## Form **990-PF**

EXTENDED TO NOVEMBER 15, 2019
Return of Private Foundation

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

2018

Department of the Treasury Internal Revenue Service 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.

For	calen	ıdar year 2018 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identification	number
		KJELLSTROM FAMILY FOUND	20-6368876			
		nd street (or P.O. box number if mail is not delivered to street a	Room/suite	B Telephone number		
		5 WEAVER ROAD		200	815-637-95	
		own, state or province, country, and ZIP or foreign p <b>KFORD</b> , <b>IL</b> 61114	ostal code		C If exemption application is p	ending, check here
G	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	<b>D</b> 1. Foreign organizations	s, check here
		Final return	Amended return		2 Fausian augustinations ma	esting the OFO/ took
		Address change	Name change		2. Foreign organizations me check here and attach co	emputation
H C	_	type of organization: $X$ Section 501(c)(3) ex			E If private foundation sta	tus was terminated
			Other taxable private founda		under section 507(b)(1)	(A), check here
		·	ng method: X Cash	Accrual	<b>F</b> If the foundation is in a	
	om F •\$	Part II, col. (c), line 16)	ther (specify)	. 1	under section 507(b)(1)	(B), check here▶∟
	rt I				( ) Additional and	(d) Disbursements
1 6		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	( <b>b)</b> Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X if the foundation is not required to attach Sch. B Interest on savings and temporary				
	3	cash investments	201 202	201 202		CM3 MENERAL 1
	4	Dividends and interest from securities	201,382.	201,382.		STATEMENT 1
		Gross rents				
	l .	Net rental income or (loss)	340,442.			
ne	oa h	Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a 6 , 211 , 063 .	310/1121			
Revenue	7	Capital gain net income (from Part IV, line 2)		340,442.		
Be	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	10a	Gross sales less returns and allowances				
		Less: Cost of goods sold				
	С	Gross profit or (loss)	01.6	016		G = 1 = 1 = 1 = 0
	11	Other income	216. 542,040.	216.		STATEMENT 2
	12	Total. Add lines 1 through 11	6,000.	542,040. 0.		0.
	13 14	Compensation of officers, directors, trustees, etc.  Other employee salaries and wages	6,000.	0.		0.
		Pension plans, employee benefits				
S	160	Legal fees				
) Suc	b	Legal fees Accounting fees STMT 3	15,453.	0.		0.
ă	С	Other professional fees STMT 4	87,360.	87,360.		0.
Administrative Expense	17					
rati	18	Interest STMT 5	101,678.	5,559.		0.
nist	19	Depreciation and depletion				
<u>=</u>	20	Occupancy				
		Travel, conferences, and meetings				
and	22 23	Printing and publications Other expenses STMT 6	931.	0.		0.
ting	23	Total operating and administrative	931.	0.		0.
Operating	-4	expenses. Add lines 13 through 23	211,422.	92,919.		0.
Ö	25	Contributions, gifts, grants paid	794,930.	- ,		794,930.
	l .	Total expenses and disbursements.				
		Add lines 24 and 25	1,006,352.	92,919.		794,930.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	<464,312.>	, , , , , , , , ,		
		Net investment income (if negative, enter -0-)		449,121.	27./-	
	C	Adjusted net income (if negative, enter -0-)			N/A	

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	r year (c) Fair Market Value
_	1	Cash - non-interest-bearing	(a) Dook value	(b) Book value	(b) I all Warket Value
		Savings and temporary cash investments	4,331,287.	480,001.	480,001.
		Accounts receivable	1,331,207	400,001.	400,001.
	٥	Less: allowance for doubtful accounts			
	,	Pledges receivable			
	4	·			
	_ ا	Less: allowance for doubtful accounts			
		Grants receivable			
	ь	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	′	Other notes and loans receivable			
	_	Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
1		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans	C 000 200	0 265 110	0 100 011
		Investments - other STMT 7	6,080,208.	9,365,112.	9,108,911.
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
		Other assets (describe )			
	16	Total assets (to be completed by all filers - see the	10 411 405	0 045 113	0 500 010
		instructions. Also, see page 1, item I)	10,411,495.	9,845,113.	9,588,912.
		Accounts payable and accrued expenses			
		Grants payable			
es	19	Deferred revenue			
Liabilitie	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
		Tatal liabilities (add lines 47 through 00)	0.	0.	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26, and lines 30 and 31. Unrestricted			
ဥ					
Balance	25	Temporarily restricted			
a B	26	Permanently restricted			
Fund					
P	07	and complete lines 27 through 31.	2,920,250.	2,920,250.	
şţ	27 28	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Assets			7,491,245.	6,924,863.	
	29	Retained earnings, accumulated income, endowment, or other funds	10,411,495.	9,845,113.	
Net	30	Total net assets or fund balances	10,411,400.	J,04J,11J•	
	31	Total liabilities and net assets/fund balances	10,411,495.	9,845,113.	
_				J,043,113•	
Р	<u>art</u>	Analysis of Changes in Net Assets or Fund Ba	liances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		t agree with end-of-year figure reported on prior year's return)		1	10,411,495.
		amount from Part I, line 27a		_	10,411,495. <464,312.>
		r increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3			9,947,183.
5	Decr	eases not included in line 2 (itemize) $ ightharpoons$ BASIS ADJUSTMEN	NTS	5	102,070.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	9,845,113.
					Form <b>990-PF</b> (2018)

