alternative test - enter: 2/3 of minimum investment return shown in Part X, line 6 for each year listed  c 'Support' alternative test - each year listed  6 Support alternative test - enter:  (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)  (2) Support from general public and 5 or more exempt								
					o iodiida	tion naa qo,	,00 01 11101	0 111 000010
1	Information Regarding Foundation	on Managers:	<del></del>					
		-	than 2% of the t	otal contrib	utions received t	ov the foundation b	efore the close	of any tax
	year (but only if they have contributed i	more than \$5,000). (See s	section 507(d)(2)	).)		,		,
NO	NE							
b	List any managers of the foundation wh	no own 10% or more of th	ne stock of a corp	oration (or	an equally large	portion of the owr	ership of a parti	nership or
	••	as a 10% or greater intere	st					
					-			
	Check here ► X if the foundation of	only makes contributions	to preselected ch	naritable org	anizations and c	loes not accept un	solicited reques	ts for funds. If
	<del></del>						2a, b, c, and d.	
а	The name, address, and telephone num	iber or e-mail of the perso	on to whom appli	cations sho	uld be addresse	d:		
	The form-to-which applications should	he submitted and informa	tion and material	is they show	ld include:			-
— <del>—</del> -	-rne-torii iii wincii applications should t	De Submitteu and informa	ition and material	is they shou	na menuae.			
	Any submission deadlines:					<del></del>		
	·			<u> </u>				
d	Any restrictions or limitations on award	s, such as by geographic	al areas, charitab	le fields, kır	ds of institution:	s, or other factors:		

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN LUNG ASSOCIATION NONE PUBLIC CHARITABLE 13100 W LISBON RD BROOKFIELD, WI 53005 2,500. CHILDREN'S HOSPITAL AND HEALTH SYSTEM NONE PUBLIC CHARITABLE FOUNDATION MS 3050 P O BOX 1997 MILWAUKEE, WI 53201 10,000. THE LEUKEMIA & LYMPHOMA SOCIETY NONE PUBLIC CHARITABLE 200 S EXECUTIVE DR 203 BROOKFIELD, WI 53005 500. UNITED WAY NONE PUBLIC CHARITABLE 225 W VINE ST MILWAUKEE, WI 53212 1,200. UNITED PERFORMING ARTS FUND NONE PUBLIC CHARITABLE 301 W WISCONSIN AVE SUITE 600 MILWAUKEE WI 53203 120. SEE CONTINUATION SHEET(S) **▶** 3a Total 15 520. b Approved for future payment NONE Total

Form 990-PF (2012)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		business income		ed by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_				
b	_			<del> </del>	<del> </del>
C	_   -				
d		<del></del>			
e	_			<del></del>	
f			+ +	= ** **	<del></del>
g Fees and contracts from government agencies			1		<del></del>
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash					
investments	-		1 4	4 000	
4 Dividends and interest from securities	425	*** ***	14	-1,039 <b>.</b>	, , , , ,
5 Net rental income or (loss) from real estate:	1367 27 - 47 3		'	<u>````\\`````````</u>	
a Debt-financed property		. , ,	1		
b Not debt-financed property		<del></del>			
Net rental income or (loss) from personal					
property .		<del> </del>	$\perp$		
7 Other investment income					
B Gain or (loss) from sales of assets other	i				
than inventory			14	3,395.	25,967
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C	1				
4					
d					
e					
е	1,77.	0.	et .	2,356.	25,967
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		0.		2,356. 13_	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		0.			
e	1,2,7,			13	
e	to the Accon	nplishment of Ex	kempt	13 Purposes	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Eee worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Eee worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income.	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	to the Accon	nplishment of Exclumn (e) of Part XVI-A	kempt contribu	Purposes ted importantly to the accom	28,323

