Form **990-PF**Department of the Treasury Internal Revenue Service

**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www irs.gov/Form990PF for instructions and the latest information.

1912

**2019** 

For calendar year 2019 or tax year beginning and ending A Employer identification number Name of foundation MARY K. AND DANIEL M. KELLY FAMILY 20-1826362 FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 515-221-1133 3900 INGERSOLL AVE, STE 300 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here DES MOINES, IA 50312-3535 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 Section 501(c)(3) exempt private foundation H 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 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) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 8,634,977. (Part I, column (d), must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) income income expenses per books 985,307 N/A Contributions, gifts, grants, etc., received Check Inf the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 278,817. 278,817. STATEMENT 4 Dividends and interest from securities Received ACAIVINEY JUL 3 2 5a Gross rents b Net rental income or (loss) 278,283 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 5,407,099. 278,283 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 250 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 250 557.100 1,542,407 12 Total Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 0 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees RECEIVED 915 915. 1,830. STMT 2 **b** Accounting fees c Other professional fees 17 Interest MAR 2 5 202 7,756 0. 1.044 STMT 3 18 Taxes 19 Depreciation and depletion <del>OGDEN.</del> 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0. 15,914 15,914 23 Other expenses STMT 4 24 Total operating and administrative 915. 25,500 17,873. expenses Add lines 13 through 23 457,230. 457,230. Contributions, gifts, grants paid Total expenses and disbursements. 458,145. 17,873 482,730 Add lines 24 and 25 27 Subtract line 26 from line 12 1,059,677 8 Excess of revenue over expenses and disbursements 539,227. b Net investment income (if negative, enter -0-) 250. c Adjusted net income (if negative, enter -0-)

75

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions

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FOUNDATION

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Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>
<u>rai</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cash - non-interest-bearing	95,370.	740,460.	740,460.
:	2 Savings and temporary cash investments			
;	B Accounts receivable ►			
	Less: allowance for doubtful accounts			
4	Pledges receivable >			
	Less: allowance for doubtful accounts			
] !	Grants receivable			
	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
;	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
ध दि	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
۲   ۱۵	a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	6,926,471.	7,394,363.	7,894,517.
1	c Investments - corporate bonds			
1.	Investments - land, bulldings, and equipment basis		·	
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment: basis			
	Less accumulated depreciation			
18	Other assets (describe )			
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	7,021,841.	8,134,823.	<u>8,634,977.</u>
17	Accounts payable and accrued expenses		. <u> </u>	
18	Grants payable			
g 19	Deferred revenue			
Liabilities 5	Loans from officers, directors, trustees, and other disqualified persons			
g 2	Mortgages and other notes payable			
☐  22	Other liabilities (describe )			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow FASB ASC 958, check here			
S S	and complete lines 24, 25, 29, and 30			
Ž 24	Net assets without donor restrictions			
Net Assets or Fund Balances	Net assets with donor restrictions			
<u>ğ</u>	Foundations that do not follow FASB ASC 958, check here ▶ 🏋			
<u>.</u>	and complete lines 26 through 30			
৳ 26	Capital stock, trust principal, or current funds	0.	0.	
왕 27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	<u>-</u>
SS 28	Retained earnings, accumulated income, endowment, or other funds	7,021,841.	8,134,823.	
₹ 29	Total net assets or fund balances	7,021,841.	8,134,823.	
z				
30	Total liabilities and net assets/fund balances	7,021,841.	8,134,823.	
Par	t III Analysis of Changes in Net Assets or Fund B	alances		
		<del></del>		
	al net assets or fund balances at beginning of year - Part II, column (a), line	29		T 004 044
	ust agree with end-of-year figure reported on prior year's return)		1	7,021,841.
	er amount from Part I, line 27a	<b>**</b>	2	1,059,677.
	ner increases not included in line 2 (itemize)	SEE STA	TEMENT 5 3	115,881.
	d lines 1, 2, and 3		4	8,197,399.
	creases not included in line 2 (itemize)	SEE STA		62,576.
6 To	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29		8,134,823.
				Form <b>990-PF</b> (2019)

315,625.