I	Part IV Capital Gains and	Losses for Tax on In	vestment	Income	SE	E ATTAC	HED	STATEME	ENTS	
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			( <b>b)</b> I	How acquired - Purchase - Donation		Date acquired o., day, yr.)	(d) Date sold (mo., day, yr.)			
1a										
_	b				_					
	C				-					
	<u>d</u>				<del>                                     </del>					
_		(f) Depreciation allowed	(a) Coo	st or other basis	<u> </u>			h) Gain or (loss)		
	(e) Gross sales price	(or allowable)		expense of sale				plus (f) minus (		
_;	a									
_	b									
_	с									
_	d			F 000 60	. 1				240 440	
_	e 6,211,063.	o in column (h) and owned by t		5,870,62	1 •		<i></i>	(0.1.(1.)	340,442.	
-	Complete only for assets showing gair	* * * * * * * * * * * * * * * * * * * *				(		ns (Col. (h) gain but not less thar		
_	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	over	cess of col. (i) col. (j), if any				sses (from col. (		
	a									
_										
	cd									
	e l								340,442.	
	•	☐ If gain, also enter	in Part I. line	7	٦					
2	Capital gain net income or (net capital le	$ \begin{cases}     \text{If gain, also enter} \\     \text{If (loss), enter -0} \end{cases} $	in Part I, line	7	. ]	2			340,442.	
3	Net short-term capital gain or (loss) as	defined in sections 1222(5) an	d (6):							
	If gain, also enter in Part I, line 8, colun	ın (c).			<b>\</b>			37 / 3		
П	If (loss), enter -0- in Part I, line 8  Part V Qualification Under	r Section 4940(e) for	Reduced	Tay on Net	J Inve	3   stment in	come	N/A		
	or optional use by domestic private found						001110	<u> </u>		
(I	or optional use by domestic private round	adilons subject to the section 4	1940(a) lax on	net mvestment m	COIIIE.	.)				
lf	section 4940(d)(2) applies, leave this par	t blank.								
W	as the foundation liable for the section 49	942 tax on the distributable am	ount of any ye	ar in the base per	iod?				Yes X No	
lf	"Yes," the foundation doesn't qualify und									
1	Enter the appropriate amount in each c	olumn for each year; see the in	structions bef	ore making any e	ntries.				(4)	
	Base period years	(b) Adjusted qualifying dis	trihutione	Net value of no	(C)		ate	Distrib	(d) ution ratio	
_	Calendar year (or tax year beginning in)	, , , ,	4,800.	Not value of the	3,674,493.			(col. (b) divided by col. (c))  • 05301		
-	2017 2016		0,000.			,074,4 <u>9</u> ,930,06			.040955	
_	2015		4,890.			,996,44			.055029	
_	2014		7,819.			,673,71			.059026	
	2013		1,370.			,717,11			.085153	
2	Total of line 1, column (d)							2	.293177	
3	Average distribution ratio for the 5-year	•	-						050625	
	the foundation has been in existence if	ess than 5 years					····	3	.058635	
4	Enter the net value of noncharitable-use	assets for 2018 from Part X, I	ine 5				L	4 1	0,420,735.	
5	Multiply line 4 by line 3							5	611,020.	
6	Enter 1% of net investment income (1%	of Part I, line 27b)					····	6	4,491.	
7	Add lines 5 and 6							7	615,511.	
8	Enter qualifying distributions from Part	XII, line 4					L	8	794,930.	
	If line 8 is equal to or greater than line 7. See the Part VI instructions.	7, check the box in Part VI, line	1b, and comp	olete that part usin	ng a 19	% tax rate.				