Sign Here					
Sign Here    Signature of officered trustee   Date   Date   Check   If   Self-employed		ada a seeling of a vivia. I dealers that I have a varying this rature including accompanying schedules as	d statements, and to the	a host of my knowledge	
Paid C.P.A. Pirm's name ► KOHLER AND FRANKLIN, LLC Firm's EIN ► 46-1610929	Sign Here	d belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all info	rmation of which prepare	er has any knowledge	May the IRS discuss this return with the preparer shown below (see instr )?  X Yes No
Preparer   Firm's name ► KOHLER AND FRANKLIN, LLC   Firm's EIN ► 46-1610929	Paid	DAVID M. FRANKLIN, Applied	Date / /3	self- employed	
	-	Firm's name > KOHLER AND FRANKLIN, LLC		Firm's EIN ► 46	-1610929
MILWAUKEE, WI 53217-3966 Phone no. (414) 352-72			211	Phone no. (4	14) 352-722 Form <b>990-PF</b> (2012

## 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.

OMB No 1545-0047

2012

Employer identification number

KEVIN & CHRISTINE KELLY FAM. FOUNDATION 39-6745161 KEVIN & CHRISTINE KELLY, CO-TRUSTEES 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 X 501(c)(3) exempt private foundation Form 990-PF 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 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).

Name of organization

Employer identification number

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

39-6745161

'Part I'	<b>Contributors</b>	(see instructions).	Use duplicate copies	of Part I if additional s	pace is needed.
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•			

		·•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR.S' KEVIN & CHRISTINE KELLY  105 KEENELAND COURT  DURHAM, NC 27713	\$\$.	Person Payroll Noncash X (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 <del>. —</del>	(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.)
22452 12-2	1_12	Schedule R /Form	990 990-F7 or 990-PF) (2012)

Name of organization

KEVIN & CHRISTINE KELLY FAM. FOUNDATION

KEVIN & CHRISTINE KELLY, CO-TRUSTEES

Employer identification number

<u>39-6745161</u>

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CHEVRON CORP		
_1			
		\$ 20,333.	12/19/12
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	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.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		s	
(a) -No	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received

Name of orga			Employer identification number					
	& CHRISTINE KELLY FAM.		20 55454					
Part III	& CHRISTINE KELLY, CO-T  Exclusively religious, charitable, etc., indivivear. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional	dual contributions to section 501(o following line entry. For organization, contributions of \$1,000 or less fo	c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. (Enter this information once)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, and		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, and	(e) Transfer of git	of gift  Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_	(e) Transfer of gift							
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	ft					
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					

KEVIN & CHRISTINE KELLY FAM. FOUNDATION

KEVIN & CHRISTINE KELLY, CO-TRUSTEES 39-6745161

Part XV Supplementary Information  Grants and Contributions Paid During the		• • • • • • • • • • • • • • • • • • • •		<u>.</u>
Recipient	If recipient is an individual	<del></del>	T	<del></del>
Name and address (home or business)	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 (nome or pushess)	or substantial contributor	recipient		
ECHANICS WALSH LIBBY SCH CHARITY	NONE	PUBLIC	CHARITABLE	
ALK	NONE	FODDIC	CHARTIADD	1,00
HILDREN'S TUMOR FOUNDATION	NONE	PUBLIC	CHARITABLE	
5 PINE ST 16TH FLOOR EW YORK, NY 10005				200
			-	
Total from continuation sheets				1 20

FORM 990-PF DIVIDEND	S AND	INTER	EST	FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS AMOUNT		CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT		
MORGAN STANLEY MORGAN STANLEY SMITH BARNEY	1,907 449		,907. 449.	0.		-1,488. 449. -1,039.		
TOTAL TO FM 990-PF, PART I, L	N 4	2,356.						
FORM 990-PF	AC	COUNTI	NG I	FEES	<u>-</u>		STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI IT INC	EST- COME	(C) ADJUSTED NET INCOM		
TAX PREPARATION FEE		470.			0.			0.
TO FORM 990-PF, PG 1, LN 16B		470.			0.			0.
FORM 990-PF O	THER	PROFES	SION	NAL FI	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI IT INC	EST- COME	(C) ADJUSTED NET INCOM		
MANAGEMENT FEES		1,622.			0.			0.
TO FORM 990-PF, PG 1, LN 16C		1,622.			0.		<del></del>	0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

**ADDRESS** 

KEVIN AND CHRISTINE KELLY

105 KEENELAND COURT DURHAM, NC 27713