458,145.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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

MARY K. AND DANIEL M. KELLY FAMILY

Form	990-PF (				20-	1826	362		Page 4	
Par	t VI	Excise Tax Based on Investment Income (Section 4940(a)	, 4940(b),	4940(e), or 4	948 -	see i	nstru	ctio	1S)	
1a i	Exempt o	operating foundations described in section 4940(d)(2), check here  and enter "	N/A" on line 1.	)						
ı	Date of re	uling or determination letter: (attach copy of letter if necessa	ry-see instruc	tions)						
		c foundations that meet the section 4940(e) requirements in Part V, check here			1			5,3	92.	
		line 27b								
c /	All other	domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of F	Part I, line 12, o	col. (b)						
		er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others,		, , ,	2				0.	
		s 1 and 2	•		3			5,3		
		A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others	. enter -0-)		4				0.	
		ed on investment income Subtract line 4 from line 3. If zero or less, enter -0-	, ,		5			5,3		
		Payments:							<u></u>	
		simated tax payments and 2018 overpayment credited to 2019 6	a	7,600.						
		foreign organizations - tax withheld at source 6		0.						
		with application for extension of time to file (Form 8868)	<del></del>	0.	] ]					
		withholding erroneously withheld		0.						
		dits and payments. Add lines 6a through 6d	<del>-</del>		7			7,6	00.	
		y penalty for underpayment of estimated tax. Check here if Form 2220 is attached			8			<u> </u>	0.	
	-	If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9	•			_ <u>•</u> •	
		ment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10		_	2,2	08.	
		amount of line 10 to be: Credited to 2020 estimated tax	2.208	. Refunded	11			<u>.,.</u>	0.	
		A Statements Regarding Activities		0,1101011000					<u> </u>	
		ne tax year, did the foundation attempt to influence any national, state, or local legislation	or did it partio	cipate or intervene	ın	•		Yes	No	
		ical campaign?					1a		X	
		end more than \$100 during the year (either directly or indirectly) for political purposes?	See the instruc	ctions for the defin	ition		1b		X	
		swer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any					_ <del></del>			
		ed by the foundation in connection with the activities.								
		oundation file Form 1120-POL for this year?					1c		X	
		amount (if any) of tax on political expenditures (section 4955) imposed during the year	:							
		he foundation.  \$ 0 . (2) On foundation managers.		0.						
		reimbursement (if any) paid by the foundation during the year for political expenditure			•					
		s. <b>▶</b> \$ 0.								
	-	foundation engaged in any activities that have not previously been reported to the IRS?					2		X	
		attach a detailed description of the activities.								
		foundation made any changes, not previously reported to the IRS, in its governing instru	ment, articles	of incorporation, of	r					
		or other similar instruments? If "Yes," attach a conformed copy of the changes	,	,			3	Î	X	
	•	oundation have unrelated business gross income of \$1,000 or more during the year?					4a		<u>X</u>	
		nas it filed a tax return on Form 990-T for this year?			N	/A	4b			
	-	e a liquidation, termination, dissolution, or substantial contraction during the year?				•	5		X	
		attach the statement required by General Instruction T								
	•	equirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:								
		guage in the governing instrument, or					1	- 1		
		te legislation that effectively amends the governing instrument so that no mandatory dire	ections that coi	nflict with the state	law					
	-	n the governing instrument?					6	Х		
		oundation have at least \$5,000 in assets at any time during the year? If "Yes," complete F	Part II, col. (c),	and Part XV			7	х		
			, ,,,							
8a E	Enter the	states to which the foundation reports or with which it is registered. See instructions.	<b>&gt;</b>							
	IA	· · · · · · · · · · · · · · · · · · ·								
ь I	f the ans	swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	ey General (or	designate)						
		state as required by General Instruction G? If "No," attach explanation	•	•			8b	Х		
		undation claiming status as a private operating foundation within the meaning of section	4942(j)(3) or	4942(j)(5) for cale	ndar					1
)	ear 2019	9 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete	Part XIV				9		<u>X</u>	U
		persons become substantial contributors during the tax year? If "Yes," attach a schedule lists		nd addresses S	TMT		10	Х		
						For	m <b>99</b> 0	-PF	(2019)	