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%		4,4	<u>91.</u>	
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	
3	Add lines 1 and 2		4,4	<u>91.</u>	
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-		4,4	91.	
6	Credits/Payments:				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 48,760.				
	Exempt foreign organizations - tax withheld at source 6b 0.				
	Tax paid with application for extension of time to file (Form 8868)  6c 0.				
	Backup withholding erroneously withheld 6d 0.				
7	Total credits and payments. Add lines 6a through 6d	4	8,7	60.	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	4	4,2	69.	
	Enter the amount of line 10 to be: Credited to 2019 estimated tax			0.	
	rt VII-A Statements Regarding Activities				
	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	
14	any political campaign?	1a		X	
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X	
Ü	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or	10			
	distributed by the foundation in connection with the activities.				
•		1c		Х	
	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tay on political expenditures (costion 4055) imposed during the year.	10		21	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •					
_					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
•	managers. > \$0.			Х	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2			
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			37	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a			
_ b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		37	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?	6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	_ <u>IL</u>				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		X		
of each state as required by General Instruction G? If "No," attach explanation					
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar					
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X	

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	(continued)		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		103	140
"	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?	··   ''-		<del></del>
12		12		x
13	If "Yes," attach statement. See instructions  Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	10		
14	The books are in care of ▶ DAN G. LOESCHER  Telephone no. ▶ 815-	637-9	584	
	Located at ▶ 6845 WEAVER ROAD, SUITE 200, ROCKFORD, IL ZIP+4 ▶	61114		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041 -</b> check here		<b></b>	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year <b>\[ \bullet \]</b>		/A	
16			Yes	No
	securities, or other financial account in a foreign country?	. 16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	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.		Yes	No
18	a 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? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	,		
	(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)? $igsquare$ Yes $f X$ No	,		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	,		
l	b If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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 $N/A$	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	J		
(	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 2018?	<u>1c</u>		X
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)):			
í	a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018? Yes X No	'		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
ı	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	01		
	statement - see instructions.)  N/A	. 2b		
(	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
9.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
36				
	during the year?	'   I		
	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 Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2018.)  N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		х

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)	124	
<b>5a</b> During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	• •				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,					
the prevention of cruelty to children or animals?			es X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und					
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b	
Organizations relying on a current notice regarding disaster assistance, check h			▶□		
${f c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	Ŋ	I/A Y€	es L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to p					
a personal benefit contract?		Y6	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A L	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or				
excess parachute payment(s) during the year?		🔲 Ye	es X No		
excess parachute payment(s) during the year?  Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and the		(-) O	(d) 0tit	l ,,,	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense t. other
	to position	`enter -0-)	compensation	allowa	
	TRUSTEE				
946 N 2ND STREET					
ROCKFORD, IL 61107	0.50	2,000.	0.		0.
	TRUSTEE				
612 N MAIN ST #300			_		
ROCKFORD, IL 61103	0.50	2,000.	0.		0.
	TRUSTEE				
6845 WEAVER RD, SUITE 200					
ROCKFORD, IL 61114	0.50	2,000.	0.		0.
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(d) 00 antiil antiin anti	1 () 5	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense t. other
	devoted to position	(C) componential	compensation	allowa	
NONE					
	1				
Total number of other employees paid over \$50,000					0

3 Five highest-paid independent contractors for professional services. If none, enter "NONE	"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(-)	(-7
110112		
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 statistical infornumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
SEE PART XV - LINE 3A		
, <u></u>		
		0.
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	d 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
<b>-</b>		
-		
Total. Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must com	plete this part. Foreign found	dations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., pur	rposes:		
а	Average monthly fair market value of securities		1a	9,359,798.
b	Average of monthly cash balances		1b	1,219,628.
C	Fair market value of all other assets		1c	
	Total (add lines 1a, b, and c)		1d	10,579,426.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	10,579,426.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instru	ıctions)	4	158,691.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	ne 4	5	10,420,735.
6	Minimum investment return. Enter 5% of line 5		6	521,037.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) productions	rivate operating foundations and	d certain	
_	foreign organizations, check here 🕨 🔲 and do not complete this part.)			E01 02E
1	Minimum investment return from Part X, line 6		1	521,037.
2a	Tax on investment income for 2018 from Part VI, line 5	4,491.		
	Income tax for 2018. (This does not include the tax from Part VI.)			4 401
	Add lines 2a and 2b		2c	4,491. 516,546.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	516,546.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	516,546.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	516,546.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	794,930.
b			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., pt		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XII		4	794,930.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b		5	4,491.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	4,491. 790,439.
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calcul 4940(e) reduction of tax in those years.		ialifies for	the section