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► MARY K KELLY  Telephone no ►515-22	21-1	133	
	Located at ► 3900 INGERSOLL AVE, SUITE 300, DES MOINES, IA ZIP+4 ►50			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	1.44	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pá	art 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.	7	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			_
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		•	
	for the benefit or use of a disqualified person)?			
	(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.)			
b	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	}		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<u>X</u> _
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	10		<u>X</u> _
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)):			
a	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?		}	
	If "Yes," list the years $\triangleright$ ,,,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (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.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>	İ		
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		•
	during the year?			
b	o If "Yes," did it have excess business holdings in 2019 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 Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u> _
D	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	41-		X
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b rm <b>99</b> 0	)-PF	

MARY K. AND DANIEL M. KELLY FAMILY

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Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗓 No	1	ł
(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	?	Y	es X No	}	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				İ
4945(d)(4)(A)? See instructions		Ye	es 🗓 No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?			es X No	[	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instr		•	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check			<b>▶</b>		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		uned			1
expenditure responsibility for the grant?		√A	es No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d)	-	•, ••		- }	-
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav oremiums oo				
a personal benefit contract?	pay premianto en	□ v <sub>4</sub>	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?	·		5b	X
If "Yes" to 6b, file Form 8870.	croonal bonom contract.		<u> </u>	-	+**
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction2	□ v <sub>4</sub>	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attributions.			_ · _ · _	7b	+
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		r	- AX/A3  -	<del>'''</del>	+
excess parachute payment(s) during the year?	si,000,000 iii terilulici alioli o		s X No		1
Part VIII Information About Officers, Directors, Trust	ees Foundation Ma				
Paid Employees, and Contractors	ees, roundation wa	illagers, riigili	,		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	kpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	uooos volla	opense ot, other vances
MARY K KELLY	PRESIDENT	Citter-0-7	compensation	4.1011	unoos
3900 INGERSOLL AVE, SUITE 300	RESIDENT				
DES MOINES, IA 50312	0.50	0.	0.		0.
	DIRECTOR	- •			
3900 INGERSOLL AVE, SUITE 300	DIRECTOR				
DES MOINES, IA 50312	0.50	0.	0.		0.
DES MOINES, IR 30312	0.50				
		<del> </del>			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>		
	(b) Title, and average		(d) Contributions to	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accour	opense nt, other vances
NONE	devoted to position		compensation	anow	ances
NONE					
		]			
			- <del></del>		
			ļ		
		<del>                                     </del>			
		[	ľ		
		<del> </del>			
Tabel number of other employees and aver 050 000		1			0
Total number of other employees paid over \$50,000		<del></del>	Earm	990-PF	
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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		102000
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del> </del>	
	$\overline{}$	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1N/A		
	<del></del>	
2	<del></del>	-
3		
	<del></del>	
4	<del></del>	1
	·	
Part IX-B Summary of Program-Related Investments		<del></del> _
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>		
	<del></del>	_
2		
	<u> </u>	
All other program-related investments. See instructions.		
3		
	<del></del>	
		I

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions)
1	Fair-market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	7,164,595.
b	Average of monthly cash balances	1b	7,164,595. 206,968.
C	Fair market value of all other assets	1c	<u></u>
d	Total (add lines 1a, b, and c)	1d	7,371,563.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,371,563.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	110,573.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,260,990.
6	Minimum investment return Enter 5% of line 5	6	363,050.
Р	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.)	d certair	1
1	Minimum investment return from Part X, line 6	1	_363,050.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 5,392.		<b></b>
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	5,392.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	357,658.
4	Recoveries of amounts treated as qualifying distributions	4	250.
5	Add lines 3 and 4	5	<u>357,908.</u>
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	<u>357,908</u> .
	art XII Qualifying Distributions (see instructions)	· <del>·</del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4.	150 115
a		1a	458,145. 0.
þ	Program-related investments - total from Part IX-B	1b 2	<u> </u>
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:	0.	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	458,145.
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	430,143.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		5 302
c	Income. Enter 1% of Part I, line 27b	6	5,392. 452,753.
6	Adjusted qualifying distributions Subtract line 5 from line 4		
	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.	luaiiiies i	

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Part XIII · Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d</b> ) 2019
1 Distributable amount for 2019 from Part XI,	· · · · · · · · · · · · · · · · · · ·	·		
line 7				357,908.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			90,175.	
b Total for prior years;				
,, ,, ,, ,, , , 2010		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
c From 2016				
d From 2017				
e From 2018			· · · · · · · · · · · · · · · · · · ·	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ▶ \$ 458,145.			00 455	
a Applied to 2018, but not more than line 2a			90,175.	
<b>b</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 2019 distributable amount				<u>357,908.</u>
e Remaining amount distributed out of corpus	10,062.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,062.			
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 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	10,062.			
10 Analysis of line 9.				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019 10,062.			1	- 000 DE (00.40)

	AND DANIEL	M. KELLY F	AMILY	00.40	0000
Form 990-PF (2019) FOUNDAT  Part XIV Private Operating F		tructions and Part VIII	A guestion Q		26362 Page 1
— <del>————————————————————————————————————</del>			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for		-		14040()(0)	-
b Check box to indicate whether the found		toundation described i		4942(j)(3) or49	(42( <sub>J</sub> )(5)
2 a Enter the lesser of the adjusted net	Tax year	/FX 2010	Prior 3 years (c) 2017	1 (4) 20/6	(a) Tatal
income from Part I or the minimum	(a) 2019	(b) 2018	(6) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a				<u> </u>	
<ul> <li>Qualifying distributions from Part XII,</li> </ul>					
line 4, for each year listed					
d Amounts included in line 2c not			/		
used directly for active conduct of	ľ				1
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:  a "Assets" alternative test - enter;					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:		· · · · · · · · · · · · · · · · · · ·	·		· · · · · · · · · · · · · · · · · · ·
(1) Total support other than gross					
investment income (interest,	ļ				
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties) (2) Support from general public					
and 5 or more exempt					
orgapizations as provided in					
section 4942(j)(3)(B)(iii)				<del></del>	
(3) Largest amount of support from					
an exempt organization				<del> </del>	
(4) Gross investment income	rmation (Complet	e this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	-	nan 2% of the total conti	ributions received by the	foundation before the close	se of any tax
year (but only if they have contributed m			······································		,
SEE STATEMENT 9					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here <b>X</b> if the foundation of the foundation makes gifts, grants, etc.,					ests for funds. If
a The name, address, and telephone number	<del></del>		<del></del>		
<b>b</b> The form in which applications should b	e submitted and information	on and materials they sh	ould include:		
c Any submission deadlines:	·			<del></del>	
d Any restrictions or limitations on awards	s, such as by geographical	areas, charitable fields,	kınds of institutions, or	other factors:	

Form 990-PF (2019) FOUNDATION
Part XV Supplementary Information

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Part XV Supplementary Information	on (continued)			
		Payment		• • •
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	Show any relation manager or substantial contributor    None			
a Paid during the year				
826LA	NONE	₽C	GENERAL OPERATIONS	
685 VENICE BLVD				
VENICE, CA 90291				1,000,
AMERICAN INDIAN COLLEGE FUND	NONE	₽C	GENERAL OPERATIONS	
833 GREENWOOD BLVD				
DENVER, CO 80221				500
ASSUMPTION ABBEY	NONE	₽C	GENERAL OPERATIONS	
PO BOX A				3 500
RICHARDTON ND 58652				3,500
DES MOINES ART CENTER	NONE	PC	GENERAL OPERATIONS	
4700 GRAND AVENUE				17,000
DES MOINES, IA 50312				17,000
DES MOINES COMMUNITY FOUNDATION	NONE	PC	GENERAL OPERATIONS	
1915 GRAND AVENUE DES MOINES IA 50309				250
	ONTINUATION SHE	ET(S)	<b>▶</b> 3a	457 230
b Approved for future payment				
17017F				
NONE				
	_			
Total			<b>▶</b> 3b	0
			Fo	rm <b>990-PF</b> (2019