Form **990-PF** (2018)

## Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2017	(c) 2017	( <b>d)</b> 2018
1 Distributable amount for 2018 from Part XI, line 7				516,546.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.	
<b>b</b> Total for prior years:		_		
Excess distributions carryover, if any, to 2018:		0.		
<b>a</b> From 2013				
<b>b</b> From 2014				
<b>c</b> From 2015				
d From 2016				
e From 2017 59,327.	FO 207			
f Total of lines 3a through e	59,327.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ►\$ 794,930.			0	
<b>a</b> Applied to 2017, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0.			516,546.
d Applied to 2018 distributable amount	278,384.			310,340.
e Remaining amount distributed out of corpus	270,304.			0.
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)  6 Enter the net total of each column as				
indicated below:	337,711.			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	331,111.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'		0.		
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 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				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 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	337,711.			
10 Analysis of line 9:				
a Excess from 2014				
<b>b</b> Excess from 2015				
c Excess from 2016				
d Excess from 2017 59,327.				
e Excess from 2018 278,384.				

Form **990-PF** (2018)

Part XIV   Private Operating Fo	oundations (see ins	tructions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that i	t is a private operating			
foundation, and the ruling is effective fo	r 2018, enter the date of th	e ruling			
<b>b</b> Check box to indicate whether the found	lation is a private operating	foundation described in	n section	4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Complet	e this part only it	l f the foundation l	│ had \$5,000 or mor	e in assets
at any time during the			i ino roundation i	παα φο,σσο σι πισι	0 111 400010
		<u> </u>			
<ul><li>Information Regarding Foundatio</li><li>a List any managers of the foundation who</li></ul>	-	on 20/ of the total centr	ibutions received by the	foundation before the class	o of any tay
year (but only if they have contributed n			ibutions received by the	iounuation before the clos	or any tax
DAN LOESCHER	. , , ,	( / ( / /			
<b>b</b> List any managers of the foundation who	o own 10% or more of the	etack of a corporation (	or an equally large portio	n of the ownership of a na	rtnerchin or
other entity) of which the foundation has			or air equally large portio	ii oi tile owliersilip of a pa	ruicisiiip oi
NONE	•				
2 Information Regarding Contributi	on Grant Gift Loan S	Scholarshin etc. Pro	narame:		
	nly makes contributions to	• • • •	-	ot accent unsolicited reque	ete for funde If
the foundation makes gifts, grants, etc.,					3313 101 101103. 11
<b>a</b> The name, address, and telephone numl					
a The hame, address, and telephone ham	or or cirian address or the	person to whom applied	ations should be address	ou.	
SEE STATEMENT 8					
<b>b</b> The form in which applications should be	e submitted and information	on and materials they sh	only include.		
The form in winon applications should be	o oubmittou unu imornialit	on and materials tiley SII	oura moiduo,		
c Any submission deadlines:					
Truly Submission doddings.					
d Any restrictions or limitations on awards	s such as hy neographical	areas charitable fields	kinds of institutions or o	other factors	

Form **990-PF** (2018) 823601 12-11-18

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year BURPEE MUSEUM NONE PUBLIC SOCIAL WELFARE 737 N. MAIN STREET ROCKFORD, IL 61103 31,640. C.A.S.A. NONE PUBLIC SOCIAL WELFARE 211 S. COURT STREET ROCKFORD, IL 61101 10,000. DISCOVERY CENTER NONE PUBLIC SOCIAL WELFARE 711 N. MAIN STREET ROCKFORD, IL 61103 13,400. FRIENDS OF THE CORONADO NONE PUBLIC ARTS 314 N MAIN STREET ROCKFORD, IL 61101 10,000. PUBLIC GOLDIE FLOBERG CENTER NONE SOCIAL WELFARE 58 W. ROCKTON ROAD ROCKTON, IL 61072 38,333. SEE CONTINUATION SHEET(S) **≥** 3a 794,930. Total **b** Approved for future payment NONE Total

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ed by section 512, 513, or 514	(e)
1 Program service revenue:	( <b>a</b> ) Business code	<b>(b)</b> Amount	Exclu- sion code	( <b>d)</b> Amount	Related or exempt function income
-	Couc		10000		
a					
c					
<u> </u>					
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	201,382.	
<ul><li>5 Net rental income or (loss) from real estate:</li><li>a Debt-financed property</li></ul>					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	216.	
8 Gain or (loss) from sales of assets other than inventory			18	340,442.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0	•	542,040.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	542,040
(See worksheet in line 13 instructions to verify calculations.)					

#### Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	N/A

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### 8) THE KJELLSTROM FAMILY FOUNDATION 20-6368876 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

1	Did the o	rganization directly or indir	ectly engage in any o	of the followin	g with any other organizati	on described in sec	tion 501(c)		Yes	No
					g to political organizations?					
а	•	from the reporting founda		-	· · ·					
								1a(1)		Х
								1a(2)		X
b		nsactions:								
	(1) Sales	s of assets to a noncharital	ole exempt organizat	ion				1b(1)		X
								1b(2)		X
								1b(3)		X
								1b(4)		X
	<b>(5)</b> Loan	ns or loan guarantees						1b(5)		X
		ormance of services or mei						1b(6)		X
C	Sharing o	of facilities, equipment, mai	iling lists, other asse	ts, or paid em	ployees			1c		_X_
d				-	dule. Column (b) should a	-			ets,	
					ed less than fair market val	ue in any transaction	n or sharing arrangement, s	show in		
		d) the value of the goods, of	· · · · · · · · · · · · · · · · · · ·							
a)∟	ine no.	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	n of transfers, transactions, and	sharing arra	angemen	ts
				N/A						
2a	Is the fou	undation directly or indirect	lv affiliated with, or r	elated to, one	or more tax-exempt organ	izations described				
		•	-		p. 0. ga			Yes	X	No
b		complete the following sche		••						_
	,	(a) Name of org			(b) Type of organization		(c) Description of relation	ship		
		N/A								
٠.	a mad la				accompanying schedules and s taxpayer) is based on all informa		M	ay the IRS o	liscuss t	his
Sig	gn   🔪		protei Bootai attori or proj	out of (our or unum	I	Name of Million propagation	- 10	turn with the nown below?		
пе	re							X Yes		No
	Sig	nature of officer or trustee			Date	Title	Ohaali Carri			
		Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if PTIN			
Pa	id	DAM G. TOTA	COLLED				self- employed	0000	F C 0	
	eparer	DAN G. LOES			MEG 1MD			0096		
	eparer se Only	Firm's name ► LOE	SCHER & A	SSOCTA,	TES, LTD.		Firm's EIN ► 36-4	0380	Ub	
<u> </u>	Oiny	Firm's address ▶ 68	15 WEXTED	מגסם	מוודשם פוודשם					
		1					Phone no. 815-6	37_0	581	
	ROCKFORD, IL 61114						Phone no. 815-6	J 1 - 3	<del>504</del>	

		d describe the kind(s) of property sol rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a	GINNIE MAE POO	L #291108 GNMA			P		
_			TEMENT A/C 788757	92	P		
			TEMENT A/C 788757		P		
			TEMENT A/C 771288		P		
			TEMENT A/C 771288		P		
f			TEMENT A/C 771288		P		
_ <u>'</u>			TEMENT A/C 340WL1		P		
			TEMENT A/C 340WL1		P		
_ <u>''</u>			TEMENT A/C 2862W1		P		
<del>-</del>			TEMENT A/C $2862W1$		P		
			TEMENT A/C $394Y85$		P		
<u> </u>		DIVIDENDS	EMENT A/C 334103	<u> </u>			
<u></u>	CALLIAD GAIND	DIVIDENDS					
<u>m</u>							
<u>n</u>							
0		(0 D	(a) Ocal an alban basis		4.	0-1	-
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			Gain or (loss) lus (f) minus (g)	
a	4.		4.				0.
b	12,176.		12,538.				<362.>
С	19,810.		14,348.				5,462.
d	75,690.		78,531.				<2,841.>
е	252,490.		257,333.			•	<4,843.>
f	46,679.		46,679.				0.
g	2,348,860.		2,324,480.				24,380.
h	2,300,977.		1,993,568.			,	307,409.
ī	6,884.		7,704.				<820.>
i	38,156.		25,374.				12,782.
k	1,107,151.		1,110,062.				<2,911.>
ī	2,186.						2,186.
m	•						<u> </u>
n							
0							
	Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69		(I) Los	ses (from col. (h))	
		(j) Adjusted basis	(k) Excess of col. (i)		Gains (excess of col. (h) gain over col. (k),		
	(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any		but n	ot less than "-0-")	
a							0.
b							<362.>
c C							5,462.
d							<2,841.>
e e							<4,843.>
f							0.
							24,380.
g h							307,409.
<u>'''</u>						•	<820.>
<del> </del>							12,782.
<u></u>							$\frac{12,702.}{<2,911.>}$
<u>k</u>						•	2,186.
<u> </u>							2,100.
<u>m</u>							
<u>n</u>							
0					Γ		
_	Conital gain get income and a	apital loss) { If gain, also enter	in Part I, line 7 ι				240 442
2	Capital gain net income or (net ca	apıtaı 1088)	)-" in Part I, line 7 )	2			340,442.
		ss) as defined in sections 1222(5) an	d (6):				
	If gain, also enter in Part I, line 8,		<b>}</b>	_		37 / 3	
	If (loss), enter "-0-" in Part I, line	ō	ノ	3	l	N/A	