20-1826362

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient DES MOINES COMMUNITY PLAYHOUSE NONE PС GENERAL OPERATIONS 831 42ND ST 1,000. DES MOINES, IA 50312 DES MOINES METRO OPERA NONE PC GENERAL OPERATIONS 106 WEST BOSTON AVENUE 17,600, INDIANOLA, IA 50125 Gov GENERAL OPERATIONS DES MOINES PARKS AND RECREATION NONE 1551 EAST MARTIN LUTHER KING JR. PKWY 330,000. DES MOINES, IA 50317 GENERAL OPERATIONS DES MOINES PUBLIC LIBRARY NONE ÞС 1000 GRAND AVE 6,830, DES MOINES, IA 50309 GENERAL OPERATIONS DOWLING CATHOLIC HIGH SCHOOL NONE ÞС 1400 BUFFALO RD 2,500, WEST DES MOINES, IA 50265 ÞС GENERAL OPERATIONS DRAKE UNIVERSITY NONE 2507 UNIVERSITY AVENUE 3,500, DES MOINES, IA 50311 DRAKE UNIVERSITY WOMENS CREW NONE PC GENERAL OPERATIONS 2507 UNIVERSITY AVE 1,000. DES MOINES, IA 50309 PC GENERAL OPERATIONS NONE HABITAT FOR HUMANITY PO BOX 716 500. DES MOINES, IA 50303 HOLY CROSS ANNUAL FUND NONE PC GENERAL OPERATIONS 4123 WOODLAND DR 1,000. NEW ORLEANS, LA 70131 NONE PC GENERAL OPERATIONS HOLY FAMILY SCHOOL PO BOX 8437 6,000. DES MOINES IA 50301 434,980, Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient ÞС GENERAL OPERATIONS NONE INNER VISIONS HEALTHCARE 1355 50TH ST 500. WEST DES MOINES, IA 50266 IOWA PUBLIC RADIO NONE ÞС GENERAL OPERATIONS 2111 GRAND AVE, SUITE 100 1,000. DES MOINES, IA 50312 GENERAL OPERATIONS NONE ÞС IOWA PUBLIC TV 1021 COMMUNICATIONS BUILDING 5,000. AMES, IA 50011 NONE PC GENERAL OPERATIONS TRIS 600 5TH ST, SUITE 301 2,000. AMES IA 50010 JOPPA NONE PC GENERAL OPERATIONS 118 SE 4TH ST #120 1,000. DES MOINES IA 50309 NONE ÞС GENERAL OPERATIONS KFMG PO BOX 41143 500. DES MOINES IA 50311 NONE ÞС GENERAL OPERATIONS MONTANA HISTORICAL SOCIETY 225 NORTH ROBERTS 800. HELENA, MT 59620 GENERAL OPERATIONS NONE ÞС PORTSMOUTH ABBEY ONE COLLEGE ST 4,000. WORCESTER, MA 01610 NONE ÞС GENERAL OPERATIONS ROOSEVELT FOUNDATION 4419 CENTER ST 1,000. DES MOINES IA 50312 SAINT AUGUSTIN NONE ÞC GENERAL OPERATIONS 545 42ND STREET 4,400. DES MOINES IA 50312 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient SALISBURY HOUSE NONE PC GENERAL OPERATIONS 4025 TONAWANDA DR DES MOINES, IA 50312 500. ST THOMAS NONE PC GENERAL OPERATIONS 2115 SUMMIT AVENUE ST\_PAUL\_ MN 55105 4,000. STRATFORD HALL ÞС GENERAL OPERATIONS NONE 483 GREAT HOUSE ROAD STRATFORD VA 22558 250. THE COLLEGE OF ST. CATHERINE NONE PC GENERAL OPERATIONS 2004 RANDOLPH AVENUE ST PAUL, MN 55105-1789 2,500. NONE TWIN CITIES CATHOLIC CHORALE ЬC GENERAL OPERATIONS PO BOX 4234 SAINT PAUL, MN 55104 5.000. UNITED WAY OF CENTRAL IOWA NONE ÞС GENERAL OPERATIONS 1111 NINTH STREET, SUITE 100 DES MOINES, IA 50314 15,000. MERCY ONE CANCER CENTER NONE PC GENERAL OPERATIONS 411 LAUREL STREET, SUITE 2250 DES MOINES, IA 50314 1,000. SARGE'S WESTSIDE BOXING CLUB INC NONE PC GENERAL OPERATIONS 2911 47TH STREET DES MOINES IA 50310 500. VIDIOTS FOUNDATION NONE ₽C GENERAL OPERATIONS 4884 EAGLE ROCK BLVD LOS ANGELES, CA 90041 3,500. NONE ÞС GENERAL OPERATIONS BY DEGREES FOUNDATION 2507 UNIVERSITY AVE DES MOINES, IA 50311 500. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient IOWA LEGAL AID NONE ₽C GENERAL OPERATIONS 1111 NINTH STREET, SUITE 230 DES MOINES, IA 50314 1,000. MENTOR IOWA NONE ₽C GENERAL OPERATIONS 3900 INGERSOLL AVE SUITE 102 DES MOINES, IA 50312 100. THE BRIGHT FOUNDATION GENERAL OPERATIONS NONE PC 2961 100TH ST STE 2 URBANDALE, IA 50322-5505 10,000. CUSTER COUNTY DISTRICT HIGH SCHOOL NONE Gov GENERAL OPERATIONS 20 S CENTER AVE MILES CITY, MT 59031 1,000. Total from continuation sheets