Part XV Supplementary Information

Part XV Supplementary Information	on			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient Name and address (home as business)	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)	or substantial contributor	recipient		
LITERACY COUNCIL	NONE	PUBLIC	EDUCATION	
982 N. MAIN STREET				
ROCKFORD, IL 61103				23,500.
MIDWAY VILLAGE MUSEUM	NONE	PUBLIC	SOCIAL WELFARE	
6799 GUILFORD ROAD				
ROCKFORD, IL 61107				45,000.
MIGIG ACADDING	NOVE	DUDI TO	EDVICE ET ON	
MUSIC ACADEMY 226 S. 2ND STREET	NONE	PUBLIC	EDUCATION	
ROCKFORD, IL 61104				5,260.
				,
ROCKFORD AREA LUTHERAN MINISTRIES	NONE	PUBLIC	SOCIAL WELFARE	
115 N. WYMAN STREET ROCKFORD, IL 61101				8,500.
ROCKIONS, III UIIUI				0,300.
NATURAL LAND INSTITUTE	NONE	PUBLIC	SOCIAL WELFARE	
320 S. THIRD STREET				20.000
ROCKFORD, IL 61104				29,000.
NORTHERN IL CENTER FOR NONPROFIT	NONE	PUBLIC	SOCIAL WELFARE	
EXCELLENCE				
8500 E. STATE STREET				
ROCKFORD, IL 61108				23,000.
ONE BODY COLLABORATIVE	NONE	PUBLIC	SOCIAL WELFARE	
P.O. BOX 1633				
ROCKFORD, IL 61110				20,000.
RAMP	NONE	PUBLIC	SOCIAL WELFARE	
202 MARKET STREET				
ROCKFORD, IL 61107				5,000.
ROCK HOUSE KIDS	NONE	PUBLIC	SOCIAL WELFARE	
1325 7TH STREET				
ROCKFORD, IL 61104				5,944.
SPECTRUM SCHOOL	NONE	PUBLIC	EDUCATION	
4848 TURNER STREET				
ROCKFORD, IL 61107				15,000.
Total from continuation sheets				691,557.

Part XV Supplementary Information

Part XV Supplementary Information	on			
3 Grants and Contributions Paid During the	Year (Continuation)			
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)	or substantial contributor	recipient	Contribution	
BOYS & GIRLS CLUB	NONE	PUBLIC	SOCIAL WELFARE	
1040 N. 2ND STREET	NONE	COBBIC	DOCIAL WELFARE	
ROCKFORD, IL 61107				40,000.
				, -
ANDERSON JAPANESE GARDENS	NONE	PUBLIC	SOCIAL WELFARE	
318 SPRING CREEK ROAD				5 000
ROCKFORD, IL 61107				5,000.
ANGELIC ORGANICS	NONE	PUBLIC	SOCIAL WELFARE	
110 N. 1ST STREET				
ROCKFORD, IL 61107				5,000.
CHILDREN'S HANDS ON MISSING	TOWE		GOGIAL WILLIAMS	
CHILDREN'S HANDS ON MUSEUM	NONE	PUBLIC	SOCIAL WELFARE	
1233 W. GALENA STREET FREEPORT, IL 61032				3,500.
INDICKT, IL OTOSE				3,300.
JEREMIAH DEVELOPMENT	NONE	PUBLIC	SOCIAL WELFARE	
318 N. CHURCH STREET				
ROCKFORD, IL 61103				3,000.
KANTOREI	NONE	PUBLIC	SOCIAL WELFARE	
3300 RURAL STREET				
ROCKFORD, IL 61107				15,000.
		L		
REMEDIES	NONE	PUBLIC	SOCIAL WELFARE	
220 EASTON PARKWAY ROCKFORD, IL 61108				2,800.
				2,000.
ROCKFORD PROMISE	NONE	PUBLIC	EDUCATION	
1643 N. ALPINE ROAD				
ROCKFORD, IL 61107		-		40,000.
SEVERSON DELLS	NONE	PUBLIC	SOCIAL WELFARE	
8786 MONTAGUE ROAD				
ROCKFORD, IL 61102				10,000.
MINKED GALGG COMMACS	MONE	DUDI TO	GOGTAL WHITEARE	
TINKER SWISS COTTAGE 411 KENT STREET	NONE	PUBLIC	SOCIAL WELFARE	
ROCKFORD, IL 61102				3,722.
Total from continuation sheets	I	1		-,:22.
. Jul II on communion shorts				1

Part XV Supplementary Information

Part XV   Supplementary Information				
3 Grants and Contributions Paid During the Y		_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
YMCA OF ROCK RIVER VALLEY	NONE	PUBLIC	SOCIAL WELFARE	
200 Y BOULEVARD				
ROCKFORD, IL 61107				33,333.
STEPHENS COLLEGE	NONE	PUBLIC	EDUCATION	
1200 E. BROADWAY	NONE	Cobbie	DOCKTION	
COLUMBIA, MO 65215				33,333.
LIFESCAPE COMMUNITY SERVICES 705 KILBURN AVENUE	NONE	PUBLIC	SOCIAL WELFARE	
ROCKFORD, IL 61101				33,333.
STARLIGHT THEATER	NONE	PUBLIC	SOCIAL WELFARE	
3301 N. MULFORD ROAD				22 222
ROCKFORD, IL 61114				33,333.
CRUSADER COMMUNITY HEALTH FOUNDATION	NONE	PUBLIC	SOCIAL WELFARE	
1200 W. STATE STREET				
ROCKFORD, IL 61102				83,333.
CARPENTER'S PLACE	NONE	PUBLIC	SOCIAL WELFARE	
1149 RAILROAD AVENUE				
ROCKFORD, IL 61104				83,333.
ROCKFORD RESCUE MISSION	NONE	PUBLIC	SOCIAL WELFARE	
715 W. STATE STREET	NONE	COBLIC	DOCIAL WELFARE	
ROCKFORD, IL 61102				83,333.
Takal from application about		<u> </u>		
Total from continuation sheets				

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES ST	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
LAZARD, LTD	61.	0.	61.	61.	
RAYMOND JAMES A/C#210AX025	2,213.	0.	2,213.	2,213.	
RAYMOND JAMES	2,213.	0.	2,219.	2,213.	
A/C#277T4780	944.	0.	944.	944.	
RAYMOND JAMES	0 401	0	0 401	0 401	
A/C#2862W165 RAYMOND JAMES	2,401.	0.	2,401.	2,401.	
A/C#340WL110	121,551.	1,190.	120,361.	120,361.	
RAYMOND JAMES	-				
A/C#348HF227	2.	0.	2.	2.	
RAYMOND JAMES A/C#394Y8598	20,367.	996.	19,371.	19,371.	
RAYMOND JAMES	20,307	330.	13,371.	13,371.	
A/C#51972471	3,007.	0.	3,007.	3,007.	
RAYMOND JAMES	070	0	070	070	
A/C#527TD553 RAYMOND JAMES	879.	0.	879.	879.	
A/C#5349T188	881.	0.	881.	881.	
RAYMOND JAMES					
A/C#626W1570 RAYMOND JAMES	14,673.	0.	14,673.	14,673.	
A/C#6704P908	2,215.	0.	2,215.	2,215.	
RAYMOND JAMES			_,	_,	
A/C#77128837	31,475.	0.	31,475.	31,475.	
RAYMOND JAMES A/C#78875792	978.	0.	978.	978.	
RAYMOND JAMES	370.	0.	370.	970•	
A/C#800X9753	376.	0.	376.	376.	
RAYMOND JAMES	0.5.6	0	0.5.6	0.7.6	
A/C#8433L926 RAYMOND JAMES	876.	0.	876.	876.	
A/C#892MD110	669.	0.	669.	669.	
TO PART I, LINE 4	203,568.	2,186.	201,382.	201,382.	
FORM 990-PF		OTHER INCO	ME	S	FATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DEFERRED INCOME PAYMENT	216.	216.	
TOTAL TO FORM 990-PF, PART I, LINE 11	216.	216.	