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Part XVI-A	Analysis of Income-Producing Activities
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Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ided by section \$12, 513, or 514	(e)		
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
-			10000		·····		
å			├				
b	<u> </u>	·	├	<u> </u>			
C							
d			<u> </u>				
e					<del></del>		
f			<u> </u>				
g Fees and contracts from government agencies			l				
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments	ļ		ļ				
4 Dividends and interest from securities			14	278,817.	<u></u>		
5 Net rental income or (loss) from real estate:				270,017	<u> </u>		
	<u> </u>	· ···	<del>                                     </del>		·		
a Debt-financed property							
b Not debt-financed property		<u> </u>		<del>                                     </del>			
6 Net rental income or (loss) from personal							
property		<del></del> . <del> </del>					
7 Other investment income					<u></u>		
8 Gain or (loss) from sales of assets other			ł	}			
than inventory			18	278,283.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a							
b							
		<del></del>					
d		<u></u>	$\vdash$	<u> </u>			
40 Cultural Add call (b) (d) ((c)		0.		F F 7 100			
12 Subtotal. Add columns (b), (d), and (e)		<u> </u>	L	557,100.	0.		
13 Total Add line 12, columns (b), (d), and (e)				13	<u>557,100.</u>		
(See worksheet in line 13 instructions to verify calculations.)	<del></del>	<del></del>		<del> </del>			
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes			
Line No Explain below how each activity for which incom			contrit	outed importantly to the accom	plishment of		
the foundation's exempt purposes (other than b	y providing fu	nds for such purposes).					
_							
	<u> </u>						
				· <del></del>			
		<del></del>					
<del></del>							
		<del></del>					
		- <u>-</u>					
					Form 990-PF (2019)		