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING/TAX PREP FEES	15,453.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	15,453.	0.		0.
FORM 990-PF OTHER PROFESSIONAL FEES STA				TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	87,360.	87,360.		0.
TO FORM 990-PF, PG 1, LN 16C	87,360.	87,360.		0.
FORM 990-PF TAXES STATEMENT 5				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES ON INVESTMENTS EXCISE TAXES	5,559. 96,119.	5,559.		0.
TO FORM 990-PF, PG 1, LN 18	101,678.	5,559.		0.
FORM 990-PF	OTHER E.	XPENSES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MEETING EXPENSES	931.	0.		0.

FORM 990-PF	OTHER	NINVESTMENTS		STATEMENT 7
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED	STATEMENT A/C#77128837	COST	947,010.	929,448.
SEE ATTACHED	STATEMENT A/C#626W1570	COST	968,382.	969,107.
SEE ATTACHED	STATEMENT A/C#394Y8598	COST	954,837.	948,075.
SEE ATTACHED	STATEMENT A/C#527TD553	COST	66,000.	65,838.
SEE ATTACHED	STATEMENT A/C#892MD110	COST	66,000.	65,929.
SEE ATTACHED	STATEMENT A/C#800X9753	COST	66,000.	65,796.
SEE ATTACHED	STATEMENT A/C#8433L926	COST	66,000.	65,838.
SEE ATTACHED	STATEMENT A/C#5349T188	COST	66,000.	65,838.
SEE ATTACHED	STATEMENT A/C#277T4780	COST	166,000.	165,488.
SEE ATTACHED	STATEMENT A/C#6704P908	COST	166,000.	165,592.
SEE ATTACHED	STATEMENT A/C#210AX025	COST	166,000.	165,592.
SEE ATTACHED	STATEMENT A/C#340WL110	COST	5,666,883.	5,436,370.
TOTAL TO FORM	1 990-PF, PART II, LINE	13	9,365,112.	9,108,911.

FORM 990-PF

#### GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DAN LOESCHER 6845 WEAVER ROAD, SUITE 200 ROCKFORD, IL 61114

TELEPHONE NUMBER

815-637-9584

EMAIL ADDRESS

KJELLSTROMFDN@LAWEALTH.COM

FORM AND CONTENT OF APPLICATIONS

ORGANIZATIONS ARE REQUIRED TO COMPLETE THE GRANT APPLICATION AND INCLUDE SPECIFIED ADDITIONAL SUPPORTING INFORMATION.

ANY SUBMISSION DEADLINES

GRANT APPLICATIONS ARE REVIEWED THREE TIMES A YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

#### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identif	ying number		
Type or print	Name of exempt organization or other filer, see instruc	ctions.		Employe	r identificat	tion number (EIN	۷) or	
p	THE KJELLSTROM FAMILY FOUND	ATION	•		20-6	368876		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 6845 WEAVER ROAD, NO. 200	ee instruct	ions.	Social se	curity num	ber (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a for ROCKFORD, IL 61114	oreign addr	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0	4	
Applicati	on	Return	Application			Retu	urn	
ls For		Code	Is For			Cod	de	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	7	
Form 990	-BL	02	Form 1041-A			30	3	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	9	
Form 990	-PF	04	Form 5227			10	)	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				1	
Form 990	-T (trust other than above)  DAN G. LOESCHER	06	Form 8870			12	2	
Teleph  If the c  If this i	books are in the care of $\blacktriangleright$ 6845 WEAVER ROA from No. $\blacktriangleright$ 815-637-9584 organization does not have an office or place of business is for a Group Return, enter the organization's four digit 0. If it is for part of the group, check this box $\blacktriangleright$	in the Uni Group Exe	Fax No. ► 815-637-958 ted States, check this box	88 f this is fo	r the whole	e group, check t	:his	
the	quest an automatic 6-month extension of time until $\underline{}$ or $\underline{\underline{X}}$ calendar year $\underline{\underline{2018}}$ or $\underline{}$ tax year beginning	anization's		the exem	npt organiz ·	ation return for		
	Change in accounting period							
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less	3a	\$	4,49	1.	
	nonrefundable credits. See instructions.  is application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	sa	<b>Φ</b>	4,47	<u> </u>	
	ins application is for Forms 990-PF, 990-1, 4720, or 6069 imated tax payments made. Include any prior year overpa	•		3b	\$	48,76	0.	

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

Зс

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045