Form 99			ATION					1826362		ige <b>13</b>
Part	XVII į		~ ~	sfers to a	and Transactions a	nd Relations	hips With Nor	ncharitable	•	
		Exempt Organ							120	
					ng with any other organizati		tion 501(c)		Yes	No
•		, ,, ,	•		ig to political organizations?					
		from the reporting found	ation to a noncharita	able exempt or	rganization of:			40/43		v
٠,	Cash Other	accate						1a(1) 1a(2)		X X
		assets sactions:						14(2)		
		of assets to a noncharita	ible exempt organiza	ation				1b(1)		X
, ,		ases of assets from a no						1b(2)		X
		l of facilities, equipment,		ŭ				1b(3)		X
(4)	Reimt	oursement arrangements	•					1b(4)		X
(5)	Loans	or loan guarantees						1b(5)		<u> </u>
(6)	Perfo	mance of services or me	embership or fundra	ising solicitatio	ons			1b(6)		_X_
		facilities, equipment, ma	-		· ·			_1c		<u> </u>
					edule. Column (b) should al				ets,	
					red less than fair market valu	ie in any transaction	n or sharing arrange	ment, show in		
(a) Line n		the value of the goods, (b) Amount involved			e exempt organization	(d) Description	n of transfers, transaction	and charge are		
(4) (11101)	+	(b) ranount involved	(e) Harrie o	N/A	o exempt or gamzation	(d) Description	TO Transiers, transaction	ons, and snamy an	angeme	1115
	1	·		14/21						
		·-·········	-				<del></del>	-		
	İ								•	
									. =	
	_	<u>-</u>	<del> </del>							
	_									
						<del></del>	<del></del>	<del></del>		
						<del> </del>				
		<del></del>			<u> </u>	<del></del>				
					<u> </u>		<del></del>	· <del></del>		
					··	-				
2a Ist	he foun	dation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described			•	
		501(c) (other than sectio	•	-				Yes	X	] No
b   f "\	es," co	mplete the following sch	edule.		·					
		(a) Name of org	anization		(b) Type of organization		(c) Description of re	elationship		
		N/A								
					ļ <del></del>	<del> </del>		<del></del>		
		<u>-</u>								
			<del></del>		<u> </u>	<del> </del>	<del></del>			
	Under	penalties of perjury, I declare	that I have examined th	ıs return, ıncludır	ng accompanying schedules and	statements, and to the	best of my knowledge			
Sign					in taxpayer) is based on all inform			return with the	e prepare	er
Here			19. Kg		13/12/2020	DIRECT	ror	shown below? X Yes		] No
	Sign	ature of officer or trustee		1	Date	Title				
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if	PTIN		
<b>D</b>							self- employed			
Paid		JAY ANDERS			<u>IDERSON</u>	03/09/20	<del></del>	P00223		
Prepa Use (		Firm's name ► EID	E BAILLY	LLP			Firm's EIN ▶ 4	5-02509	58	
J26 (	וווי y						1			

Form **990-PF** (2019)

Phone no. 515-244-0266

Firm's address ▶ 666 WALNUT ST., STE. 1900

DES MOINES, IA 50309-3912

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2019

Name of the organization

MARY K. AND DANIEL M. KELLY FAMILY

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

FOUNDATION

Employer identification number

20-1826362

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Organiz	ation type (check o	ne)	
Filers of	<b>':</b>	Section:	
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	0-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See	instructions
General	Rule		
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 one contributor. Complete Parts I and II. See instructions for determining a contributor's total of	
Special	Rules		
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) line 1 Complete Parts I and II	and that received from
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational lity to children or animals. Complete Parts I, II, and III	
	year, contributions is checked, enter hipurpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than here the total contributions that were received during the year for an exclusively religious, charitation and the parts unless the General Rule applies to this organization because it received e, etc., contributions totaling \$5,000 or more during the year	n \$1,000 If this box able, etc ,
but it mu	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990 Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	·

Name of organization

Employer identification number

(d)

MARY K. AND DANIEL M. KELLY FAMILY FOUNDATION

20-1826362

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

1	DANIEL M KELLY 2004 TRUST		Person X
	3900 INGERSOLL AVE, SUITE 300	\$ 224,983.	Payroll Noncash
	DES MOINES, IA 50312	_	(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARY K & DANIEL M KELLY  3900 INGERSOLL AVE, SUITE 300  DES MOINES, IA 50312	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARY K & DANIEL M KELLY  3900 INGERSOLL AVE, SUITE 300  DES MOINES, IA 50312	\$6,233.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	D.M. KELLY & COMPANY  3900 INGERSOLL AVE, SUITE 300  DES MOINES, IA 50312	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ESTATE OF PATRICK J KELLY  3900 INGERSOLL AVE, SUITE 300  DES MOINES, IA 50312	\$579,939.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ESTATE OF PATRICK J KELLY  3900 INGERSOLL AVE, SUITE 300  DES MOINES, IA 50312	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization MARY K. AND DANIEL M. KELLY FAMILY Employer identification number

20	<u>)-1826362</u>
if additional space is needed.	
(c) FMV (or estimate) (See instructions)	(d) Date received
_	
_   \$ 118,369.	12/09/19
(c) FMV (or estimate) (See instructions.)	(d) Date received
_	
6,233.	12/09/19
(c) FMV (or estimate) (See instructions)	(d) Date received
579,939.	12/05/19
(c) FMV (or estimate) (See instructions)	(d) Date received
_	
(c) FMV (or estimate) (See instructions)	(d) Date received
_ _ _	
_   \$	
(c) FMV (or estimate) (See instructions)	(d) Date received
_	
-   \$	
	(c) FMV (or estimate) (See instructions)  \$ 118,369.  (c) FMV (or estimate) (See instructions.)  \$ 6,233.  (c) FMV (or estimate) (See instructions)  \$ 579,939.  (c) FMV (or estimate) (See instructions)  \$ (c) FMV (or estimate) (See instructions)  \$ (c) FMV (or estimate) (See instructions)  \$ (c) FMV (or estimate) (See instructions)

Name of organization

Employer identification number

## MARY K. AND DANIEL M. KELLY FAMILY

FOUNDATION
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FOUNDA Part III	Exclusively religious, charitable, etc., contribution any one contributor. Complete columns (a	through (e) and the following line e	20-1826362 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ontry. For organizations			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 of space is needed.	r less for the year (Enter this info once) > \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gi	ft  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, a	nd 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 gift					
	Transferee's name, address, a	nd 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			
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee			

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECUR	ITIES ST	'ATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
VARIOUS	278,817	. (	278,817.	278,817.		
TO PART I, LINE 4	278,817	•	278,817.	278,817.		
FORM 990-PF		ACCOUNTI	NG FEES	ST	'ATEMENT 2	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAX RETURN PREPARAT	ION	1,830.	915.		915.	
TO FORM 990-PF, PG	1, LN 16B	1,830.	915.		915.	
FORM 990-PF		TAX	ES	ST	ATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL ESTIMATE FOREIGN TAX PAID	_	6,712. 1,044.	0.		0.	
TO FORM 990-PF, PG	1, LN 18 =	7,756.	1,044.		0.	
FORM 990-PF		OTHER EXPENSES		STATEMENT 4		
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVISORY FEES	-	15,914.	15,914.		0.	
TO FORM 990-PF, PG	1, LN 23	15,914.	15,914.		0.	

FORM 990-PF OTHER INCREASES IN NET ASSETS OR I	FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
AMENDED RETURN FILED FOR 2017 TO CHANGE STOCK BEREFUND OF CONTRIBUTION CHECK	ASIS	115,631. 250.	
TOTAL TO FORM 990-PF, PART III, LINE 3		115,88	81.
FORM 990-PF OTHER DECREASES IN NET ASSETS OR	FUND BALANCES	STATEMENT	6
DESCRIPTION		AMOUNT	
UNREALIZED APPRECIATION ON DONATED STOCK		62,5	76.
TOTAL TO FORM 990-PF, PART III, LINE 5		62,5	76.
FORM 990-PF CORPORATE STOCK		STATEMENT	7
DESCRIPTION	BOOK VALUE	FAIR MARKE	r
CORPORATE STOCKS & PREFERREDS	7,394,363.	7,894,5	17.
TOTAL TO FORM 990-PF, PART II, LINE 10B	7,394,363.	7,894,5	17.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 8
PART VII-A, LINE 10

NAME OF CONTRIBUTOR
ESTATE OF PATRICK J KELLY
3900 INGERSOLL AVE, SUITE 300
DES MOINES, IA 50312

FORM 990-PF PART XV - LINE 1A STATEMENT 9
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

MARY K KELLY DANIEL M KELLY